

PUBLIC DISCLOSURE COPY

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.

A For the **2019** calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NCHMD, INC. Doing business as NCH PHYSICIAN GROUP Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 413029 City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34101-3029 F Name and address of principal officer: RICK WYLES SAME AS C ABOVE	D Employer identification number 33-1075317 E Telephone number 239-624-6338 G Gross receipts \$ 113,316,953. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NCHMD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2003
M State of legal domicile: FL		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>HELPING EVERYONE LIVE A LONGER, HAPPIER, AND HEALTHIER LIFE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1028
	6 Total number of volunteers (estimate if necessary)	6	11
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		112,969,917.	113,273,393.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,121.	-267.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		112,964,796.	113,310,626.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	118,657,546.	121,859,774.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,378,644.	31,038,764.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	150,036,190.	152,898,538.
	19 Revenue less expenses. Subtract line 18 from line 12	-37,071,394.	-39,587,912.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	44,445,588.	41,550,306.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,479,380.	33,787,455.
		24,966,208.	7,762,851.

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 RICK WYLES, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name REBEKUH ELEY	Preparer's signature Date 08/12/21
	Firm's name ▶ RSM US LLP Firm's address ▶ 30 S. WACKER DRIVE, STE 3300 CHICAGO, IL 60606	Check if self-employed <input type="checkbox"/> PTIN P01247672 Firm's EIN ▶ 42-0714325 Phone no. 312-634-3400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HELPING EVERYONE LIVE A LONGER, HAPPIER, AND HEALTHIER 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 24,581,948. including grants of \$) (Revenue \$ 23,424,688.) NCH PHYSICIAN GROUP LABORATORY AND RADIOLOGY SERVICES IS THE LARGEST SERVICE LINE ACCOMPLISHMENT FOR NCH PHYSICIANS GROUP FOR 2020. THE NCH PHYSICIAN GROUP LABORATORY AND RADIOLOGY PLAYS AN ACTIVE AND KEY ROLE IN ASSISTING THE NCH PHYSICIAN GROUP PHYSICIANS, NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS. DIAGNOSTIC TESTING IS ESSENTIAL TO THE BASIC MANAGEMENT OF PATIENT CARE, ALLOWING PHYSICIANS TO DETECT DISEASE EARLIER, MAKE DIAGNOSES, PRESCRIBE THERAPIES AND MONITOR RESULTS. WITHIN THIS SERVICE LINE, NCHMD EMPLOYED 21 LICENSED INDEPENDENT PRACTITIONERS AND 90.04 FULL-TIME EQUIVALENT EMPLOYEES WHO PERFORMED 146,238 RELATIVE VALUE UNITS, PROVIDED \$502,378 OF CHARITY CARE.

4b (Code:) (Expenses \$ 21,875,410. including grants of \$) (Revenue \$ 18,473,791.) FAMILY PRACTICE SERVICES IS THE SECOND LARGEST SERVICE LINE ACCOMPLISHMENT FOR NCH PHYSICIANS GROUP FOR 2020. THIS PROGRAM SERVICE OFFERS CARE TO THE WHOLE FAMILY, BY TREATING NOT ONLY ILLNESSES, BUT BY HELPING YOU FIND WAYS TO IMPROVE YOUR HEALTH AND PREVENT DISEASE. OUR FAMILY MEDICINE OFFICES PROVIDE COMPLETE CARE TO INFANTS, CHILDREN, ADOLESCENTS, ADULTS AND THE ELDERLY. WITHIN THIS SERVICE LINE, NCHMD EMPLOYED 49 LICENSED INDEPENDENT PRACTITIONERS AND 101 FULL-TIME EQUIVALENT EMPLOYEES WHO PERFORMED 142,721 RELATIVE VALUE UNITS, PROVIDED \$66,006 OF CHARITY CARE.

