

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
COMMUNITY MENTAL HEALTH CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
285 BIELBY ROAD

City or town, state or province, country, and ZIP or foreign postal code
LAWRENCEBURG, IN 47025

D Employer identification number
35-1129339

E Telephone number
(812) 537-1302

G Gross receipts \$ 22,694,341

F Name and address of principal officer:
ERIC BUSCH
285 BIELBY ROAD
LAWRENCEBURG, IN 47025

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.CMHCINC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1966

M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVIDE A CONTINUUM OF QUALITY SERVICES TO ADDRESS MENTAL HEALTH AND ADDICTION NEEDS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	321
6 Total number of volunteers (estimate if necessary)	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	650
7b Net unrelated business taxable income from Form 990-T, line 39	-1,643

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,818,100	8,284,792
9 Program service revenue (Part VIII, line 2g)	14,367,895	14,123,854
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,865	84,151
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,695	189,374
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,414,555	22,682,171
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,023,700	15,245,323
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,070,712	5,127,778
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,094,412	20,373,101
19 Revenue less expenses. Subtract line 18 from line 12	320,143	2,309,070
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	18,743,162	21,833,234
21 Total liabilities (Part X, line 26)	3,373,100	3,693,861
22 Net assets or fund balances. Subtract line 21 from line 20	15,370,062	18,139,373

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: 2021-05-13
ERIC BUSCH CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-05-13
Check if self-employed PTIN: P01568275
Firm's name: BLUE & CO LLC Firm's EIN: 35-1178661
Firm's address: 500 N MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204 Phone no. (317) 633-4705

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:

PARTNERING FOR WELLNESS: HEALTHY MIND, HEALTHY BODY, HEALTHY LIFE.

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 \$ 17,417,824 including grants of \$) (Revenue \$ 14,136,397)

See Additional Data

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

See Additional Data

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

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

4e Total program service expenses ▶ 17,417,824

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

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

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 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Table with 16 main rows (2a-16) and multiple sub-rows (a-e) for each. Includes questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations. Includes sub-sections 7, 8, 9, 10, 11, and 12.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: GREG DUNCAN CEO 285 BIELBY RD LAWRENCEBURG, IN 47025 (812) 537-1302

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR ANDY POLTRACK PRESIDENT	7.00 0.00	X		X				0	0	0
(2) EDWIN KRAUSE VICE PRESIDENT	7.00 0.00	X		X				0	0	0
(3) PATTI GILLMAN SECRETARY	7.00 0.00	X		X				0	0	0
(4) BRIDGET DAVIDSON TREASURER	7.00 0.00	X		X				0	0	0
(5) TOM DEVILLE MEMBER	7.00 0.00	X						0	0	0
(6) ALLEN GOODMAN MEMBER	7.00 0.00	X						0	0	0
(7) MARK GRAVER MEMBER	7.00 0.00	X						0	0	0
(8) RYAN MARSHALL MEMBER	7.00 0.00	X						0	0	0
(9) CHERYL PEPPLER MEMBER	7.00 0.00	X						0	0	0
(10) JAMES THATCHER MEMBER	7.00 0.00	X						0	0	0
(11) LORI PENCE MEMBER-TERM ENDED 08/19	7.00 0.00	X						0	0	0
(12) THOMAS TALBOT CEO	40.00 0.00			X				158,871	0	25,241
(13) GEORGII ZHIRKIN CFO	40.00 0.00			X				124,175	0	15,406
(14) HASAN BAKHTIER MEDICAL DIRECTOR	40.00 0.00					X		727,729	0	48,471
(15) MELODY GONGWER STAFF PSYCHIATRIST	30.00 0.00					X		174,511	0	14,631
(16) FRANS GEERAERTS STAFF PSYCHIATRIST	20.00 0.00					X		107,243	0	3,367
(17) HAYLEI LORCA APN	40.00 0.00					X		116,889	0	14,758

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	8,245,962		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,830		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		8,284,792		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT REVENUE		621400	13,065,521	13,065,521		
b MEDICAID FUNDS RECOVERY		621400	1,058,333	1,058,333		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			14,123,854			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		79,652			79,652		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other	16,669				
			b Less: cost or other basis and sales expenses	7b	12,170			
			c Gain or (loss)	7c	4,499			
	d Net gain or (loss)			4,499			4,499	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities							
	10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a FCC FUNDS	900099		79,471			79,471		
b								
c								
d All other revenue			109,903	12,543	650	96,710		
e Total. Add lines 11a-11d			189,374					
12 Total revenue. See instructions			22,682,171	14,136,397	650	260,332		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	323,693		323,693	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,953,521	10,496,308	1,457,213	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	301,785	258,009	43,776	
9 Other employee benefits	1,849,942	1,581,594	268,348	
10 Payroll taxes	816,382	697,959	118,423	
11 Fees for services (non-employees):				
a Management				
b Legal	14,935	12,769	2,166	
c Accounting	82,400	70,447	11,953	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,610,042	1,384,006	226,036	
12 Advertising and promotion	11,790	10,080	1,710	
13 Office expenses	561,632	480,077	81,555	
14 Information technology				
15 Royalties				
16 Occupancy	872,878	656,712	216,166	
17 Travel	243,004	207,754	35,250	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,862	47,759	8,103	
20 Interest	17,986	15,377	2,609	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	637,514	556,307	81,207	
23 Insurance	224,642	192,056	32,586	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ASSESSMENT FEE	512,018	512,018		
b PROGRAM SUPPLIES	118,206	101,059	17,147	
c DUES & SUB.	94,091	80,442	13,649	
d UNRELATED BUSINESS INCO	4,000		4,000	
e All other expenses	66,778	57,091	9,687	
25 Total functional expenses. Add lines 1 through 24e	20,373,101	17,417,824	2,955,277	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,820	1	112,478
	2 Savings and temporary cash investments	6,680,890	2	9,360,296
	3 Pledges and grants receivable, net	1,163,121	3	1,106,546
	4 Accounts receivable, net	1,226,527	4	1,063,990
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,085,421	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,130	9	55,376
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	18,790,515		
	b Less: accumulated depreciation	9,690,401		
	11 Investments—publicly traded securities	989,957	11	1,034,434
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,867	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,743,162	16	21,833,234	
Liabilities	17 Accounts payable and accrued expenses	2,458,413	17	2,575,590
	18 Grants payable		18	
	19 Deferred revenue	226,367	19	544,700
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	347,564	23	260,288
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	340,756	25	313,283
	26 Total liabilities. Add lines 17 through 25	3,373,100	26	3,693,861
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,129,675	27	14,768,986
	28 Net assets with donor restrictions	5,240,387	28	3,370,387
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	15,370,062	32	18,139,373	
33 Total liabilities and net assets/fund balances	18,743,162	33	21,833,234	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,682,171
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,373,101
3	Revenue less expenses. Subtract line 2 from line 1	3	2,309,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,370,062
5	Net unrealized gains (losses) on investments	5	-10,522
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	470,763
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,139,373

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 35-1129339

Name: COMMUNITY MENTAL HEALTH CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

COMMUNITY MENTAL HEALTH CENTER, INC (CMHC), IN OPERATION SINCE 1967, IS A PROVIDER OF COMPREHENSIVE MENTAL HEALTH SERVICES, OFFERING OUTPATIENT SERVICES, COMMUNITY SUPPORT SERVICES, AND INPATIENT HOSPITALIZATION TO INDIVIDUALS IN DEARBORN, FRANKLIN, OHIO, RIPLEY AND SWITZERLAND COUNTIES IN SOUTHEASTERN INDIANA; SERVICES ARE OFFERED AT 21 FACILITIES LOCATED IN LAWRENCEBURG, VEVAY, BATESVILLE, BROOKVILLE, AND ST LEON. CMHC IS A LICENSED PSYCHIATRIC HOSPITAL BY THE INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION AND CERTIFIED BY THE DIVISION AS A COMMUNITY MENTAL HEALTH CENTER, RESIDENTIAL SERVICES PROVIDER, AND MANAGED CARE PROVIDER FOR SERIOUSLY MENTAL ILL ADULTS, SERIOUSLY EMOTIONALLY DISTURBED CHILDREN AND ADOLESCENTS, AND INDIVIDUALS WITH SUBSTANCE ABUSE PROBLEMS.

Form 990, Part III, Line 4b:

CMHC IS ALSO ENDORSED BY THE DIVISION AS A PROVIDER OF COMPULSIVE GAMBLING SERVICES AND ACCREDITED BY CARF, THE REHABILITATION ACCREDITATION COMMISSION.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for 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
COMMUNITY MENTAL HEALTH CENTER INC

Employer identification number
35-1129339

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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.

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

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

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

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

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE A, PART I, LINE 3	COMMUNITY MENTAL HEALTH CENTER, INC. HAS BEEN DETERMINED BY THE IRS TO BE A PUBLIC CHARITY UNDER IRS CODE SECTION 170(B)(1)(A)(III). PER THE SCHEDULE H INSTRUCTIONS, ONLY ORGANIZATIONS THAT OPERATE AT LEAST ONE FACILITY THAT IS, OR IS REQUIRED TO BE, LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED BY THE STATE AS A HOSPITAL IS REQUIRED TO COMPLETE SCHEDULE H. COMMUNITY MENTAL HEALTH CENTER INC. PROVIDES MENTAL HEALTH AND ADDICTION SERVICES FOR CHILDREN, ADULTS, AND SENIORS; IS ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) AS A BEHAVIORAL HEALTH CARE CENTER; AND IS CERTIFIED BY THE INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION THROUGH THE DIVISION OF MENTAL HEALTH AND ADDICTION (DMHA). THE CENTER IS NOT LICENSED AS A HOSPITAL IN THE STATE OF INDIANA, BUT IS LICENSED AS A FREE-STANDING PSYCHIATRIC INPATIENT TREATMENT FACILITY UNDER INDIANA ADMINISTRATIVE CODE 440 ARTICLE 1.5 THROUGH THE DMHA.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization COMMUNITY MENTAL HEALTH CENTER INC	Employer identification number 35-1129339
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

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

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

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

d Other exempt purpose expenditures

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

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

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

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

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

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

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

Yes **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		839
j	Total. Add lines 1c through 1i			839
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	INDIANA COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS ALLOCATE 4% OF MEMBERSHIP DUES FOR LOBBYING EXPENDITURES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
COMMUNITY MENTAL HEALTH CENTER INC

Employer identification number
35-1129339

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| 3a(i) (i) unrelated organizations | | |
| 3a(ii) (ii) related organizations | | |
| 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		315,098		315,098
b Buildings		14,948,008	7,132,744	7,815,264
c Leasehold improvements				
d Equipment		3,334,608	2,557,657	776,951
e Other		192,801		192,801
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				9,100,114

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) THIRD PARTY PAYABLE	313,283
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	313,283

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-1129339

Name: COMMUNITY MENTAL HEALTH CENTER INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE CENTER AND RECOGNIZE A TAX LIABILITY IF THE CENTER HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CENTER, AND HAS CONCLUDED THAT AS OF JUNE 30, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE CENTER IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization
COMMUNITY MENTAL HEALTH CENTER INC

Hospitals

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

Employer identification number
35-1129339

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		No
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>10000.0000000000</u> %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			663,887		663,887	3.260 %
b Medicaid (from Worksheet 3, column a)			14,068,902	13,347,675	721,227	3.540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			14,732,789	13,347,675	1,385,114	6.800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			14,732,789	13,347,675	1,385,114	6.800 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			105,654		105,654	0.520 %
10 Total			105,654		105,654	0.520 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	395,490
6	Enter Medicare allowable costs of care relating to payments on line 5	6	931,770
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-536,280
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

COMMUNITY MENTAL HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____% and FPG family income limit for eligibility for discounted care of <u>100.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://CMHCINC.ORG/RESOURCES/FINANCIAL-ASSISTANCE/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://CMHCINC.ORG/RESOURCES/FINANCIAL-ASSISTANCE/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://CMHCINC.ORG/RESOURCES/FINANCIAL-ASSISTANCE/</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

COMMUNITY MENTAL HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

COMMUNITY MENTAL HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE HOSPITAL FACILITY USES ASSET LEVEL, MEDICAL INDIGENCY, INSURANCE STATUS AND UNDERINSURED STATUS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	DURING 2013, THE CENTER ADOPTED ACCOUNTING STANDARDS UPDATE 2011-07, HEALTHCARE ENTITIES (TOPIC 954), "PRESENTATION AND DISCLOSURE OF PATIENT SERVICE REVENUE, PROVISION FOR BAD DEBTS, AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR CERTAIN HEALTHCARE ENTITIES," WHICH REQUIRES CERTAIN HEALTHCARE ENTITIES TO PRESENT THE PROVISION FOR BAD DEBTS RELATING TO PATIENT SERVICE REVENUE AS A DEDUCTION FROM PATIENT SERVICE REVENUE IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS RATHER THAN AS AN OPERATING EXPENSE. THE CENTER'S ADOPTION OF THIS STANDARD HAD NO NET IMPACT ON ITS FINANCIAL POSITION, RESULTS OF OPERATIONS, OR CASH FLOWS. THIS STANDARD ALSO REQUIRES HEALTHCARE ENTITIES TO PROVIDE ENHANCED DISCLOSURE ABOUT THEIR POLICIES FOR RECOGNIZING REVENUE AND ASSESSING BAD DEBTS, AS WELL AS QUALITATIVE AND QUANTITATIVE INFORMATION ABOUT CHANGES IN THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>THE FOLLOWING IS A LIST OF KEY COMMUNITY STAKEHOLDERS WITH WHICH NUMEROUS CMHC STAFF CONTINUOUSLY INTERFACE WITH AND RECEIVE INPUT AS TO THE SERVICES THAT CMHC PROVIDES; THOSE GROUPS TO WHICH CMHC STAFF PROVIDE INPUT AS TO OVERALL COMMUNITY SERVICES AND NEEDS AND ALSO WHICH GIVE CMHC STAFF INPUT AS TO COMMUNITY NEEDS AND CMHC PERFORMANCE. NAMI: KATHY BARNUM, MPH, RN IS PRESIDENT OF THE LOCAL NAMI CHAPTER. VARIOUS STAFF, FORMER STAFF, HIGHPOINT HEALTH, LOCAL LAW ENFORCEMENT, LOCAL JUDGES, SCHOOL RESOURCE OFFICERS, PROBATION, PARTICIPATE IN MEETINGS. A MAJOR FOCUS OF THIS GROUP IS CIT TRAINING. ONE COMMUNITY ONE FAMILY (OCOF): ONCE SPONSORED BY CMHC, THIS SYSTEM OF CARE COMMUNITY PARTNERSHIP WAS ESTABLISHED TO PROVIDE A COORDINATED SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH EMOTIONAL AND BEHAVIORAL HEALTH NEEDS, AS WELL AS THEIR FAMILIES. OCOF STAFF AND GOVERNANCE BOARD IS COMPRISED OF STATE, REGIONAL, AND LOCAL STAKEHOLDERS. OCOF PROVIDES A FORUM FOR DISCUSSION ON HOW TO BEST ADDRESS COMMUNITY NEEDS, PROVIDES TRAINING, ADVOCACY, GRANT WRITING SUPPORT, AND EVALUATION. OCOF IS A PRIMARY CATALYST FOR LOCAL SUBSTANCE USE PREVENTION AND ADVOCACY IN CONJUNCTION WITH LOCAL COORDINATING COMMITTEES. TOM TALBOT, CEO AND TRACY MOCK, DIRECTOR OF INTENSIVE FAMILY SERVICES ARE ON THE GOVERNANCE BOARD. TRACY MOCK IS ALSO A MEMBER OF THEIR EVALUATION ADVISORY BOARD. UNITED FAMILIES: ONE COMMUNITY ONE FAMILY STAFF AND CMHC STAFF PARTICIPATE IN THESE ONGOING FAMILY SUPPORT GATHERINGS. YOUTH MOVE: THE PURPOSE OF YOUTH MOVE IS TO EMPOWER YOUTH THROUGH EDUCATION AND SUPPORT TO BEST COPE WITH LIFE'S CHALLENGES. THE PROGRAM OFFERS PEER SUPPORT AND COMMUNITY EDUCATION RELATED TO MENTAL ILLNESS TO YOUTH THROUGHOUT THE REGION. CMHC STAFF (INCLUDING PEER SUPPORT STAFF) PARTICIPATE. SOUTH EAST REGIONAL COMMUNITY CORRECTIONS BOARD (SERCC): CMHC STAFF PARTICIPATE IN THIS REGIONAL COMMUNITY CORRECTIONS BOARD: TOM TALBOT, CEO. COMMUNITY CORRECTIONS IS AN ARM OF THE CRIMINAL JUSTICE SYSTEM AND PROVIDES SERVICES TO INDIVIDUALS INCLUDING THOSE ON HOUSE ARREST. JAIL CHEMICAL ADDICTION PROGRAMS (JCAP), A SUBCOMMITTEE OF SERCC: THE PURPOSE OF JCAP IS TO IDENTIFY THOSE MOST AT RISK FOR ONGOING AND/OR CHRONIC CHEMICAL DEPENDENCY ISSUES WHILE INCARCERATED. THE PROVISION OF COMPREHENSIVE TREATMENT AND OTHER ANCILLARY SERVICES WHILE AN INDIVIDUAL IS INCARCERATED IS AN EFFECTIVE MEANS OF REDUCING RECIDIVISM, WHILE ALSO LINKING INDIVIDUALS WITH AREA RESOURCES TO SUPPORT THEIR RECOVERY ONCE RELEASED. TOM TALBOT, CEO PARTICIPATES ON THIS COMMITTEE. CRIMINAL JUSTICE SYSTEM: CMHC STAFF PARTICIPATE ON PROGRAM AND SERVICE DEVELOPMENT FOR PEOPLE WITH SUBSTANCE USE DISORDERS AND INCLUDES ADULT AND JUVENILE POPULATION. CMHC IS ALSO A PRIMARY PROVIDER OF ASSESSMENT AND TREATMENT FOR INDIVIDUALS AND THEIR FAMILIES INVOLVED IN THE CRIMINAL JUSTICE SYSTEM. DRUG COURT/VETERAN'S COURT: CMHC PARTICIPATES IN THE DEARBORN/OHIO COUNTY DRUG COURT PROGRAM TO PROVIDE SUBSTANCE ABUSE TREATMENT TO PARTICIPANTS OF THE PROGRAM. DRUG COURTS TEAMS INCLUDE DEFENSE ATTORNEYS, PROSECUTORS, JUDGE, PROBATION AND TREATMENT PROVIDERS WHO WORK TOGETHER TO HELP A PARTICIPANT SUCCESSFULLY COMPLETE A YEAR-LONG PROGRAM TO OBTAIN AND MAINTAIN RECOVERY FROM SUBSTANCES AND LEGAL CONSEQUENCES. MARTIN JUSTICE, EMILY KURTZHALS AND LEE FOX ARE THE TREATMENT PROVIDERS. VETERAN'S COURT IS BASED ON THE SAME MODEL BUT WITH MODIFICATIONS TO SPECIFICALLY ADDRESS THE SPECIALIZED NEEDS OF VETERANS. CMHC PROVIDES TREATMENT TO SOME PARTICIPANTS OF LOCAL VETERAN'S COURT WHO CANNOT OR CHOOSE NOT TO GET THEIR TREATMENT FROM VA FOR VARIOUS REASONS. MARTIN JUSTICE IS THE TREATMENT PROVIDER FOR THESE PATIENTS. CHILD PROTECTION TEAM FOR DEARBORN AND OHIO COUNTIES: TRACY MOCK, INTENSIVE FAMILY-BASED SERVICES DIVISION DIRECTOR AND NANCY JANSZEN, OUTPATIENT DIVISION DIRECTOR CO-CHAIR THIS COMMITTEE WHICH REVIEWS REPORTS OF CHILD ABUSE AND NEGLECT AND DETERMINES DISPOSITIONS, REVIEWS CHILD FATALITIES. MEETS MONTHLY WITH PARTICIPATION BY LAW ENFORCEMENT, MEDICAL PERSONNEL, SCHOOL PERSONNEL, GUARDIAN ADLITERS, AND PROSECUTOR. CHILD PROTECTION TEAM FOR SWITZERLAND COUNTY: MARTIN JUSTICE, ASSOCIATE DIRECTOR OF RECOVERY SERVICES AND MICHELLE HOWARD, PROGRAM MANAGER FOR SOUTH OUTPATIENT SERVICES CO-CHAIR THIS COMMITTEE THAT REVIEWS REPORTS OF CHILD ABUSE AND NEGLECT AND DETERMINES DISPOSITIONS, REVIEWS CHILD FATALITIES. MEETS MONTHLY WITH PARTICIPATION BY LAW ENFORCEMENT, MEDICAL PERSONNEL, SCHOOL PERSONNEL, GUARDIAN ADLITERS, AND PROSECUTOR. RECOVERY ORIENTED SYSTEMS OF CARE DEVELOPMENT: NANCY JANSZEN, DIRECTOR OF OUTPATIENT SERVICES, MARTIN JUSTICE, ASSOCIATE DIRECTOR OF RECOVERY SERVICES, AND BRIDGET BASCOM-HINKLE, PROGRAM DIRECTOR OF CASE/IDDT/IMR ENGAGED WITH OTHER PARTNERS AND PATIENTS TO DEVELOP COMPREHENSIVE SYSTEMS OF CARE FOR RECOVERY SERVICES IN LAWRENCEBURG. LOCAL COORDINATING COUNCILS (LCC): VARIOUS CMHC STAFF PARTICIPATE ON ALL THE LOCAL LCCS WHICH COORDINATE COMMUNITY BASED PREVENTION AND INTERVENTION PROGRAMMING, COORDINATING WITH</p>