4c (Code:) (Expenses \$ 20,389,660. including grants of \$) (Revenue \$ 16,049,885.) INTERNAL MEDICINE SERVICES WERE NCH PHYSICIAN GROUP'S THIRD LARGEST PROGRAM SERVICE ACCOMPLISHMENT IN 2020. THE NCH PHYSICIAN GROUP'S INTERNAL MEDICINE PHYSICIANS FOCUS ON ADULT MEDICINE BY EMPHASIZING PREVENTION AND TREATMENT OF ADULT DISEASES WITH STATE OF THE ART TECHNOLOGY IN A COMPASSIONATE ENVIRONMENT. THESE PHYSICIANS WORK CLOSELY WITH ALL OUR SPECIALISTS AS WELL AS OUR ANCILLARY TESTING DEPARTMENTS SUCH AS RADIOLOGY AND LABORATORY TO HELP SOLVE DIAGNOSTIC PROBLEMS. WITHIN THIS SERVICE LINE, NCHMD EMPLOYED 76 LICENSED INDEPENDENT PRACTITIONERS AND 43 FULL-TIME EQUIVALENT EMPLOYEES WHO PERFORMED 280,402 RELATIVE VALUE UNITS, PROVIDED \$1,932,124 OF CHARITY CARE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 77,486,564. including grants of \$) (Revenue \$ 55,362,529.)

4e Total program service expenses 144,333,582.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-7a (relationships and governance), 7b (governance decisions), 8 (documentation), and 9 (unreachable officer).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (local chapters), 11a (Form 990 distribution), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), and 16a-b (joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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 RICK WYLES, CHIEF FINANCIAL OFFICER - 239-624-4005 350 SEVENTH STREET NORTH, NAPLES, FL 34102

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, and 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 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) HOWARD KAPP, M.D. PHYSICIAN	40.00 0.00					X			2,166,287.	0.	25,164.
(2) JON DOUNCHIS, M.D. PHYSICIAN	40.00 0.00					X			1,903,014.	0.	32,200.
(3) DINESH SHARMA, M.D. PHYSICIAN	40.00 0.00					X			1,487,366.	0.	35,222.
(4) DAVID AXLINE, M.D. PHYSICIAN	40.00 0.00					X			1,103,242.	0.	33,295.
(5) ALLEN S. WEISS, M.D. TRM 1/19 FORMER PRESIDENT/CEO/TRUSTEE	0.00 0.00						X		0.	1,036,752.	26,002.
(6) BRIAN SOLOMON, M.D. PHYSICIAN	40.00 0.00					X			973,702.	0.	32,971.
(7) MAZEN ALBELDAWI, M.D. PHYSICIAN/TRUSTEE	40.00 0.00	X							970,692.	0.	33,700.
(8) PHILLIP DUTCHER TRUSTEE/ CHIEF OPERATING OFFICER	1.00 44.00	X		X					0.	794,620.	13,684.
(9) MICHAEL S. FLYNN, M.D. PHYSICIAN/TRUSTEE	40.00 0.00	X							687,854.	0.	21,200.
(10) BRYAN MURPHEY, M.D. PHYSICIAN/CHAIRMAN	40.00 0.00	X		X					639,644.	0.	32,401.
(11) KEVIN D. COOPER TERM 1/19 FORMER CHIEF OF STAFF	0.00 0.00						X		0.	595,431.	22,324.
(12) DAVID LAMON, M.D. TERM 11/19 PHYSICIAN/TRUSTEE	40.00 0.00	X							579,602.	0.	30,676.
(13) SHARLA PATTERSON, M.D. PHYSICIAN/TRUSTEE	40.00 0.00	X							574,462.	0.	35,172.
(14) FRANK ASTOR, M.D. TERM 11/19 TRUSTEE/CHIEF MEDICAL OFFICER	1.00 44.00	X		X					0.	567,013.	28,107.
(15) RICK WYLES CHIEF FINANCIAL OFFICER	1.00 44.00			X					0.	474,496.	33,122.
(16) JONATHAN KLING, R.N. CHIEF NURSING OFFICER/COO NNH	1.00 44.00			X					0.	468,304.	32,450.
(17) ZACKARY BOSTOCK TERM 3/20 CHIEF ADMINISTRATIVE OFFICER	1.00 44.00			X					0.	463,099.	33,703.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARC D. COLTON, M.D. PHYSICIAN/TRUSTEE	40.00 0.00	X						465,196.	0.	17,705.
(19) EMILY ESSERT, M.D. PHYSICIAN/TRUSTEE	40.00 0.00	X						420,888.	0.	32,345.
(20) LINDA ROEBACK TERM 5/20 CHIEF COUNSEL	1.00 44.00			X				0.	383,672.	25,908.
(21) RENEE M. THIGPEN CHIEF HR OFFICER	1.00 44.00			X				0.	336,163.	28,917.
(22) MICHAEL RILEY CHIEF STRATEGY OFFICER	1.00 44.00			X				0.	333,178.	28,007.
(23) GARY TOMCIK TERM 4/20 CHIEF EXPERIENCE OFFICER	1.00 44.00			X				0.	294,837.	33,712.
(24) PAUL HILTZ PRESIDENT/CEO/TRUSTEE	1.00 44.00	X		X				0.	286,692.	6,163.
(25) JIM MAHON - START 11/19 CHIEF PHILANTHROPY OFFICER	1.00 44.00			X				0.	83,489.	0.
(26) KRISTIN MASCOTTI, M.D. START TRUSTEE/CHIEF MEDICAL OFFICER 6/20	1.00 44.00	X		X				0.	0.	0.
1b Subtotal								11,971,949.	6,117,746.	674,150.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								11,971,949.	6,117,746.	674,150.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 219