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>ITH LAW ENFORCEMENT WITH REGARD TO SUBSTANCE ABUSE DEARBORN COUNTY: CASA, MARTIN JUSTICE , OUTPATIENT RECOVERY SERVICES PROGRAM MANAGER IS PRESIDENT; LEE FOX, RECOVERY COACH FOR SO UTH OUTPATIENT SERVICES IS SECRETARY; AND NANCY JANSZEN, OUTPATIENT DIVISION DIRECTORRIPLE Y COUNTY: BETH BRYANT, RECOVERY SERVICES COORDINATORFRANKLIN COUNTY: STAYIN' ALIVE, EMILY STRIEGLER, BROOKVILLE OUTPATIENT -PROGRAM MANAGER, BOBBI JO SHORT, PROGRAM MANAGER NIFS-BR OOKVILLESWITZERLAND COUNTY: SCAN, MARTIN JUSTICE, OUTPATIENT RECOVERY SERVICES-PROGRAM MAN AGER IS CHAIR-PERSON, MICHELLE HOWARD, VEVAY OUTPATIENT SERVICES - PROGRAM MANAGERSWITZERL AND COUNTY SAFETY COMMISSION:MICHELLE HOWARD, OUTPATIENT PROGRAM MANAGER, PARTICIPATES ON THIS COMMITTEE LOOKING AT SAFETY ISSUESOUTHEAST INDIANA REGIONAL CRITICAL INCIDENT STRESS MANAGEMENT TEAM:VARIOUS CMHC STAFF PARTICIPATE ON THIS TEAM THAT PROVIDES PSYCHOLOGICAL F IRST AID AND CRITICAL INCIDENT DEBRIEFINGS SUPPORTING REGIONAL CITIZENS AND FIRST RESPONDE RS. TOM TALBOT, CEO, AND OTHER CMHC STAFF HELP WITH RESPONSE TEAMS.QUICK RESPONSE TEAM (QR T):NEW INITIATIVE OF LAWRENCEBURG AND GREENDALE TO ADDRESS SUBSTANCE ABUSE. TEAM COMPRISED OF POLICE, EMERGENCY MEDICAL SERVICES (EMS), AND A COUNSELOR FROM CMHC TO MAKE VISITS TO PERSONS WHO HAVE SURVIVED OVERDOSES THROUGH ADMINISTRATION OF NALOXONE.TRISTATE TRAUMA NET WORK: OHIO, INDIANA AND KENTUCKY AGENCIES COME TOGETHER TO PROVIDE RESOURCES, SUPPORT AND TRAINING TO INTEGRATE TRAUMA-INFORMED PRINCIPLES AND PRACTICES INTO AGENCIES AND SERVICES. MARTIN JUSTICE, OUTPATIENT RECOVERY SERVICES-PROGRAM MANAGER, IS A NEW BOARD MEMBER AND C MHC IS A NEW NETWORK MEMBER. THE AGENCY IS PART OF A LEARNING COLLABORATIVE AND HAS BECOME A TRAUMA-INFORMED ORGANIZATION.CRISIS INTERVENTION TEAM (CIT) OF DEARBORN AND OHIO COUNTI ES:CRISIS INTERVENTION TEAM TRAINING STRIVES TO PREPARE FIRST RESPONDERS ON HOW TO BETTER HANDLE A MENTAL HEALTH CRISIS. CIT BUILDS STRONG PARTNERSHIPS BETWEEN FIRST RESPONDERS, ME NTAL HEALTH PROVIDER AGENCIES AND INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL ILLNESS. THE CIT PROGRAM IS A PARTNERSHIP BETWEEN LAW ENFORCEMENT OF DEARBORN & OHIO COUNTIES, COMMUNI TY MENTAL HEALTH CENTER, HIGHPOINT HEALTH, & THE NATIONAL ALLIANCE ON MENTAL ILLNESS, NATI ONAL ALLIANCE ON MENTAL ILLNESS SOUTHEASTERN INDIANA (NAMI-SE). CMHC PARTICIPANTS INCLUDE TOM TALBOT, CEO; TRACY MOCK, IFS DIVISION DIRECTOR, AMANDA SHEELEY, THERAPIST FOR SCHOOL-B ASED SERVICES, AND KRISTI BECK, INPATIENT SERVICES DIVISION DIRECTOR.DEPARTMENT OF CHILD S ERVICES (DCS):VARIOUS CMHC STAFF PARTICIPATE AND INTERFACE WITH DCS AT VARIOUS LEVELS:STAT E DCS/ CMHC WORKGROUP: TOM TALBOT, CEO PARTICIPATES ON THIS STATE-WIDE WORKGROUP SEEKING T O FURTHER WORKING RELATIONSHIPS AND OPERATIONAL ISSUES. MARTIN JUSTICE PARTICIPATES ON STA TE CALLS ADDRESSING ADDICTIONS AND DCS.REGIONAL DCS COUNCIL (AREAS 12 & 15) MEETINGS:ADMIN ISTRATIVE REVIEW OF SERVICE COORDINATION AMONG PROVIDERS AND DCS. VARIOUS CMHC STAFF PARTI CIPATE, INCLUDING, NANCY JANSZEN, OUTPATIENT DIVISION DIRECTOR; TRACY MOCK, IFS DIVISION D IRECTOR; TOM TALBOT, CEO ATTEND REGION 15 AND BOBBI JO SHORT, PROGRAM MANAGER NIFS-BROOKVI LLE ATTENDS REGION 12.CMHC/DCS COUNTY MEETINGS:MEET BIWEEKLY TO REVIEW CASES AND COORDINAT E CARE IN EACH COUNTY. DEARBORN: AMANDA SHEELEY AND MARTIN JUSTICE, OUTPATIENT PROGRAM MAN AGERS, STACEY CORNETT, PROGRAM MANAGER SIFS, SOMMER COOKE, TIP PROGRAM MANAGER AND DIANE H ALLAHAN, DCS ADMINISTRATIVE SUPPORTOHIO: NANCY JANSZEN, OUTPATIENT DIVISION DIRECTORSWITZE RLAND: MICHELLE HOWARD, VEVAY OUTPATIENT SERVICES - PROGRAM MANAGERRIPLEY: LAURA HARMON, N ORTH OUTPATIENT SERVICES-PROGRAM DIRECTOR, MARY BETH MARTINI, PROGRAM MANAGER NIFS-BATESVI LLE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	CMHC'S ANALYSIS AND ASSESSMENT OF THE BAD DEBT EXPENSE IS BASED ON THE EVALUATION OF ITS MAJOR PAYOR SOURCES OF REVENUE, THE AGING OF THE ACCOUNTS, HISTORICAL LOSSES, CURRENT ECONOMIC CONDITIONS, AND OTHER FACTORS UNIQUE TO ITS SERVICE AREA AND THE HEALTHCARE INDUSTRY. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CENTER ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PAYMENTS, WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL, THE CENTER RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	ON A MONTHLY BASIS AR CLERK REVIEWS SELF-PAY CLIENTS, WHICH INCLUDE CLIENTS UNDER FAP AS WELL, ACCOUNT ACTIVITY AND BALANCES. ACCOUNTS THAT DO NOT SHOW PAYMENTS ON OUTSTANDING BALANCES OVER 90-DAY PERIOD ARE THEN SENT TO THE LETTER SERVICE. LETTER SERVICE MAKES SIX ATTEMPTS TO CONTACT THE CLIENTS VIA MAIL AND PHONE CALLS ABOUT THEIR OUTSTANDING BALANCE AND PAYMENTS ON THE BALANCE ASKING THEM TO EITHER MAKE PAYMENTS OR CONTACT CMHC TO DISCUSS THE SITUATION, WARNING THAT OTHERWISE THEIR ACCOUNT WILL BE SENT TO COLLECTIONS. THIS PROCESS TAKES UP TO 90 DAYS. IF THERE IS NO PAYMENT OR COMMUNICATION FROM A CLIENT, THEN THEIR ACCOUNT IS SENT TO A COLLECTION AGENCY AND THE AMOUNT IS WRITTEN OFF AS BAD DEBT. THE AMOUNT SHOWING ON PART III, LINE 3 ARE ALL THE PATIENT ACCOUNTS THAT WERE WRITTEN OFF AS BAD DEBT THROUGHOUT THE YEAR. NONE OF THE BAD DEBT EXPENSE IS INCLUDED IN COMMUNITY BENEFIT.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART II, CONTINUATION OF COMMUNITY BUILDING ACTIVITIES:</p>	<p>FRANKLIN: EMILY STRIEGLER, BROOKVILLE OUTPATIENT SERVICES -PROGRAM MANAGER, BOBBI JO SHORT , PROGRAM MANAGER NIFS-BROOKVILLEADULT GUARDIANSHIP ADVISORY BOARD OF SENTRY SERVICES:BILL HARDY, COMMUNITY SUPPORT SERVICE-DIVISION DIRECTOR IS CHAIR. COUNCIL ON AGING (LIFETIME RESOURCES) BOARD WHICH INCLUDES MEMBERSHIP FROM FINANCIAL INSTITUTIONS, ADULT PROTECTIVE SERVICES, BEHAVIORAL HEALTH, DEVELOPMENTAL DISABILITIESHIGHPOINT HEALTH: PRIMARY CARE CO-LOCATION AT VEVA OUTPATIENT OFFICE LOCATIONS. CONTRACT FOR ANCILLARY SERVICES PROVIDED TO CMHC'S INPATIENT UNIT, INCLUDING LAUNDRY, DIETARY, LABORATORY, AND OTHER DIAGNOSTIC SERVICES .HIGHPOINT HEALTH/COMMUNITY MENTAL HEALTH CENTER QUARTERLY ADMINISTRATIVE MEETINGS:LEADERSHIP OF THESE ORGANIZATIONS MEETS REGULARLY TO DISCUSS SERVICE COLLABORATION MOST SPECIFICALLY FOR EMERGENCY BEHAVIORAL HEALTH SERVICE, PSYCHIATRIC CONSULTATION AND REFERRAL FOR INPATIENT BEHAVIORAL HEALTHCARE. TOM TALBOT, CEO; CHARLOTTE IPACH, DIRECTOR OF QUALITY IMPROVEMENT; KRISTI BECK, INPATIENT SERVICES DIVISION DIRECTOR; AND KATY BRUNNER, COORDINATOR OF SOCIAL WORK AND EMERGENCY SERVICES; AND DR. BAKHTIER HASAN, MEDICAL DIRECTOR PARTICIPATE. HIGHPOINT HEALTH HOME HEALTH AND HOSPICE ADVISORY BOARD: A SERVICE OF HIGHPOINT HEALTH THAT PROVIDES IN-HOME HEALTHCARE AND HOSPICE SERVICES. CHARLOTTE IPACH, DIRECTOR OF QUALITY IMPROVEMENT SERVES AS THE COMMUNITY REPRESENTATIVE.DEARBORN COUNTY COMMUNITY ACTION RECOVERY EFFORT (CARE): CARE IS THE RECOVERY ORIENTED SYSTEM OF CARE FOR DEARBORN COUNTY. IT IS A COLLABORATIVE GROUP OF DIVERSE STAKEHOLDERS COMING TOGETHER TO SUPPORT COMMUNITY WELLNESS AND ENSURE A RECOVERY-READY COMMUNITY. TOM TALBOT, CEO, AND BRIDGET BASCOM-HINKLE, PROGRAM DIRECTOR OF CASE/IDDT/IMR PARTICIPATE.INTERACT FOR HEALTH:CMHC LEADERSHIP ATTEND LEARNING COMMUNITY, ATTEND WORKSHOPS, SECURE GRANTS WHICH ADDRESS MENTAL HEALTH AND ADDICTION SERVICE NEEDS; WELLNESS NEEDS. MOST OF THESE INTERACTIONS INVOLVE THE GREATER CINCINNATI AREA BEHAVIORAL HEALTH PROVIDERS.INDIANA PRIMARY HEALTH CARE ASSOCIATION (IPHCA): IPHCA ADVOCATES FOR QUALITY HEALTH CARE FOR ALL PERSONS RESIDING IN INDIANA AND SUPPORTS THE DEVELOPMENT OF COMMUNITY-ORIENTED PRIMARY CARE INITIATIVES. TOM TALBOT, CEO, PARTICIPATES.INDIANA RURAL HEALTHCARE ASSOCIATION (IRHA): IRHA IS A NOT-FOR-PROFIT ORGANIZATION DEVELOPED FOR THE PURPOSE OF IMPROVING THE HEALTH OF HOOSIERS LIVING IN RURAL AREAS. IT SEEKS OPPORTUNITIES FOR ASSESSING THE STRENGTHS AND WEAKNESSES OF THE HEALTH CARE SYSTEMS; IDENTIFYING NEEDS AND PROBLEMS WITHIN THE RURAL SETTINGS; AND ASSESSING AND DEVELOPING LEADERSHIP RESOURCES . TOM TALBOT, CEO, PARTICIPATES.INDIANA SYSTEMS OF CARE GOVERNANCE BOARD (IN-SOC):A STATE- LEVEL SOC GOVERNANCE BOARD, INCLUDING STATEWIDE REPRESENTATION, WHICH WILL PROVIDES THE LEADERSHIP, POLICY RECOMMENDATIONS, AND TECHNICAL ASSISTANCE NEEDED TO SUPPORT COMMUNITIES IN DEVELOPING AND SUSTAINING THEIR LOCAL SOC. TRACY MOCK, DIRECTOR OF IFS, IS A MEMBER. INDIANA SYSTEMS OF CARE EVALUATION COMMITTEE:THIS COMMITTEE FOCUSES ON HOW EVALUATION INFORMATION CAN BE USED IN QUALITY IMPROVEMENT INITIATIVES, EXPANSION AND SUSTAINABILITY PLANS, AND SOCIAL MARKETING. TRACY MOCK, DIRECTOR OF IFS, IS A MEMBER.INFANCY ONWARD:INFANCY ONWARD BELIEVES THAT ALL INFANTS AND TODDLERS ARE ENTITLED TO AN OPPORTUNITY TO GROW, LEARN AND DEVELOP IN A WAY THAT ENHANCES THEIR SOCIAL AND EMOTIONAL HEALTH SO THAT THEY MAY REACH THEIR MAXIMUM POTENTIAL. THEY OVERSEE THE ENDORSEMENT OF INFANT MENTAL HEALTH PROFESSIONALS IN INDIANA. TRACY MOCK, DIRECTOR OF IFS; JENNY CUELLAR, PROGRAM MANAGER OF TRAINING AND DEVELOPMENT; AND STACEY CORNETT, PROGRAM MANAGER OF SOUTH IFS ARE MEMBERS AND REVIEWERS OF APPLICANTS FOR ENDORSEMENT AND EXAM REVIEWERS FOR HIGHER LEVEL ENDORSEMENTSCOMMUNITY NEEDS ASSESSMENT: CMHC STAFF PARTICIPATE IN THE LOCAL COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY HIGHPOINT HEALTH AND MARGARET MARY HEALTH.INDIANA COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS (ICCMHC):THE ICCMHC IS THE TRADE ASSOCIATION REPRESENTING ALL 25 OF THE MENTAL HEALTH CENTERS IN THE STATE OF INDIANA. THE ICCMHC HOLDS QUARTERLY MEETINGS IN WHICH CURRENT TOPICS ON POLICY, SERVICES, ARE PRESENTED. VARIOUS CMHC STAFF ATTEND THESE MEETINGS.ICCMHC BOARD OF DIRECTORS: TOM TALBOT, CEO IS BOARD PRESIDENT. MR. TALBOT ALSO SERVES ON THE PUBLIC POLICY COMMITTEE.BEHAVIORAL HEALTH MANAGEMENT INC. (BHMI): A SEPARATE ENTITY FORMED BY ALL OF THE CMHCS TO DEVELOP BUSINESS OPPORTUNITIES FOR ALL CMHCS. TOM TALBOT IS A CURRENT BOARD MEMBER AND SERVES AS VICE CHAIR.ADULT SERVICES COMMITTEE: BILL HARDY, COMMUNITY SUPPORT SERVICES (CSS) DIVISION DIRECTOR IS A MEMBER.ADDICTIONS SERVICES COMMITTEE: MARTIN JUSTICE , OUTPATIENT RECOVERY SERVICES PROGRAM MANAGER ATTENDSCHILD SERVICES COMMITTEE: TRACY MOC K, INTENSIVE FAMILY-BASED SERVICES (IFS) DIVISION DIRECTOR IS THE SECRETARYEMPLOYMENT SERVICES COMMITTEE: KATIE MCCARTNEY, TEAM LEADER OF THE SUPPORTED EMPLOYMENT TEAM PARTICIPATES .HUMAN RESOURCES COMMITTEE: KELLY STEWART, HR DIRE</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART II, CONTINUATION OF COMMUNITY BUILDING ACTIVITIES:</p>	<p>CTOR PARTICIPATES QUALITY IMPROVEMENT COMMITTEE: CHARLOTTE IPACH, DIRECTOR OF QUALITY IMPROVEMENT AND JOSH SHUMAN, MANAGER OF EVALUATION PARTICIPATE. RIPLEY COUNTY COMMUNITY CORRECTIONS BOARD: ITS PURPOSE IS TO DEVELOP INCARCERATION ALTERNATIVES AND RECIDIVISM REDUCTION PROGRAMS AT THE COUNTY AND COMMUNITY LEVEL. TOM TALBOT, CEO PARTICIPATES. THE COALITION FOR A DRUG FREE BATESVILLE: CMHC STAFF PARTICIPATE IN THIS COALITION TO ADDRESS ADDICTION ISSUES IN BATESVILLE, TOM TALBOT, CEO, AND BETH BRYANT, RECOVERY SERVICES COORDINATOR. EAST INDIA NA AREA HEALTH EDUCATION CENTER (EI-AHEC): CREATES AND SUPPORTS STRATEGIES TO SECURE A HEALTH PROFESSIONAL WORKFORCE FOR THE FUTURE OF OUR REGION. EI-AHEC HAS A SPECIAL FOCUS ON REACHING UNDERSERVED POPULATIONS. TOM TALBOT, CEO IS AN ACTIVE BOARD MEMBER AND HAS SERVED IN THE PAST AS BOARD SECRETARY AND BOARD PRESIDENT. RIDGE WOOD HEALTH ADVISORY BOARD: A LOCAL RESIDENTIAL FACILITY WHICH OFFERS ASSISTED LIVING SERVICES AND FREESTANDING PROGRESSIVE AND PROVEN DEMENTIA CARE COMPONENTS IN PRIVATE SUITES. TOM TALBOT, CEO, IS A SITTING MEMBER. FRANKLIN COUNTY COMMUNITY SCHOOLS: LOCAL SCHOOL SYSTEM IN WHICH WE HAVE SCHOOL BASED FACILITATORS PROVIDING LIFE SKILLS AND CASE MANAGEMENT IN ALL OF THEIR ELEMENTARY, MIDDLE, AND HIGH SCHOOL BUILDINGS. BOBBI JO SHORT, PROGRAM MANAGER NIFS-BROOKVILLE AND TRACY MOCK, DIRECTOR OF IFS ATTEND LILLY ENDOWMENT SCHOOL COUNSELING INITIATIVE PLANNING COMMITTEE. BATESVILLE COMMUNITY SCHOOLS: LOCAL SCHOOL SYSTEM IN WHICH WE HAVE SCHOOL BASED FACILITATORS AND A THERAPIST INTEGRATED IN THE SCHOOL BUILDINGS. BATESVILLE SCHOOLS HEALTH PROFESSIONALS BOARD: MARY BETH MARTINI, PROGRAM MANAGER NIFS-BATESVILLE PARTICIPATES ON A QUARTERLY BASIS. JUVENILE DETENTION ALTERNATIVE INITIATIVE (JDAI) STEERING COMMITTEE FOR RIPLEY COUNTY: THE INITIATIVE AIMS TO IMPROVE OUTCOMES FOR CHILDREN IN THE JUSTICE SYSTEM WHILE ENSURING PUBLIC SAFETY. MARY BETH MARTINI, PROGRAM MANAGER NIFS-BATESVILLE IS A MEMBER. SOUTH RIPLEY ELEMENTARY: LOCAL ELEMENTARY SCHOOL IN WHICH WE HAVE A SCHOOL BASED FACILITATOR INTEGRATED. SWITZERLAND COUNTY SCHOOLS: LOCAL SCHOOL SYSTEM IN WHICH WE HAVE SCHOOL BASED FACILITATORS INTEGRATED IN THE SCHOOLS. JAC-CEN-DEL COMMUNITY SCHOOLS: LOCAL SCHOOL SYSTEM IN WHICH WE HAVE SCHOOL BASED FACILITATORS INTEGRATED IN THE SCHOOLS. SOUTH DEARBORN COMMUNITY SCHOOLS: LOCAL SCHOOL SYSTEM IN WHICH WE HAVE SCHOOL BASED FACILITATORS INTEGRATED IN THE SCHOOLS. SUNMAN-DEARBORN COMMUNITY SCHOOLS: LOCAL SCHOOL SYSTEM IN WHICH WE HAVE SCHOOL BASED FACILITATORS INTEGRATED IN THE SCHOOLS. LAWRENCEBURG HIGH AND GREENDALE MIDDLE SCHOOL: SCHOOL BASED THE RAPISTS PROVIDE INDIVIDUAL COUNSELING SERVICES AND RISK ASSESSMENTS. YOUNG CHILD WELLNESS COUNCIL: THE PURPOSE OF PROJECT LAUNCH (LINKING ACTIONS FOR UNMET NEEDS IN CHILDREN'S HEALTH) IS TO PROMOTE THE WELLNESS OF YOUNG CHILDREN AGES BIRTH TO 8 BY ADDRESSING THE PHYSICAL, SOCIAL, EMOTIONAL, COGNITIVE, AND BEHAVIORAL ASPECTS OF THEIR DEVELOPMENT. THIS COMMITTEE IS A COMPRISED OF VARIOUS COMMUNITY STAKEHOLDERS WITH THE VISION OF MEETING THIS GOAL IN OUR COMMUNITIES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENT THAT DESCRIBES BAD DEBT EXPENSE CAN BE FOUND ON PAGE 10 OF THE ATTACHED FINANCIAL STATEMENTS UNDER FOOTNOTE TITLED "ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS"

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE ESTIMATED YEAR ENDED JUNE 30, 2020 REPORT: HOSPITAL STATEMENT OF REIMBURSABLE COST.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>AN ACTIVE CLIENT FROM WHOM NO PAYMENT HAS BEEN RECEIVED FOR 90 DAYS SHALL BE SENT A LETTER OF NON-PAYMENT, WITH A COPY SENT TO THE CLIENT'S PRIMARY CASE MANAGER. THE PRIMARY CASE MANAGER SHALL ADDRESS THE NON-PAYMENT WITH THE CLIENT TO DETERMINE A COURSE OF ACTION BASED ON THE CLIENT'S CLINICAL AND FINANCIAL CIRCUMSTANCES. A DELINQUENT ACCOUNT WILL BE SENT TO COLLECTION ONLY IN INSTANCES WHEN IT IS CLEAR THAT THE CLIENT HAS THE MEANS TO MAKE PAYMENTS AND REFUSES TO DO SO. REFERRAL TO A COLLECTION AGENCY WOULD ALSO OCCUR ONLY FOLLOWING DISCUSSION WITH THE CLIENT'S PRIMARY CASE MANAGER, THE PROGRAM DIRECTOR/COORDINATOR OR DIVISION DIRECTOR, AND, IF APPROPRIATE, THE CLIENT'S PSYCHIATRIST. IF THE REFUSAL TO PAY IS CLEARLY DUE TO PSYCHIATRIC DECOMPENSATING, THE FOCUS WILL BE ON ALLEVIATING THE SYMPTOMS OF THE CLIENT'S MENTAL ILLNESS FIRST AND SECONDARILY LOOKING AT THE ISSUE OF COLLECTION ON THE DELINQUENT ACCOUNT. THIS PRACTICE APPLIES TO ALL OUTSTANDING PATIENT ACCOUNT BALANCES, NOT ONLY CLIENTS RECEIVING FINANCIAL ASSISTANCE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>AS A BEHAVIORAL HEALTH CARE ORGANIZATION, CMHC COLLABORATES WITH MANY OF ITS STAKEHOLDERS TO ASSESS THE BEHAVIORAL HEALTH NEEDS OF THE COMMUNITY FOR EXAMPLE, WITH CHILDREN, THE ORGANIZATION IS PART OF A SYSTEM OF CARE THAT MEETS REGULARLY WITH CHILD WELFARE, PRIMARY CARE, EDUCATION, PROBATION, EARLY CHILD HOOD PROVIDERS, FAMILIES AND OTHERS TO ASSESS THE GAPS IN SERVICES AND NEEDS OF THE COMMUNITY. CMHC ALSO REGULARLY MEETS WITH DEARBORN COUNTY HOSPITAL, JUDGES, CIVIC LEADERS, LAW ENFORCEMENT, AND PRIMARY CARE PHYSICIANS TO EVALUATE THE NEEDS OF THE COMMUNITY. THE ORGANIZATION IS ALSO AN ACTIVE MEMBER OF THE BOARD OF THE AHEC (AREA HEALTH EDUCATION COALITION). AS AN ORGANIZATION, CMHC REGULARLY SURVEYS PATIENTS AND THEIR FAMILIES TO ASSESS BOTH THEIR SATISFACTION WITH SERVICES AS WELL AS NEEDS. ADDITIONALLY, CMHC HAS AN ADVISORY COMMITTEE MADE UP OF CONSUMERS, STAFF, AND COMMUNITY PARTNERS THAT DISCUSS PROGRAM NEEDS AND SERVICE GAPS. FOR EXAMPLE, AS A RESULT OF FEEDBACK FROM THESE GROUPS AS WELL AS RESEARCH REVIEWS, THE ORGANIZATION HAD IMPLEMENTED AN INTEGRATED PRIMARY HEALTH CARE/BEHAVIORAL HEALTH CARE CLINIC SPECIFICALLY TO MEET PRIMARY HEALTH CARE NEEDS OF ADULTS WITH SERIOUS MENTAL ILLNESS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	CMHC UTILIZES CARE MANAGERS TO EDUCATE PERSONS SERVED OF FEDERAL AND STATE ENTITLEMENTS THEY MAY BE ELIGIBLE FOR. IN ADDITION, THE ORGANIZATION IS AN ENROLLMENT CENTER FOR MEDICAID. CARE MANAGERS ASSIST PATIENTS IN APPLYING FOR ASSISTANCE PROGRAMS INCLUDING MEDICAID, MEDICARE, HEALTHY INDIANA PLAN, DRUG ASSISTANCE PROGRAMS, SOCIAL SECURITY BENEFITS AND OTHERS. IF THE PATIENT IS NOT ELIGIBLE FOR ASSISTANCE PROGRAMS, AND HAS NO OTHER INSURANCE, THEN CMHC'S SLIDING FEE SCALE IS EXPLAINED AND PROCESSED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	THE ORGANIZATION PRIMARILY SERVES PATIENTS IN FIVE RURAL COUNTIES OF SOUTHEASTERN INDIANA: DEARBORN, RIPLEY OHIO, SWITZERLAND AND FRANKLIN COUNTIES. THERE ARE TWO GENERAL CARE HOSPITALS LOCATED IN RIPLEY COUNTY AND DEARBORN COUNTY FOR THE FIVE COUNTIES. CMHC PRIMARILY PROVIDES OUTPATIENT SERVICES BUT DOES ALSO PROVIDE INPATIENT PSYCHIATRIC ACUTE CARE AND IS THE ONLY PSYCHIATRIC INPATIENT UNIT IN THE FIVE COUNTIES. SWITZERLAND, OHIO AND FRANKLIN COUNTIES ARE FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	AS A COMMUNITY MENTAL HEALTH ORGANIZATION IN INDIANA, CMHC PROVIDES A FULL CONTINUUM OF CARE TO ADULTS, CHILDREN AND FAMILIES IN BEHAVIORAL HEALTHCARE. THIS INCLUDES PREVENTION AND EDUCATION SERVICES, SUPPORT TO SEXUAL ASSAULT SURVIVORS, OUTPATIENT SERVICES INCLUDING INTENSIVE OUTPATIENT AND MANY CARE COORDINATION, CASE MANAGEMENT, REHABILITATION, AND OTHER COMMUNITY BASED SERVICES. THE ORGANIZATION IS ALSO A SUPPORTED EMPLOYMENT PROVIDER AND AN EMPLOYMENT NETWORK PROVIDING EMPLOYMENT SERVICES TO PERSONS WITH DISABILITIES. THE ORGANIZATION PROVIDES EMERGENCY CRISIS SERVICES 24 HOURS A DAY, 7 DAYS A WEEK, AND PROVIDES ACUTE CARE PSYCHIATRIC SERVICES AS WELL AS DETOX SERVICES. CMHC IS PART OF THE INDIANA HOUSING COALITION, AND ALSO PROVIDES A WIDE ARRAY OF HOUSING FOR INDIVIDUALS AND FAMILIES WITH PSYCHIATRIC AND OTHER DISABILITIES. CMHC IS CERTIFIED BY THE DEPARTMENT OF MENTAL HEALTH AND ADDICTIONS IN INDIANA AND IS ACCREDITED BY CARF.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IN