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LOCUMTENENS COM LLC PO BOX 405547, ATLANTA, GA 30384-5547	PHYSICIAN STAFFING SERVICES	4,963,954.
MEDICUS RADIOLOGY SERVICES LLC 22 ROULSTON ROAD, WINDHAM, NH 03087	RADIOLOGY SERVICES	1,599,550.
SHERIDAN RADIOLOGY MGMT SERVICES, INC. PO BOX 452796, SUNRISE, FL 33323-2197	RADIOLOGY SERVICES	1,243,190.
VIRENCE HEALTH TECHNOLOGIES 225 WEST ILLINOIS STREET, CHICAGO, IL 60654	IT CONSULTING	1,170,097.
NEUROINTERVENTIONAL ASSOCIATES PA, 335 31ST STREET SOUTH, ST PETERSBURG, FL 33712	PHYSICIAN STAFFING SERVICES	1,148,385.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 38

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) PAMELA ZIPPERER-DAVIS START TRUSTEE/CHIEF ADMIN. OFFICER 6/20	1.00 44.00	X		X				0.	0.	0.
(28) KEVIN BEEBE START 3/20 TRUSTEE	0.50 1.50	X						0.	0.	0.
(29) MICHAEL WYNN START 3/20 TRUSTEE	0.50 1.50	X						0.	0.	0.
(30) SCOTT LUTGERT START 3/20 TRUSTEE	0.50 1.50	X						0.	0.	0.
(31) THOMAS J. GAZDIC TERM 5/20 TRUSTEE	0.50 1.50	X						0.	0.	0.
(32) JOHN LEWIS, M.D. TERM 5/20 TRUSTEE	0.50 1.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f				
Program Service Revenue	2 a	OFFICES OF PHYSICIANS	Business Code			
			621110	113,273,393.	113,273,393.	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f		113,273,393.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
				6,060.		
	6 b	Less: rental expenses		6,060.		
	6 c	Rental income or (loss)		0.		
	d	Net rental income or (loss)		0.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
					267.	
					-267.	
	7 b	Less: cost or other basis and sales expenses		267.		
7 c	Gain or (loss)		-267.			
d	Net gain or (loss)		-267.		-267.	
8 a	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					
9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	MEDICAL DIRECTORSHIP	Business Code			
			900099	37,500.	37,500.	
	b					
	c					
	d	All other revenue				
e	Total. Add lines 11a-11d		37,500.			
12	Total revenue. See instructions		113,310,626.	113,310,893.	0.	-267.

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	4,531,964.	3,906,136.	625,828.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	458,787.	458,787.		
7 Other salaries and wages	106,900,072.	102,811,480.	4,088,592.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,356,118.	2,256,925.	99,193.	
9 Other employee benefits	2,692,373.	2,580,557.	111,816.	
10 Payroll taxes	4,920,460.	4,713,309.	207,151.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,172,721.	2,492,237.	1,680,484.	
12 Advertising and promotion	102,970.	100,640.	2,330.	
13 Office expenses	3,425,898.	2,307,759.	1,118,139.	
14 Information technology	1,820,632.	1,743,983.	76,649.	
15 Royalties				
16 Occupancy	5,249,778.	4,813,081.	436,697.	
17 Travel	90,785.	90,382.	403.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,797,023.	3,734,787.	62,236.	
23 Insurance	1,000,022.	968,570.	31,452.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	11,361,226.	11,352,549.	8,677.	
b BAD DEBT	15,309.		15,309.	
c _____				
d _____				
e All other expenses _____	2,400.	2,400.		
25 Total functional expenses. Add lines 1 through 24e	152,898,538.	144,333,582.	8,564,956.	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 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,370,760.	4	8,392,908.
	5 Loans and other receivables from 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		7	
	8 Inventories for sale or use	1,103,333.	8	1,454,254.
	9 Prepaid expenses and deferred charges	548,761.	9	426,960.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,074,337.		
	b Less: accumulated depreciation	10b 25,852,938.	26,301,946.	10c 27,221,399.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	4,120,788.	14	4,054,785.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	44,445,588.	16	41,550,306.	
Liabilities	17 Accounts payable and accrued expenses	17,805,323.	17	17,365,492.
	18 Grants payable		18	
	19 Deferred revenue	1,674,057.	19	5,279,114.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	11,142,849.
	26 Total liabilities. Add lines 17 through 25	19,479,380.	26	33,787,455.
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	24,966,208.	27	7,762,851.
	28 Net assets with donor restrictions		28	
	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	24,966,208.	32	7,762,851.
33 Total liabilities and net assets/fund balances	44,445,588.	33	41,550,306.	

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	113,310,626.
2	Total expenses (must equal Part IX, column (A), line 25)	2	152,898,538.
3	Revenue less expenses. Subtract line 2 from line 1	3	-39,587,912.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,966,208.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	22,384,555.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,762,851.

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 on 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 on Schedule O and describe any steps taken to undergo such audits _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization <p style="text-align: center;">NCHMD, INC.</p>	Employer identification number <p style="text-align: center;">33-1075317</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 fails 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 grants.")						
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 from 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	72,592,000.	90,888,451.	110,657,971.	112,927,917.	113,273,393.	500,339,732.
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	72,592,000.	90,888,451.	110,657,971.	112,927,917.	113,273,393.	500,339,732.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						500,339,732.

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	72,592,000.	90,888,451.	110,657,971.	112,927,917.	113,273,393.	500,339,732.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...				5,990.	0.	5,990.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				5,990.		5,990.
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.)	11,815.	11,631.	39,452.	42,000.	37,500.	142,398.
13 Total support. (Add lines 9, 10c, 11, and 12.)	72,603,815.	90,900,082.	110,697,423.	112,975,907.	113,310,893.	500,488,120.

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	99.97 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.78 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	.00 %

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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- 1 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):		
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).		

Schedule A (Form 990 or 990-EZ) 2019

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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISC ACCOUNTS REC RECEIPTS

2015 AMOUNT: \$ 282.

2016 AMOUNT: \$ 2,527.

2017 AMOUNT: \$ 12,851.

EMPLOYEE SALES

2015 AMOUNT: \$ 8,233.

2016 AMOUNT: \$ 9,104.

2017 AMOUNT: \$ 26,601.

MEDICAL DIRECTORSHIP

2018 AMOUNT: \$ 42,000.

2019 AMOUNT: \$ 37,500.

PATIENT STUDY REGISTRATION SERVICES

2015 AMOUNT: \$ 3,300.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization NCHMD, INC. Employer identification number 33-1075317

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and Yes/No questions about monitoring and reporting.

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

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including revenue and asset amounts.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 Term 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 |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,559,424.		2,559,424.
b Buildings		11,243,568.	2,683,796.	8,559,772.
c Leasehold improvements		7,922,509.	4,757,878.	3,164,631.
d Equipment		30,548,341.	18,411,264.	12,137,077.
e Other		800,495.		800,495.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,221,399.

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. (Col. (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. (Col. (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) MEDICARE ADVANCED PAYMENT	11,142,849.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,142,849.

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 FASB 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.

PART X, LINE 2:

THE SYSTEM AND ALL OF ITS NOT-FOR-PROFIT SUBSIDIARIES ARE EXEMPT FROM

FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE

INTERNAL REVENUE CODE (THE CODE). THE SYSTEM AND ALL OF ITS

NOT-FOR-PROFIT SUBSIDIARIES DO NOT HAVE SIGNIFICANT UNRELATED BUSINESS

INCOME; HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON

EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING

AUTHORITIES. THE SYSTEM IS GENERALLY NO LONGER SUBJECT TO TAX EXAMINATIONS

IN THE MAJOR U.S. TAXING JURISDICTIONS IN WHICH THEY OPERATE FOR TAX YEARS

PRIOR TO 2016.