Additional Data**Software ID:****Software Version:****EIN:** 35-1129339**Name:** COMMUNITY MENTAL HEALTH CENTER INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	COMMUNITY MENTAL HEALTH CENTER 285 BIELBY RD LAWRENCEBURG, IN 47025 WWW.CMHCINC.ORG	X								PSYCHIATRIC	

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

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

Form and Line Reference	Explanation
COMMUNITY MENTAL HEALTH CENTER	PART V, SECTION B, LINE 5: THE HOSPITAL USED MULTIPLE RESEARCH METHODS TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY SERVED BY THE HOSPITAL. SURVEYS WERE ADMINISTERED TO A BROAD AND VARIED RANGE OF COMMUNITY RESIDENTS TO THE SURROUNDING COUNTIES. FACE TO FACE INTERVIEWS WERE ALSO CONDUCTED WITH KEY STAKEHOLDERS IN THE SURROUNDING AREA. INTERVIEWEES CONSISTED OF REPRESENTATIVES FROM COUNTY HEALTH COMMISSIONERS, COUNTY MENTAL HEALTH BOARDS, UNITED WAY, COMMUNITY ACTION AGENICES AND COMMUNITY FOUNDATIONS.

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

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

Form and Line Reference	Explanation
COMMUNITY MENTAL HEALTH CENTER	PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED IN PARTNERSHIP WITH THE FOLLOWING HOSPITALS FACILITIES: ADAMS COUNTY REGIONAL MEDICAL CENTER THE CHRIST HOSPITAL HEALTH NETWORK CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER DEARBORN COUNTY HOSPITAL LINDNER CENTER OF HOPE MARGARET MARY HEALTH MCCULLOUGH-HYDE MEMORIAL HOSPITAL MERCY HEALTH PREMIER HEALTH: ATRIUM MEDICAL CENTER TRIHEALTH UC HEALTH

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

Form and Line Reference	Explanation
COMMUNITY MENTAL HEALTH CENTER	<p>PART V, SECTION B, LINE 11: SIGNIFICANT NEEDS ADDRESSED BY THE HOSPITAL FACILITY: ACCESS TO CARE: 1. WORKFORCE DEVELOPMENT: - WORKED WITH EI-AHEC AND INDIANA AHEC TO DEVELOP A BEHAVIORAL HEALTH MODULE FOR THE AHEC SCHOLARS PROGRAM ON MOTIVATIONAL INTERVIEWING. THE AHEC SCHOLARS PROGRAM IS FOR STUDENTS IN COLLEGE WHO ARE INTERESTED IN A HEALTHCARE CAREER. PARTICIPATION IN THE PROGRAM REQUIRES THE STUDENT TO TAKE 40 HOURS OF ADDITIONAL COURSE WORK IN RETURN FOR SCHOLARSHIP MONEY. THIS IS THE FIRST TIME A BEHAVIORAL HEALTH ORIENTED MODULE HAS BEEN DEVELOPED. MOTIVATIONAL INTERVIEWING IS AN ESSENTIAL SKILL FOR STAFF WORKING IN BEHAVIORAL HEALTH AND OTHER ASPECTS OF HEALTHCARE. - PARTICIPATED IN AN EVENT SPONSORED BY THE INDIANA COUNCIL FOR COMMUNITY MENTAL HEALTH CENTERS (ICCMHC) IN WHICH REPRESENTATIVES FROM INDIANA COLLEGES AND UNIVERSITIES PARTICIPATED, EXPLORING AND IDENTIFYING ESSENTIAL SKILLS THE CMHC SYSTEM WANTS STUDENTS TO LEARN SO THAT THEY MAY JOIN THE WORKFORCE WITH ESSENTIAL SKILLS IN HAND. - CMHC SERVED AS A SITE FOR MASTER'S AND PH.D. STUDENTS SEEKING INTERNSHIP AND EXTERNAL EXPERIENCES AND SUPERVISION. CMHC HOSTED 4 INTERNS AND ONE EXTERN. CMHC HIRED 3 OF THESE INTERNS AFTER THEY COMPLETED THEIR INTERNSHIP. - CMHC HUMAN RESOURCES DEPARTMENT PARTICIPATED IN 3 LOCAL JOB FAIRS IN 2018 IN AN EFFORT TO ATTRACT INDIVIDUALS TO OUR ORGANIZATION. - CMHC PROVIDED CLINICAL SITE OPPORTUNITIES FOR TWO LOCAL NURSING COLLEGES THROUGHOUT 2018. - CMHC HUMAN RESOURCES DEPARTMENT UTILIZED CAREER BUILDERS AND INDEED AS EMPLOYMENT ENGINES FOR ADVERTISING OPEN POSITIONS AND APPLICANT SUBMISSION. CMHC INITIATED AN ENTERPRISE EMPLOYMENT PLATFORM, JAZZ HR, THAT ALLOWS HR AND HIRING STAFF TO SCREEN, ASSESS, SCHEDULE INTERVIEWS, AND TO PROCESS COMMUNICATION INTERNALLY AMONGST STAFF AND WITH THE CANDIDATE. - MENTAL HEALTH CAREER DAY: EIGHT LOCAL HIGH SCHOOL STUDENTS INTERESTED IN A BEHAVIORAL HEALTHCARE CAREER PARTICIPATED. THE STUDENTS WERE GIVEN EXPOSURE AND EXPERIENCE TO A VARIETY OF CAREER OPPORTUNITIES. ALL WHO PARTICIPATED STATED IT WAS THE BEST EXPERIENCE THAT THEY HAVE HAD REGARDING CAREER EXPLORATION. - CMHC OFFERED SIGN-ON BONUS DOLLARS FOR HARD TO RECRUIT POSITIONS, SPECIFICALLY FOR THERAPISTS, NURSES, AND CASE MANAGERS. - CMHC PARTICIPATED IN AN INITIATIVE ALONG WITH THE ICCMHC, DMHA, AND THE GOVERNOR'S OFFICE. THE INITIATIVE GROUP WAS TASKED TO DEVELOP A STRUCTURE AND PROCESS IN UTILIZING FEDERAL OPIOID CRISIS DOLLARS THAT INDIANA WAS AWARDED. A STIPEND PROCESS HAS BEEN DEVELOPED IN AN EFFORT TO INCREASE THE NUMBER OF INTERNS WORKING IN THE BEHAVIORAL HEALTHCARE FIELD. 2. POLICY DEVELOPMENT: - CMHC STAFF PLAYED KEY ROLES IN WORKING WITH THE ICCMHC, CRAFTING LEGISLATION THAT PASSED INTO LAW. THESE LAWS FOCUSED ON LICENSURE AND PAYMENT ISSUES WHICH ALLOW INTERNS TO PROVIDE SERVICES AND RECEIVE 50% REIMBURSEMENT OF A LICENSED INDIVIDUAL. ANOTHER LAW PASSED DEALT WITH CREDENTIALING. THIS LAW WILL SPEED UP THE CREDENTIALING PROCESS, ALLOWING STAFF TO PROVIDE SERVICES IN</p>

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

Form and Line Reference	Explanation
COMMUNITY MENTAL HEALTH CENTER	<p>A QUICKER TIMEFRAME.3. CARE DELIVERY:- CMHC DEVELOPED AN OPEN ACCESS FOR ALL OF CMHC'S OUT PATIENT SERVICES OFFICES AT LEAST ONE DAY PER WEEK. OPEN ACCESS ALLOWS AN INDIVIDUAL TO WALK INTO ANY OFFICE AND BE SEEN FOR AN ASSESSMENT/INTAKE. OUTPATIENT OFFICES HAVE OPEN ACCESS AS FOLLOWS: PLAZA: 4 DAYS; BATESVILLE: 2 DAYS; BROOKVILLE: 1 DAY; VEVAY: 1 DAY; ST. LEON: 1 DAY (NEW IN 2018).- OFFICE HOURS WERE EXPANDED FOR OUTPATIENT OFFICES: INCREASED HOURS AT THE PLAZA LOCATION TO FRIDAY AND SATURDAY; BATESVILLE, BROOKVILLE, VEVAY INCREASED HOURS ON FRIDAY.- A FULL-TIME EMERGENCY SERVICES COORDINATOR WAS HIRED TO FACILITATE DAY-TIME EMERGENCY SERVICES (ASSESSMENT, DISPOSITION, CONSULTATION WORKING WITH THE ON-CALL PSYCHIATRIST) AND TO COORDINATE AFTER-HOURS EMERGENCY SERVICES.- CMHC HIRED SEVERAL NEW MEMBERS TO JOIN OUR ELITE TEAM (THERAPISTS WORKING AFTER-HOURS PROVIDING EMERGENCY SERVICES. CMHC INCREASED THE SALARY OF THESE INDIVIDUALS IN ORDER TO ATTRACT THEM TO DO THIS WORK. - CMHC HAS PROVIDED HEALTHCARE NAVIGATORS THAT ASSIST PATIENTS WITHOUT HEALTH INSURANCE IN ENROLLING FOR HEALTH INSURANCE COVERAGE.- CMHC HAS EXPANDED ON ITS PROVISION OF INTEGRATED PRIMARY CARE/BEHAVIORAL HEALTHCARE. CMHC IN 2018 IMBEDDED A THERAPIST IN HILLENBRAND INDUSTRIES' WELLNESS CENTER. THE THERAPIST PROVIDES COUNSELING SERVICES TO HILLENBRAND EMPLOYEES AND THEIR FAMILY MEMBERS. THE THERAPIST WORKS CLOSELY WITH THE PRIMARY CARE PRACTITIONERS ALSO WORKING IN THE WELLNESS CENTER.- CMHC ALSO PROVIDES SPACE FOR THE PROVISION OF PRIMARY CARE SERVICES PROVIDED BY PRACTITIONERS OF HIGHPOINT HEALTH AT TWO OF CMHC'S SITES, VEVAY AND ST. LEON. MENTAL HEALTH:1. PREVENTION:- CMHC PROVIDED SUICIDE PREVENTION TRAINING TO RIPLEY COUNTY LAW ENFORCEMENT PERSONNEL.- CMHC STAFF MET WITH STAFF AND STUDENTS OF SWITZERLAND COUNTY SCHOOLS AFTER THE SUICIDE OF ONE OF THEIR STUDENTS TO PROCESS THE EVENT AND TO DEVELOP A PREVENTION PLAN FOR THE FUTURE.- SEVERAL CMHC STAFF PARTICIPATE AND VOLUNTEER IN CMHC'S DIRECTIONS! PROGRAM, A SEXUAL ASSAULT AND DOMESTIC VIOLENCE ADVOCACY AND SUPPORT PROGRAM FOR VICTIMS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE. THE CLOTHESLINE PROJECT WAS A PUBLIC MEETING HIGHLIGHTING THIS TOPIC, FOCUSING ON PREVENTION AND TREATMENT.- CMHC HAS A ROBUST SCHOOL-BASED PROGRAM THAT IS IN 10 LOCAL SCHOOL CORPORATIONS. THERAPISTS WORKING IN THESE SCHOOLS OFFER PROGRAMS TO STAFF AND STUDENTS ON MENTAL HEALTH TOPICS.- CMHC PRESENTS TO LOCAL NEWSPAPER AND RADIO OUTLETS ARTICLES ON MENTAL HEALTH, ADDICTION, AND WELLNESS.- CMHC HAS AN INTERNAL WELLNESS ORIENTED NEWSLETTER, THE LANDING.2. STIGMA AND INTERVENTION:- WORKING WITH THE LOCAL NAMI CHAPTER, CMHC STAFF PRESENTED CRITICAL INCIDENT TRAINING (CIT) TO LOCAL LAW ENFORCEMENT AND FIRST RESPONDERS. THIS 40 HOUR TRAINING EDUCATED THESE INDIVIDUALS ABOUT THE DYNAMICS OF MENTAL ILLNESS AND ADDICTION/SUD, HOW TO PROPERLY ENGAGE AND INTERVENE, AND TO ASSIST GETTING AN INDIVIDUAL INTO TREATMENT.3. TREATMENT:- CMHC CONTINUED TO PROVIDE A CONTINUUM</p>