**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
NCHMD, INC.

Employer identification number
33-1075317

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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 aren't 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) HOWARD KAPP, M.D. PHYSICIAN	(i)	1,974,657.	171,442.	20,188.	11,200.	13,964.	2,191,451.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JON DOUNCHIS, M.D. PHYSICIAN	(i)	1,571,305.	312,295.	19,414.	11,200.	21,000.	1,935,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DINESH SHARMA, M.D. PHYSICIAN	(i)	1,123,559.	344,645.	19,162.	11,200.	24,022.	1,522,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID AXLINE, M.D. PHYSICIAN	(i)	863,866.	219,602.	19,774.	11,200.	22,095.	1,136,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALLEN S. WEISS, M.D. TRM 1/19 FORMER PRESIDENT/CEO/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	81,226.	0.	955,526.	9,417.	16,585.	1,062,754.	0.
(6) BRIAN SOLOMON, M.D. PHYSICIAN	(i)	869,581.	84,959.	19,162.	11,200.	21,771.	1,006,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAZEN ALBELDAWI, M.D. PHYSICIAN/TRUSTEE	(i)	862,930.	88,600.	19,162.	11,200.	22,500.	1,004,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PHILLIP DUTCHER TRUSTEE/ CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	683,212.	90,122.	21,286.	11,200.	2,484.	808,304.	0.
(9) MICHAEL S. FLYNN, M.D. PHYSICIAN/TRUSTEE	(i)	538,572.	129,508.	19,774.	0.	21,200.	709,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BRYAN MURPHEY, M.D. PHYSICIAN/CHAIRMAN	(i)	527,498.	92,732.	19,414.	11,200.	21,201.	672,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KEVIN D. COOPER TERM 1/19 FORMER CHIEF OF STAFF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	47,383.	0.	548,048.	5,468.	16,856.	617,755.	0.
(12) DAVID LAMON, M.D. TERM 11/19 PHYSICIAN/TRUSTEE	(i)	478,117.	83,565.	17,920.	11,200.	19,476.	610,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SHARLA PATTERSON, M.D. PHYSICIAN/TRUSTEE	(i)	420,120.	135,162.	19,180.	11,200.	23,972.	609,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) FRANK ASTOR, M.D. TERM 11/19 TRUSTEE/CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	463,456.	83,002.	20,555.	11,200.	16,907.	595,120.	0.
(15) RICK WYLES CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	384,824.	69,484.	20,188.	11,200.	21,922.	507,618.	0.
(16) JONATHAN KLING, R.N. CHIEF NURSING OFFICER/COO NNH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	399,287.	49,747.	19,270.	11,200.	21,250.	500,754.	0.

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 aren't 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				
(17) ZACKARY BOSTOCK TERM 3/20 CHIEF ADMINISTRATIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	376,328.	67,591.	19,180.	11,200.	22,503.	496,802.	0.
(18) MARC D. COLTON, M.D. PHYSICIAN/TRUSTEE	(i)	420,869.	25,000.	19,327.	0.	17,705.	482,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) EMILY ESSERT, M.D. PHYSICIAN/TRUSTEE	(i)	322,460.	79,266.	19,162.	11,200.	21,145.	453,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) LINDA ROEBACK TERM 5/20 CHIEF COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	345,179.	18,719.	19,774.	11,200.	14,708.	409,580.	0.
(21) RENEE M. THIGPEN CHIEF HR OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	267,354.	48,621.	20,188.	11,200.	17,717.	365,080.	0.
(22) MICHAEL RILEY CHIEF STRATEGY OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	264,955.	48,035.	20,188.	11,200.	16,807.	361,185.	0.
(23) GARY TOMCIK TERM 4/20 CHIEF EXPERIENCE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	235,942.	38,707.	20,188.	11,200.	22,512.	328,549.	0.
(24) PAUL HILTZ PRESIDENT/CEO/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	247,601.	20,000.	19,091.	0.	6,163.	292,855.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINES 4A-B:

PART I, LINE 4A:

PRESIDENT AND CEO RESIGNED 01/2019 AND RECEIVED A SEVERANCE PAYMENT OF \$950,356 FOR CALENDAR YEAR 2019.

CHIEF OF STAFF RESIGNED 01/2019 AND RECEIVED A SEVERANCE PAYMENT OF \$545,812 FOR CALENDAR YEAR 2019.

PART I, LINE 4B:

CHIEF MEDICAL OFFICER PARTICIPATED IN A 457(F) SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN BUT DID NOT RECEIEVE A PAYMENT FOR CALENDAR YEAR 2019.

CHIEF ADMINISTRATIVE OFFICER PARTICIPATED IN A 457(F) SUPPLEMENTAL NON-QUALIFIED PLAN BUT DID NOT RECEIVE A PAYMENT FOR CALENDAR YEAR 2019.

PART I, LINE 7:

PROVISIONS OF NON-FIXED PAYMENTS

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.

THIS ORGANIZATION IS AN AFFILIATE OF NCH HEALTHCARE SYSTEM, INC. ("THE SYSTEM"). THE SYSTEM MAY PROVIDE DISCRETIONARY BONUS AND/OR INCENTIVE COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES. COMPENSATION PAYMENTS FOR ALL EMPLOYEES EXCLUDING THE CEO AND SENIOR LEADERSHIP TEAM IS DETERMINED BY THE SYSTEM BOARD OF TRUSTEES HUMAN RESOURCES COMMITTEE AND/OR CEO. COMPENSATION PAYMENTS MADE TO ANY DISQUALIFIED PERSON IS APPROVED BY THE SYSTEM THROUGH THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization
NCHMD, INC.

Employer identification number
33-1075317

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RASAI ERNST, M.D.	FMLY MEMBER/TRUSTEE	370,865.	EMPLOYED PH		X
ALYSSA J SCHLOTMANN	FMLY MEMBER/OFFICER	38,083.	EMPLOYEE		X
VLADIMIRA KLING	FMLY MEMBER/OFFICER	49,839.	EMPLOYEE		X

Part V Supplemental Information.

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

FORM 990, SCHEDULE L, PART IV

MAZEN ALBELDAWI M.D., BOARD TRUSTEE IS THE SPOUSE OF RASAI ERNST, M.D.

AN EMPLOYED PHYSICIAN OF NCHMD.

FORM 990, SCHEDULE L, PART IV

ALYSSA J. SCHLOTMANN IS THE DAUGHTER OF RENEE THIGPEN, CHIEF HUMAN

RESOURCES OFFICER.

FORM 990, SCHEDULE L, PART IV

VLADIMIRA KLING, ARNP. IS THE SPOUSE OF JONATHAN KLING, CHIEF NURSING

OFFICER.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NCHMD, INC.

Employer identification number

33-1075317

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR VISION IS TO BE A WORLD-CLASS LEADER OF EXCELLENCE IN

HEALTHCARE AND TO PROVIDE EXCELLENCE IN EVERY PATIENT EXPERIENCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN PROVIDING THE OTHER SERVICE PROGRAM SERVICE LINES, NCHMD EMPLOYED

194 LICENSED INDEPENDENT PRACTITIONERS AND 284 FTES WHO PERFORMED

724,532 RELATIVE VALUE UNITS AND PROVIDED \$2,659,330 OF CHARITY CARE.

SERVICE LINE	EXPENSE	REVENUE
CARDIOLOGY	19,571,940	13,451,243
ORTHOPEDICS	10,372,188	7,495,020
INFECTIOUS DISEASE	10,228,581	9,563,535
PULMONARY	9,773,682	6,060,943
GENERAL SURGERY	5,091,801	3,159,825
GASTROENTEROLOGY	4,742,830	3,488,025
PAIN MANAGEMENT	3,291,981	2,117,155
URGENT CARE	2,506,167	2,128,829
ENDOCRINOLOGY	2,249,785	1,623,123
PSYCHIATRY	2,245,620	1,271,649
PEDIATRICS	1,615,556	1,190,122
UROLOGY	1,610,068	1,143,466
NEUROSURGERY	1,327,449	773,550
GME	1,036,266	582,838
POST ACUTE	574,892	499,184

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization NCHMD, INC.	Employer identification number 33-1075317
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RHEUMATOLOGY	350,824	205,527
WOUND HEALING	332,032	399,256
PRO TIME	295,207	198,548
GERIATRICS	269,472	10,692
CHRONIC CARE	222	-
EXPENSES \$ 77,486,564. INCLUDING GRANTS OF \$ 0. REVENUE \$ 55,362,529.		

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS AMENDED AND RESTATED

NCH HEALTHCARE SYSTEM, INC. AMENDED AND RESTATED ITS BYLAWS IN FISCAL YEAR

2020. ALTHOUGH THIS CHANGE WAS MADE ONLY TO THE NCH HEALTHCARE SYSTEM, INC.

BYLAWS THEY DECIDE AND INFLUENCE THE GOVERNANCE OF ALL ENTITIES OF THE

SYSTEM.

ARTICLE II BOARD OF TRUSTEES

2.2.1 NUMBER AND TENURE WERE REVISED TO INCLUDE "NOT MORE THAN 15" MEMBERS

AND "AN INITIAL TERM OF THREE YEARS, AND ELIGIBLE TO SERVE UP TO ONE

ADDITIONAL TERM OF THREE YEARS." DELETED THE REQUIREMENT OF TWO ELECTED

EMPLOYEE TRUSTEES.

2.8 AFFIRMATIVE VOTE REQUIREMENTS CHANGED FROM MAJORITY TO TWO-THIRDS OR

GREATER.

ARTICLE III OFFICERS

3.3 AFFIRMATIVE VOTE REQUIREMENTS CHANGED FROM MAJORITY TO TWO-THIRDS OR

Name of the organization NCHMD, INC.	Employer identification number 33-1075317
---	--

GREATER.

ARTICLE V AMENDMENTS TO BYLAWS

AMENDMENTS TO BYLAWS REQUIREMENT CHANGED FROM MAJORITY TO TWO THIRDS OR

GREATER VOTE.

FORM 990, PART VI, SECTION A, LINE 6:

GOVERNING BODY AND MANAGEMENT

NCH HEALTHCARE SYSTEM, INC. IS THE SOLE CORPORATE MEMBER OF THE

ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

GOVERNING BODY AND MANAGEMENT

NCH HEALTHCARE SYSTEM, INC. SOLE MEMBER OF THIS ORGANIZATION, ELECTS THIS

ORGANIZATION'S DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

GOVERNING BODY AND MANAGEMENT

ALL OF THE GOVERNANCE DECISIONS FOR NCHMD, INC. ARE RESERVED TO THE

GOVERNING BODY OF NCH HEALTHCARE SYSTEM, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEW PROCESS

Name of the organization NCHMD, INC.	Employer identification number 33-1075317
---	--

INFORMATION RELATED TO NCHMD, INC.'S ("NCHMD") FORM 990 FILING IS GATHERED

BY FINANCE STAFF AND PROVIDED TO RSM US LLP FOR REVIEW. AFTER THE REVIEW BY

RSM US LLP, THE FORM 990 IS REVIEWED BY THE NCH HEALTHCARE SYSTEM CHIEF

FINANCIAL OFFICER. THE FORM 990 IS THEN REVIEWED BY OUTSIDE COUNSEL FOR THE

BOARD. PRIOR TO BOARD APPROVAL, THE FORM 990 IS PROVIDED TO ALL OF THE

FINANCE COMMITTEE BOARD OF TRUSTEES FOR THEIR REVIEW VIA THE BOARD PORTAL.

AT THE CONCLUSION OF THIS REVIEW PROCESS THE FORM 990 IS APPROVED BY THE

BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

ANNUALLY, ALL NCH HEALTHCARE SYSTEM, INC. OFFICERS, DIRECTORS, TRUSTEES AND

KEY EMPLOYEES ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD POTENTIALLY

GIVE RISE TO CONFLICTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL

MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE

SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A

CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR

COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. MANAGEMENT

SHALL DISCLOSE OTHER POTENTIAL CONFLICTS WITH THE COMPLIANCE OFFICER.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE

WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR

ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT

GIVE RISE TO A CONFLICT OF INTEREST, IF A MORE ADVANTAGEOUS TRANSACTION OR

ARRANGEMENT IS NOT REASONABLY ATTAINED UNDER CIRCUMSTANCES THAT WOULD NOT

GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE

BY A GREATER THAN TWO-THIRDS VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE

Name of the organization NCHMD, INC.	Employer identification number 33-1075317
---	--

TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

THE COMPLIANCE OFFICER WILL DETERMINE IF A MANAGEMENT TEAM MEMBER OR EMPLOYEE SHOULD BE EXCUSED FROM A DISCUSSION OR PARTICIPATE IN A DECISION IN WHICH THERE MAY BE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS

THIS ORGANIZATION IS AN AFFILIATE OF THE NCH HEALTHCARE SYSTEM, INC. ("THE SYSTEM"). COMPENSATION ARRANGEMENTS INVOLVING OUR CEO AND SENIOR LEADERSHIP TEAM ARE ESTABLISHED BY THE SYSTEM BOARD OF TRUSTEES COMPENSATION COMMITTEE PURSUANT TO A PROCESS THAT SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE AVAILABLE FOR SECTION 4958 EXCESS BENEFIT TRANSACTION TAX PURPOSES (WHICH REQUIRES A REVIEW OF COMPENSATION DETERMINATION BY DISINTERESTED PERSONS, USE OF APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS).

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS AVAILABLE TO THE PUBLIC

THE FORMS 1023 AND 990, GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY OF NCHMD ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE ALSO AVAILABLE VIA OUR WEBSITE:

[HTTP://WWW.NCHMD.ORG/ABOUT-US/ANNUAL-REPORTS](http://www.nchmd.org/about-us/annual-reports). DOCUMENTS AVAILABLE FOR

Name of the organization NCHMD, INC.	Employer identification number 33-1075317
---	--

REQUEST ARE AVAILABLE PURSUANT TO THE PERIOD OF DISCLOSURE PROVIDED IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFERS FROM AFFILIATES 22,384,555.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **NCHMD, INC.** Employer identification number **33-1075317**

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
NCH HEALTHCARE SYSTEM, INC. - 59-2314655 P.O. BOX 413029 NAPLES, FL 34101	HOLDING CO	FLORIDA	501(C) (3)	LINE 12B, II	N/A		X
NAPLES COMMUNITY HOSPITAL, INC. - 59-0694358 P.O. BOX 413029 NAPLES, FL 34101	HEALTHCARE	FLORIDA	501(C) (3)	LINE 3	NCH SYSTEM	X	
MARCO ISLAND HOSPITAL, INC. - 59-2315435 40 HEATHWOOD DRIVE MARCO ISLAND, FL 34145	HEALTHCARE	FLORIDA	501(C) (3)	LINE 3	NCH SYSTEM	X	
COMMUNITY HOME SERVICES, INC. - 59-2440516 P.O. BOX 413029 NAPLES, FL 34101	SUPPORT ORG.	FLORIDA	501(C) (3)	LINE 12B, II	NCH SYSTEM	X	

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COLLIER HEALTH CARE, INC. - 65-0244276 P.O. BOX 413029 NAPLES, FL 34101	HEALTHCARE	FLORIDA	501(C) (3)	LINE 3	NCH SYSTEM	X	

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
HEALTH RESOURCES CORPORATION - 59-2568003 350 7TH STREET NORTH NAPLES, FL 34102	HOLDING COMPANY	FL	NCH SYSTEM	C CORP				X	
AMBULATORY SURGICAL CARE CENTER, INC. - 59-2568029, 350 7TH STREET NORTH, NAPLES, FL 34102	OUTPAT. SURGERY	FL	HRC	C CORP				X	
COMMUNITY HOME CARE, INC. - 59-2372966 350 7TH STREET NORTH NAPLES, FL 34102	HOME HEALTH	FL	HRC	C CORP				X	
COMMUNITY IMAGING, INC. - 59-2446336 350 7TH STREET NORTH NAPLES, FL 34102	RADIOLOGY LAB	FL	HRC	C CORP				X	

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NAPLES COMMUNITY HOSPITAL, INC.	P	3,619,087. FMV	
(2) NAPLES COMMUNITY HOSPITAL, INC.	Q	-25,716,225. FMV	
(3)			
(4)			
(5)			
(6)			

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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.

[Lined area for supplemental information]