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

Form and Line Reference	Explanation
COMMUNITY MENTAL HEALTH CENTER	<p>OF MENTAL HEALTH TREATMENT, INCLUDING: CRISIS/EMERGENCY SERVICES, CONSULTATION TO LOCAL H OSPITALS, INPATIENT OR CRISIS STABILIZATION, OUTPATIENT SERVICES, COMMUNITY-BASED & SCHOOL -BASED SERVICES, CASE MANAGEMENT, INTENSIVE FAMILY-BASED SERVICES, SUPPORTED EMPLOYMENT, H OUSING FOR HOMELESS INDIVIDUALS WITH MENTAL ILLNESS/SUD ISSUES, MEDICATION MANAGEMENT CLIN ICS, RESIDENTIAL AND COMMUNITY-BASED INTEGRATED DUAL DISORDER TREATMENT.- CMHC PROVIDES ME NTAL HEALTH SERVICES IN WORKING WITH LAW ENFORCEMENT, COURT SERVICES, AND COMMUNITY CORREC TIONS TO PROVIDE TREATMENT SERVICES TO THIS POPULATION.- CMHC INITIATED A TRAUMA-INFORMED APPROACH TO TREATMENT.4. POLICY:- CMHC WORKED WITH ICCMHC TO DEVELOP NEW SERVICE DEFINITIO NS AND PAYMENT MODELS. THESE NEW SERVICE DEFINITIONS IF ACCEPTED BY THE DIVISION OF MENTAL HEALTH & ADDICTION, WILL EXPAND INTO NEW TREATMENT MODALITIES.SUBSTANCE ABUSE:- CMHC HAS A ROBUST SCHOOL-BASED PROGRAM THAT IS IN 10 LOCAL SCHOOL CORPORATIONS. THERAPISTS WORKING IN THESE SCHOOLS OFFER PROGRAMS TO STAFF AND STUDENTS ON MENTAL HEALTH TOPICS AND SUD.- CM HC IS ACTIVELY ENGAGED WITH SEVERAL COMMUNITY PARTNERS AND LOCAL COORDINATING COUNCILS, I. E., CITIZENS AGAINST SUBSTANCE ABUSE (CASA), THE BATESVILLE COALITION FOR A DRUG FREE BATE SVILLE, FOCUSING ON PREVENTION AND INTERVENTION SERVICES FOR SUD.- CMHC CONTINUES TO PROVI DE A CONTINUUM OF ACTIVE TREATMENT FOR SUD VIA INTENSIVE OUTPATIENT TREATMENT, VETERAN'S C OURT, DRUG COURT, COMMUNITY CORRECTIONS.- CMHC CONTINUES TO PROVIDE MEDICATION ASSISTED TR EATMENT (MAT) FOR OPIOID USE DISORDER, UTILIZING VIVITROL.- CMHC CONTINUES TO PROVIDE TREA TMENT SERVICES TO INDIVIDUALS AND FAMILIES INVOLVED WITH SUD VIA REFERRALS FROM THE DEPART MENT OF CHILDREN SERVICES (DCS). - CMHC CONTINUES TO PROVIDE RESIDENTIAL AND COMMUNITY-BAS ED INTEGRATED DUAL DISORDER TREATMENT, FOR INDIVIDUALS WITH A MENTAL ILLNESS AND SUD DIAGN OSIS. CMHC EXPANDED ITS RESIDENTIAL PROGRAM, GOING FROM 10 BEDS TO 13 BEDS.- CMHC CONTINUE D ITS TECHNOLOGY GRANT INTERVENTION PROGRAM FOR INDIVIDUALS WITH SUD.</p>

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

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

Form and Line Reference	Explanation
COMMUNITY MENTAL HEALTH CENTER:	PART V, SECTION B, LINE 7A: CHNA REPORT WIDELY AVAILABLE TO THE PUBLIC AT THE FOLLOWING ADDRESS: HTTPS://CMHCINC.ORG/RESOURCES/REPORTS-POSTINGS/

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

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

Form and Line Reference	Explanation
COMMUNITY MENTAL HEALTH CENTER:	PART V, SECTION B, LINE 10: IMPLEMENTATION STRATEGY WIDELY AVAILABLE AT THE FOLLOWING ADDRESS: HTTPS://CMHCINC.ORG/RESOURCES/REPORTS-POSTINGS/

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization COMMUNITY MENTAL HEALTH CENTER INC	Employer identification number 35-1129339
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Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS TALBOT CEO	(i)	151,273	0	7,598	4,922	20,319	184,112	0
	(ii)	0	0	0	0	0	0	0
2 HASAN BAKHTIER MEDICAL DIRECTOR	(i)	727,279	0	450	18,585	29,886	776,200	0
	(ii)	0	0	0	0	0	0	0
3 MELODY GONGWER STAFF PSYCHIATRIST	(i)	173,234	0	1,277	5,524	9,107	189,142	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
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY MENTAL HEALTH CENTER INC

Employer identification number

35-1129339

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PROCESS OF REVIEWING THE FORM 990 INCLUDES A DETAILED REVIEW BY THE ORGANIZATION'S ACCOUNTING DEPARTMENT. THE GOVERNING BODY RECEIVES A COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING. ONCE APPROVED BY THE GOVERNING BODY, THE RETURN IS FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE WRITTEN CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY MONITORED AND COMPLIANCE ENFORCED BY THE ORGANIZATION'S MANAGEMENT/GOVERNING BODY. THE SCOPE OF THIS POLICY INCLUDES ALL BOARD MEMBERS, MANAGEMENT (CEO, CFO, COO), AND DIRECTORS. THE POLICY IS IN PLACE TO PREVENT COVERED PERSONS FROM VOTING ON MATTERS WHERE A CONFLICT COULD EXIST. A SELF DISCLOSURE FROM COVERED PERSONS TO THE GOVERNING BODY IS REQUIRED ON ANY POTENTIAL CONFLICTS OF INTEREST. THE COVERED PERSONS ARE TO RECUSE FROM PARTICIPATING IN ANY DELIBERATION OR DECISIONS ON SUCH TRANSACTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS IS REPOSNSIBLE FOR HANDLING THE CONTRACT AND COMPENSATION OF THE CEO . EXECUTIVE COMPENSATION OF COMPARABLE ORGANIZATIONS IS CONSIDERED DURING EVALUATION OF TH E EMPLOYMENT CONTRACT. THE AGREEMENT IS REVIEWED WITH THE ORGANIZATION'S LEGAL COUNSEL AND BOARD OF DIRECTORS. THE CONTRACT MUST BE APPROVED BY THE GOVERNING BOARD. THE COMPENSATIO N OF OTHER KEY EMPLOYEES IS REVIEWED BY THE EXECUTIVE DIRECTOR AND HUMAN RESOURCES DEPARTM ENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST IN AN AGREED UPON FORMAT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFER OF ASSETS FROM LUDLOW APAR 470,763.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SECTION XII, LINE 2C	THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY MENTAL HEALTH CENTER INC

Employer identification number

35-1129339

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) LUDLOW MANAGEMENT INC 285 BIELBY ROAD LAWRENCEBURG, IN 47025 20-0358852	MANAGE LUDLOW APARTMENTS, LP	IN	N/A	C	5,184	-829	100.000 %	Yes	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation