EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

▶ 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 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change CHARITABLE HEALTHCARE NETWORK, INC. X Name change 22-3769296 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 614-914-6458 35 NORTH FOURTH STREET, SUITE 350 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 658,465. Amended return COLUMBUS, OH 43215 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DEBORAH MILLER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.OHIOFREECLINICS.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2002 M State of legal domicile: OH ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO IMPROVE ACCESS TO HEALTH CARE **Activities & Governance** FOR THE UNINSURED AND UNDERINSURED PEOPLE IN OHIO, TO STRENGTHEN THE if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 989,046. 627,863. Contributions and grants (Part VIII, line 1h) 8 Revenue 7,833. 22,976. Program service revenue (Part VIII, line 2g) 151. 226. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,474. 7,400. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,006,504. 658,465. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 339,852. 298,056. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 558,346. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 312,215. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 111,253. 108,753. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 719,024. 1,009,451. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,947.-60,559. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 324,200. 241,635 20 Total assets (Part X, line 16) 101,982. 79,976. 21 Total liabilities (Part X, line 26) 三年 222,218. 161,659 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DEBORAH MILLER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 11/05/19| self-employed JESSE YOUNG, CPA P01236247 JESSE YOUNG, CPA Paid Firm's name ► CLARK, SCHAEFER, HACKETT & CO. Firm's EIN ▶ 31-0800053 Preparer Firm's address 14 EAST MAIN STREET, SUITE 500 Use Only Phone no. 937 - 399 - 2000 SPRINGFIELD, OH 45502 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Page 2

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO BE THE VOICE AND CONNECTOR FOR MEMBERS BY PROVIDING RESOURCES,
	EDUCATION AND ADVOCACY TO STRENGTHEN AND ENSURE HIGH QUALITY HEALTH
	CARE FOR PEOPLE WHO ARE VULNERABLE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$424,144. including grants of \$298,056.) (Revenue \$22,976.)
	COLLECT AND DISTRIBUTE FUNDS TO FREE CLINICS. PROMOTE NETWORKING AND
	INFORMATION SHARING AMONG OHIO FREE CLINICS, TO ADVOCATE ON BEHALF OF
	FREE CLINICS AND THE PEOPLE THEY SERVE AND TO MANAGE THE FREE CLINIC
	DATA.
4b	(Code:) (Expenses \$
	VISTA PROGRAM: SERVICES TO STRENGTHEN AND SUPPLEMENT EFFORTS TO
	ELIMINATE POVERTY AND POVERTY-RELATED HUMAN, SOCIAL, AND ENVIRONMENTAL
	PROBLEMS.
4c	(Code:) (Expenses \$
11-11	Other program convises (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 624,676.
	Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢ ′		
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			₩
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
_	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	35. State of the s			

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· a	Officerist of nequired Scriedules (continued)		1	_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		├^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		1
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			\vdash
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ _{3,7}
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_ v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		├^
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		1
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

832004 12-31-18

Form 990 (2018) CHARITABLE HEALTHCARE NETWORK, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Left the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 2a 4.2 b If a least one is reported on line 2a, did the organization file all required foliage instructions. Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e. file (see instructions). 3b ID the organization have unrelated business gross income of \$1,000 or more during the plean? 3c ID the organization have unrelated business gross income of \$1,000 or more during the plean authority over, a financial account in a foreign country. 4c At any time during the calendary year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country. 5c If I'ves 1 in line 6 arc 5b, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country. 5c If I'ves 1 in line 6 arc 5b, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country. 5c I'ves 1 in line 6 arc 5b, did the organization have an interest in a significant or other financial accounts (FBAP). 5c I'ves 1 in line 6 arc 5b, did the organization have an interest in a significant or other financial accounts (FBAP). 5c If I'ves 1 in line 6 arc 5b, did the organization have an interest than a significant or a significant have annual gross accepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of missesses of missesses (5 missesses). 5c If I'ves 2 in line 6 arc 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlable contributions? 6c If I'ves 2 in did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles an charlable contributions. 6c If I'ves 3 in did the organization solicitation solicitation solicitation solicitation s					Yes	No
b If a least one is reported on line 2a, did the organization file all required focient amployment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the valence of under the companion of th	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _night (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did in "Yes," has it filled a Form 980-1 for this year? If "No" to line 86, provide an explanation in Schedule 0 3 Did and 1 "Yes," has it filled a Form 980-1 for this year? If "No" to line 86, provide an explanation in Schedule 0 3 Did any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? PARA.) 5 Did any taxable party notify the foreign country See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 5 Diff "Yes," indicates the number of the organization an express statement that such contributions or gifts were not tax deductibles as charitable ontributions? 5 Diff "Yes," indicate the number of Forms 8282 filed during the year and the property for which it was required? 7 Diff "Yes," indicate the number of Forms 8282 filed during the year. 9 Diff the organization receive any Anda, directly or indirectly, to pay premiums on a perso		filed for the calendar year ending with or within the year covered by this return	2a 42			
3a bit fives, "indicate the number of Forms 8882", 15 17 17 17 17 17 17 18 17 18 17 18 17 18 18	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
b If Yes, * has it filled a Form 990-T for this year? If * No' to line 3b, provide an explanation in Schedule O A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sociuthes account, or other financial accounts (* PBAF). **Be instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (* FBAF). **Sea instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (* FBAF). **Sea instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (* FBAF). **Sea instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (* FBAF). **Sea instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (* FBAF). **Sea instructions for the requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (* FBAF). **Sea instructions for the requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (* FBAF). **Sea instruction for FincEN Bank and Financial Accounts (* FBAF). **Sea instruction for FincEN Bank and Financial Accounts (* FBAF). **Sea instruction for FincEN Bank and Financial Accounts (* FBAF). **Sea instruction for Financial Accounts (* FBAF). **Sea instruction f		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). b if "Yes," enter the name of the foreign country. ▶ 5a Was the organization of the organization file for B8867? 6b Usin the organization to a problem that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line Sa or Sb, did the organization file form 88867? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Observe that the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Observe that the organization include with every solicitation and party for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262? 7d If "Yes," include on friction on diffy the donor of the value of the goods or services provided? 7d If "Yes," include the number of Forms 8262 filed during the year 7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1986-C? 7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1986-C? 7d Sponsoring organization make a distribution of the donor advised funds. Did a donor advised funds. Did a donor advised funds. Did a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account?? b if Yes,* enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxabibe party notify the organization file form 8886 17? 5c Does the organization have enaula gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). a Did the organization neceive apament in excess of \$75 made party as a contribution of quantization receive apament in excess of \$75 made party as a contribution of undersome that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). a Did the organization neceive agament in excess of \$75 made party as a contribution of quantization received any fund of the value of the goods or services provided? 10 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To J I will be organization received a contribution of qualified intellectual property, did the organization free will be greated and the property in the organization received a contribution of qualified intellectual property, did the organization free from 899 as required? 7 To J I the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-0? 8 Sponsoring organization make any taxable distributions under section 49667 9 Sponsoring organization make any taxable distributions unde	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
b if "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shofter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line Saor 55, old the organization life Form 8886.7? 5c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gfts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a lid the organization notify the donor of the value of the goods or services provided? 7c If If "Yes," indicate the number of Forms 8282 filed during the year 8d If "Yes," indicate the number of Forms 8282 filed during the year 9d If "Yes," indicate the number of Forms 8282 filed during the year 10d If the organization received a contribution of qualified intellectual property, did the organization for the value of an orthodox of case, boats, airplanes, or other velicles, did the organization for the value of case, boats, airplanes, or other velicles, did the organization for property in the very contributions or advised funds. Did a donor advised fund amantained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess busin	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.						
	16		income?	16		X
		If "Yes," complete Form 4720, Schedule O.		Г-	000	(0040

Page 6 CHARITABLE HEALTHCARE NETWORK, INC. 22-3769296 Form 990 (2018) 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

	and the second s				ı
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		9		
b	Enter the number of voting members included in line 1a, above, who are independent		긱		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit	•			Х
•	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct of afficers, directors, or they prove a supplying the amount of afficers.	<u>-</u>			х
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 v		3		X
4			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?		6	Х	
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint		6	21	
1 a			7a	х	
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockly		/a	- 25	
b	persons other than the governing had 2		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by		15		
	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
_	organization's mailing address? <i>If</i> "Yes." provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revent				
	(1110 000.01. 2.104 200.01. 110.11.			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapte				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	fore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to contact the country of the country	onflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	describe			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7.7	
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				Х
	taxable entity during the year?		16a		
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of		16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure		16b	<u> </u>	
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 98	00-T (Section 501/c)/2	le only	availak	
10	for public inspection. Indicate how you made these available. Check all that apply.	70 T (OECHOIT 30 T(C)(3	is ority)	avanak)IC
	Own website Another's website X Upon request Other (explain in S	Pahadula (C)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	•	d financ	ial	
13	statements available to the public during the tax year.	or antorest policy, all	u manc	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books a	and records			
	DEBORAH MILLER - 614-914-6458				
	35 NORTH FOURTH STREET, SUITE 350, COLUMBUS, OH 4321	.5			

832006 12-31-18

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.

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

Name and Title Average hours per week (list any hours for related organizations below line) 1) JAMIE PARSONS PRESIDENT (2) ISI IKHAREBHA, MPH VICE PRESIDENT (3) JIM BENNEDICT SECRETARY (4) HEATHER BAIRD, RN, JD, MPH TREASURER (5) CAPRI CAFARO DIRECTOR (6) JUSTIN COBY Reportable compensation from related organizations from the organization from the organization from the organization from the organization (W-2/1099-MISC) AV X X (1) JAMIE PARSONS 5.00 X X X (2) ISI IKHAREBHA, MPH 5.00 X X X (3) JIM BENNEDICT SECRETARY (4) HEATHER BAIRD, RN, JD, MPH 5.00 DIRECTOR (5) CAPRI CAFARO DIRECTOR (6) JUSTIN COBY Reportable compensation from related organizations (W-2/1099-MISC) Nother the organization (W-2/1099-MISC) Other organization (W-2/1099-MISC) Othe	Check this box if neither the organization nei	(B)	<u></u>	u		C)	اد دم.		(D)	(E)	(F)
hours per week hours per week hours per week hours for related hours per hours per hours for related hours per ho			١,,	Position							
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The state of the		1 '	recto								
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The state of the		1	ruste	ll trus		ee/	m pen		(***-2/1099-141130)		
The state of the		1 -	idual t	ution	<u>~</u>	oldm	sst co	-e			
RESIDENT		line)	Indiv	Instit	Office	Key e	Highe	Form			-
TREASURER	(1) JAMIE PARSONS	5.00									
VICE PRESIDENT	PRESIDENT		Х		Х				0.	0.	0.
SECRETARY	(2) ISI IKHAREBHA, MPH	5.00									
SECRETARY	VICE PRESIDENT		Х		Х				0.	0.	0.
(4) HEATHER BAIRD, RN, JD, MPH 5.00 X X X 0. 0. 0. TREASURER X X X 0. 0. 0. (5) CAPRI CAFARO X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (7) ROB COOPER 5.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (8) CARA WHALEN SMITH, PT, DPT, MPH 5.00 X 0. 0. 0. (9) SUE MEYER, MD 5.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) DEBORAH MILLER 40.00 0. 0. 0. 0. 0.	(3) JIM BENNEDICT	5.00									
TREASURER	SECRETARY		Х		Х				0.	0.	0.
SOUND SOURCE SOUND SOUND SOURCE SOUND SOUND SOUND SOURCE SOUND	(4) HEATHER BAIRD, RN, JD, MPH	5.00									
DIRECTOR X	TREASURER		Х		Х				0.	0.	0.
DIRECTOR	(5) CAPRI CAFARO	5.00									
DIRECTOR X			Х						0.	0.	0.
(7) ROB COOPER 5.00 DIRECTOR X (8) CARA WHALEN SMITH, PT, DPT, MPH 5.00 DIRECTOR X (9) SUE MEYER, MD 5.00 DIRECTOR X (10) DEBORAH MILLER 40.00	(6) JUSTIN COBY	5.00									
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
(8) CARA WHALEN SMITH, PT, DPT, MPH 5.00 DIRECTOR X (9) SUE MEYER, MD 5.00 DIRECTOR X (10) DEBORAH MILLER 40.00		5.00	1							_	_
DIRECTOR X 0. 0. 0. (9) SUE MEYER, MD 5.00 X 0. 0. (10) DEBORAH MILLER 40.00			Х						0.	0.	0.
(9) SUE MEYER, MD		5.00									
DIRECTOR X 0. 0. 0. (10) DEBORAH MILLER 40.00			Х						0.	0.	0.
(10) DEBORAH MILLER 40.00		5.00									
		40.00	Х						0.	0.	0.
EXECUTIVE DIRECTOR X 82,517. U. U.		40.00	-		,,				00 517		
	EXECUTIVE DIRECTOR				X				82,51/.	0.	0.
			-								
		-									
			-								
			1								
			1								
			1								
			1								
			1								

Par	t VII Section A. Officers, Directors, Trust	ees, Key Emr	olov	ees.	and	l Hid	ghes	t C	ompensated Employee	s (continued)			<u> </u>
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title Average				Position (do not check more than one				Reportable	Reportable		Estimate	ed
		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation		amount	
		week (list any		l an	u a u	liecto	Tri us	(66)	from	from related		other	
		hours for	directo				_		the organization	organizations (W-2/1099-MISC		compensa from th	
		related	9e or (trustee			nsatec		(W-2/1099-MISC)	(** 27 1000 171100	'	organizat	
		organizations	truste	nal tru		yee	om pe		(** = *********************************			and relat	
		below	Individual trustee or director	Institutional t	cer	Key employee	Highest compensated employee	Former				organizati	ions
		line)	Indi	Inst	Officer	Key	e Eig	For			+		
			ł										
											+		
			ł										
											+		
											+		
											+		
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											\top		
											\perp		
											\perp		
	Sub-total								82,517.).		0.
	Total from continuation sheets to Part VII								0.).		0.
	Total (add lines 1b and 1c)								82,517.).		0.
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			٥
	compensation from the organization											Yes	0 No
2	Did the expenientian list any former officer	diractor or tr				مامم		ایم	highest sampapasted on	anlayaa an		163	NO
3	Did the organization list any former officer,											3	Х
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su								ner compensation from the			3	125
7	and related organizations greater than \$150	•							•	•		4	х
5	Did any person listed on line 1a receive or a										.		
_	rendered to the organization? If "Yes." com										Г	5	Х
Sec	tion B. Independent Contractors						<u> </u>						
1	Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	s th	nat received more than \$	100,000 of comper	nsatio	n from	
	the organization. Report compensation for t	he calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)								(B)		_	(C)	
	Name and business	address	NC	ONE	3			_	Description of s	ervices	Cor	mpensatio	on
								_					
								\dashv					
								_					
								\dashv					
2	Total number of independent contractors (in	ncludina but na	ot lin	nited	to 1	thos	se lis	ted	above) who received mo	ore than			
_	\$100,000 of compensation from the organiz	•				(-	,				
	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,										orm 990 ((2010)

832008 12-31-18

Form 990 (2018) CHARITA
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran		Membership dues		23,400.				
Ē,S	С	Fundraising events						
iifts ar A		Related organizations						
s, G mila		Government grants (contributi		596,818.				
Sign		All other contributions, gifts, gran						
but		similar amounts not included above	1 1	7,645.				
Öğ	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			627,863.			
				Business Code				
ø	2 a	EDUCATION EVENT		900099	22,976.	22,976.		
Program Service Revenue	b							
Se	С							
am	d	·						
ogr B	е	·						
Ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>	22,976.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	226.			226.
	4	Income from investment of tax	k-exempt bond p	oroceeds >				
	5	Royalties		<u></u>				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		·····				
nue	8 a	Gross income from fundraising including \$	•					
Other Reven		contributions reported on line	1c). See					
<u>بر</u> ا		Part IV, line 18	a	1				
Ę	b	Less: direct expenses	b)				
٥	С	Net income or (loss) from fund	Iraising events	_				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses)				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances		1				
		Less: cost of goods sold)				
}	С	Net income or (loss) from sales		D				
}		Miscellaneous Revenue	e	Business Code		7 400		
		OTHER INCOME		900099	7,400.	7,400.		
	b							
	C							
		All other revenue			7,400.			
	12	Total. Add lines 11a-11d Total revenue. See instructions			658,465.		0.	226.
		. J. a J. J. a. a		🔽 🖠	,	,-,-,	~ •	

Section 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All other or	ganizations must complete column (A).
--------------------------------	--------------------------	---------------------------------	---------------------------------------

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	200 056	200 056		
	and domestic governments. See Part IV, line 21	298,056.	298,056.		
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	82,517.	41,258.	37,133.	4,126
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	208,266.	208,266.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	21,432.	18,391.	2,737.	304
1	Fees for services (non-employees):				
а	Management				
b	Legal	10.010		10.010	
С	Accounting	10,913.		10,913.	
d	Lobbying				
е	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.)				
12	Advertising and promotion	4 671	2 107	1 110	255
13	Office expenses	4,671.	3,197.	1,119.	355
14	Information technology	7,939.	7,939.		
15	Royalties	25 701	C 440	10 242	
16	Occupancy	25,791.	6,448.	19,343.	
17	Travel	4,046.	2,610.	1,436.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25 242	25 024	200	
19	Conferences, conventions, and meetings	25,342.	25,034.	308.	
20	Interest				
21	Payments to affiliates	2,564.	1,282.	1,282.	
22	Depreciation, depletion, and amortization	4,534.	1,404.	4,534.	
23	Other expanses Itamiza expanses not severed	4,334.		4,334.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	6,189.		6,189.	
b	MISCELLANEOUS	5,717.	5,080.	637.	
C	CONTRACT SERVICES	4,538.	1,815.	908.	1,815
d	EQUIPMENT	3,001.	3,001.	3000	_, = , = =
	All other expenses	3,508.	2,299.	1,209.	
25	Total functional expenses. Add lines 1 through 24e	719,024.	624,676.	87,748.	6,600
<u>.5</u> 26	Joint costs. Complete this line only if the organization	,	,	/	2,230
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			I		

Form 990 (2018)
Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			77,170.	1	3,304
	2	Savings and temporary cash investments		116,220.	2	116,446	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			119,521.	4	112,621
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L	· • · · -		5		
	6	Loans and other receivables from other disquality					
		section 4958(f)(1)), persons described in section	4958()(3)(B), and contributing			
		employers and sponsoring organizations of sect					
_ω		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
AS	8	Inventories for sale or use				8	
	9	B			3,540.	9	4,079
.	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,670.			
	b	Less: accumulated depreciation	10b	17,670. 12,485.	7,749.	10c	5,185
.	11	Investments - publicly traded securities				11	
.	12	Investments - other securities. See Part IV, line 1				12	
.	13	Investments - program-related. See Part IV, line			13		
.	14	Intangible assets			14		
.	15	Other assets. See Part IV, line 11		15			
.	16	Total assets. Add lines 1 through 15 (must equal			324,200.	16	241,635
	17	Accounts payable and accrued expenses			84,812.	17	71,698
.	18	Grants payable			18		
.	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete I				21	
ءِ ا	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
ap		Complete Part II of Schedule L				22	
<u>ء</u> د	23	Secured mortgages and notes payable to unrela				23	
2	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
2	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			17,170.	25	8,278 79,976
	26	Total liabilities. Add lines 17 through 25			101,982.	26	79,976
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
တ္ဆ		complete lines 27 through 29, and lines 33 an	d 34.				
Net Assets or Fund Balances	27	Unrestricted net assets			222,218.	27	161,659
<u> </u>	28	Temporarily restricted net assets				28	
2 2	29	Permanently restricted net assets				29	
2		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲 📗			
5		and complete lines 30 through 34.					
S S	30	Capital stock or trust principal, or current funds		30			
5	31	Paid-in or capital surplus, or land, building, or ed				31	
; d	32	Retained earnings, endowment, accumulated in				32	
z ;	33	Total net assets or fund balances			222,218.	33	161,659
:	34	Total liabilities and net assets/fund balances	<u></u>		324,200.	34	241,635

Pa	rt 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		8,4				
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,0				
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	0,5	<u>59.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	2,2	18.			
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	16	1,6	<u>59.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	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?		2b	X				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2018)			

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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

Open to Public Inspection

Name of the organization CHARTTABLE HEALTHCARE NETWORK TNC Employer identification number 22-3769296

Pa	rt I	Reason for Public C		All organizations must co		is part.) Se	e instructions.	2 3103230
		zation is not a private found					o mondono.	
1		A church, convention of chi					IV A V:\	
2	H	•	· ·				(ДАДI) .	
	H	A school described in secti		•			:1	
3	H	A hospital or a cooperative A medical research organization					•	the heapital's name
4		-	ation operated in cor	ijunction with a nospital	described	ı ııı secilo	II I/O(D)(I)(A)(III). LITTE	the nospital's name,
_		city, and state: An organization operated for	or the benefit of a col	logo or university ewner	l or operat	od by a go	vorpmontal unit doscribe	nd in
5				lege or university owner	or operat	eu by a go	verninental unit describe	eu III
_		section 170(b)(1)(A)(iv). (C				70/1-1/41/41	(. A	
6		A federal, state, or local gov	-					aublia dagaribad in
7	ш	An organization that normal	-	iliai part of its support i	rom a gove	emmeman	unit or from the general [public described in
8		section 170(b)(1)(A)(vi). (Co A community trust describe		(1)(A)(vi) (Complete Per	+ 11 \			
9	H	An agricultural research org			•	ed in coni	unction with a land-grant	college
9		or university or a non-land-g				_	-	•
		university:	rant conege or agrici	altare (see mistractions).	Littor trio	riarrio, city	, and state of the conege	, 01
10	X	An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees, an	nd gross receipts from
		activities related to its exem	• • • • • • • • • • • • • • • • • • • •	·			•	
		income and unrelated busin		•				-
		See section 509(a)(2). (Cor		,			, 5	,
11		An organization organized a	•	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustees of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s supporte	d organization(s), by have	ving
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	_	its supported organization		·				
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *
		that is not functionally into	-	* *	•		='	veness
		requirement (see instructi	,	•	•			
е		Check this box if the orga					Type I, Type II, Type III	
	Ento	functionally integrated, or r the number of supported or	••	ially integrated supporti	ng organiz	ation.		
f		ide the following information	•	d organization(s)				
9		Name of supported	(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
					1	-		
								

Schedule A (Form 990 or 990-EZ) 2018 CHARITABLE HEALTHCARE NETWORK, INC. 22-3769 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					, ,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	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)						
_	**						
	Public support. Subtract line 5 from line 4.						
	•	(-) 004.4	(1-) 0045	(-) 0040	(4) 0047	(-) 0040	(f) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	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 instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and sto	o here					>
Sec	ction C. Computation of Publ	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>%</u>
	Public support percentage from 2017					15	<u>%</u>
16a	33 1/3% support test - 2018. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2017. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	_	•		-		
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization		-	•			· · · · · · · · · · · · · · · · · · ·
			,	, ,, 11 ~		dule A (Form 990	

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.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	857,062.	1031044.	1095712.	989,046.	627,863.	4600727.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	17,285.		7,570.	7,833.	22,976.	55,664.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	874,347.	1031044.	1103282.	996,879.	650,839.	4656391.
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 Sec	Public support. (Subtract line 7c from line 6.)						4656391.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	874,347.	1031044.	1103282.	996,879.	650,839.	4656391.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0,1,01,0	243.	150.	151.	226.	770.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		243.	150.	151.	226.	770.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	074 247	1021207	8,979.	9,474.	7,400.	25,853.
	Total support. (Add lines 9, 10c, 11, and 12.)	874,347.	1031287.	1112411.	1006504.	658,465.	4683014.
14	First five years. If the Form 990 is for	· ·			•		ition,
Sec	check this box and stop here ction C. Computation of Publi	c Support Per					P
	Public support percentage for 2018 (li			olumn (fl)		15	99.43 %
	Public support percentage for 2010 (II		•			16	99.58 %
_	ction D. Computation of Inves						2 2 2 70
	Investment income percentage for 20			ne 13. column (f))		17	.02 %
	Investment income percentage from 2					18	.01 %
	33 1/3% support tests - 2018. If the					•	•
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ïes as a publicly su	upported organizat	ion	▶ X
D	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		

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 an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
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 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. 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 organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organizations of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization and the supported organization of the supported organization or trustees of each of the organization organization and the supported organization organization organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			
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a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c 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? 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 organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2	Sec	tion E. Type III Functionally Integrated Supporting Organizations			
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	h		- Ju		
	~		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of			•
Sect	ion 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		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

2018

CHARITABLE HEALTHCARE NETWORK

Employer identification number

22-3769296

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

CHARITABLE HEALTHCARE NETWORK, INC.

22-3769296

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OHIO DEPARTMENT OF HEALTH 246 NORTH HIGH STREET COLUMBUS, OH 43215	\$ 379,356.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CENTER FOR NATIONAL COMMUNITY SERVICE 200 NORTH HIGH STREET, ROOM 616 COLUMBUS, OH 43215	\$ 217,462.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHARITABLE HEALTHCARE NETWORK, INC.

22-3769296

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** CHARITABLE HEALTHCARE NETWORK, INC. 22-3769296 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

) (see separate instructions), then Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III			
	ne of organization	nons. Complete Fart III.		Emp	loyer identification number
	CHARITA	BLE HEALTHCARE NE	TWORK, INC.		22-3769296
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •	> 5	S
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)		
1	Enter the amount of any excise tax	•			8
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
	Was a correction made?				
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501(c	c)(3).
2 3 4	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If	ization's funds contributed to othe . Add lines 1 and 2. Enter here and . 1120-POL for this year? . ployer identification number (EIN) tion listed, enter the amount paid fomptly and directly delivered to a second	r organizations for section for section form 1120-POL, of all section 527 polit rom the filing organizar eparate political organ	tion 527 Signal organizations to whice tion's funds. Also enter the dization, such as a separate	Yes No h the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check	Schedule C (Form 990 or 990-EZ) 2018	CHARIT	ABLE	HEALTHCARE 1	NETWORK, INC	22-3	3769296 Page 2
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence public opinion (grass roots lobbying) c Total lobbying expenditures (add lines 1 a and 1b) d Other exempt purpose expenditures (add lines 1 c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,500,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$1,000,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$1,000,000 pl		ganization	is exen	npt under section	501(c)(3) and file	ed Form 5768 (el	ection under
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Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018 CHARITABLE HEALTHCARE NETWORK, INC. 22-37692 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
the lobbying activity.	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		<u> </u>		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	<u> </u>		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	X	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х		
i Other activities?		<u> </u>		0
j Total. Add lines 1c through 1i		Х		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(∐ (5) ors	ection	
501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,, 0. 0		
· · · · · · · · · · · · · · · · · · ·			Yes	No
				<u> </u>
Were substantially all (90% or more) dues received nondeductible by members?		Г	1	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year on 501(c)(? 3 (5), or s	ection	e 3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year on 501(c)("No," OF	2 5), or s R (b) Pa	ection rt III-A, lin a b c	e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES:	ne prior year on 501(c)("No," OR ical cess political	25), or s (b) Pa 2 2 2 2 3 4 5 A, lines	eection rt III-A, lin a b c 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the rart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information.	ne prior year on 501(c)("No," OR ical cess political	25), or s (b) Pa 2 2 2 2 3 4 5 A, lines	eection rt III-A, lin a b c 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e 3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES:	ne prior year on 501(c)("No," OR ical cess political	25), or s (b) Pa 2 2 2 2 3 4 5 A, lines	eection rt III-A, lin a b c 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e 3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHARITABLE HEALTHCARE NETWORK, INC.

Employer identification number 22-3769296

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	· — —
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		1 1
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation eas	ament is leasted	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	b	manding of violations, and officioning cont	servation deserments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	▶ \$	g or moranorio, and ornoronig concerna	mon casements adming and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

832051 10-29-18

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

Schedule D (Form 990) 2018

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sir	nilar As	sets	(contin	ued)	<u>.gc</u>
3	Using the organization's acquisition, accession									,		
	(check all that apply):			•			•					
а	Public exhibition	d	ı 🗀 ı	Loan or exc	hange progra	ams						
b	Scholarly research	е			3 1 3							
С	Preservation for future generations	_										
4	Provide a description of the organization's co	illections and explain	how the	ev further th	ne organizatio	nn's exer	mnt r	urnose in	Part X	(III		
5	During the year, did the organization solicit or								i uit	· · · · · · · · · · · · · · · · · · ·		
J	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arrang											<u> </u>
	reported an amount on Form 990, Par		ole II li le	Organizatio	il allsweled	163 01	11 011	11 990, 1 a	1 L I V , III	116 3, 01		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iarv for c	ontribution	s or other ass	sets not	inclu	ded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII a									•		
	gg						Γ			Amount		
С	Beginning balance							1c				
q	Additions during the year							1d				
•	Distributions during the year							1e				
f								1f				
	Ending balance Did the organization include an amount on Fo									Yes	$\overline{}$	No
	· ·						•		🖵] NO
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it											
		(a) Current year						hron vooro	book	(a) Four	vooro	haak
4.	Deginning of year helence	(a) Current year	(D) P	rior year	(c) Two yea	15 Dack	(u) 1	hree years	Dack	(e) Four	years i	Dauk
	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.										
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for th	ne org	ganization		_		
	by:										Yes	No
	(i) unrelated organizations									3a(i)		
	and the second s									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizar									3b		
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X,	line '	10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccun	nulated		(d) Book	value	
		basis (investr	nent)	basis	(other)	de	preci	ation				
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment			1	7,280.		12	,095		5	,18	35.
	Other			_	390.			390			, = \	0.
	. Add lines 1a through 1e. (Column (d) must ea		X colum	n (R) line 1					1	5	,18	35.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CHARITABLE I	IEALTHCARE	NETWORK, INC.	. 22	-3769296	Page
Part VII Investments - Other Securities.		HEIWOILLY ING.		3,03230	r age
Complete if the organization answered "Yes" of	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 v	aluation: Cost or end	d-of-year market va	alue
(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" of					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market va	alue
(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" o		, line 11d. See Form 990,	Part X, line 15.	1 (1) 5	
	Description			(b) Book va	lue
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		>		
Complete if the organization answered "Yes" of	on Form 990, Part IV	·	990, Part X, line 25	•	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) PAYROLL RELATED LIABILITIE	ls .	8,278.			
(3)					

(6) (7) (8) 8,278. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2018

(4) (5)

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018	
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	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	•	
1	Total revenue, gains, and other support per audited financial statements		1	658,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	658,465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	658,465.
Pa	T XII Reconciliation of Expenses per Audited Financial State		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1			1	719,024.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d		I I	710 004
3	Subtract line 2e from line 1		3	719,024.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			0
	Add lines 4a and 4b			719,024.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.		5	/19,024.
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			ne 2; Part XI,
PAI	RT X, LINE 2:			
он:	O ASSOCIATION OF FREE CLINICS IS EXEMPT	FROM FEDERA	AL INCOME TAX	ES UNDER
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE C	ODE. HOWEVE	ER, INCOME FR	OM
CEI	RTAIN ACTIVITIES NOT DIRECTLY RELATED TO	THE ASSOCIA	AITON'S TAX-E	XEMPT
PUI	RPOSE IS SUBJECT TO TAXATION AS UNRELATED	BUSINESS	INCOME. THE	
ASS	SOCIATION'S REPORTING RETURNS ARE SUBJECT	TO AUDIT I	BY FEDERAL AN	D STATE

Schedule D (Form 990) 2018

TAXING AUTHORITIES. NO INCOME TAX PROVISION HAS BEEN INCLUDED IN THE

UNRELATED BUSINESS INCOME SUBJECT TO TAXATION.

FINANCIAL STATEMENTS AS THE ASSOCIATION HAS DETERMINED IT DOES NOT HAVE

Schedule D (Form 990) 2018	CHARITABLE	HEALTHCARE	NETWORK,	INC.	22-3769296	Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Inform	mation (continued)					
	,					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Schedule I (Form 990) (2018)

CHARITABL	E HEALTHC.	ARE NETWORK	, INC.				22-3769296
Part I General Information on Grants a			•			•	
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's propert II Grants and Other Assistance to II.	tance? cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "	Yes" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASHLAND CHRISTIAN HEALTH CENTER 380 E. 4TH STREET							TO PROVIDE SERVICES TO
ASHLAND, OH 44805	42-1595274	501(C)(3)	7,058.	0.			UNINSURED PATIENTS
ASIAN AMERICAN COMMUNITY SERVICES 2231 N. HIGH STREET, FIRST FLOOR COLUMBUS, OH 43201	31-0898833	501(C)(3)	8,169.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS
BELLBROOK OPEN ARMS FREE CLINIC 4403 OH-725 E BELLBROOK, OH 45305	90-0902711	501(C)(3)	2,371.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS
BY THE WAY, INC. 1029 S. BROAD STREET LANCASTER, OH 43130	26-2934275	501(C)(3)	5,098.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS
COLUMBUS FREE CLINIC 2231 N. HIGH STREET COLUMBUS, OH 43201	01-0575698	501(C)(3)	7,058.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS
COMMUNITY CARE FREE MEDICAL CLINIC 2150 S. BYRNE RD TOLEDO, OH 43614	27-4077912	501(C)(3)	11,333.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS
2 Enter total number of section 501(c)(3) ar	•	-	ne line 1 table				_

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMPASSION MEDICAL CLINIC OF WILLIAMS COUNTY - 614 E. EDGERTON ST - BRYAN, OH 43506	20-4352598	501(C)(3)	5,098.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
FAITHFUL SERVANTS FREE CLINIC 65 COMMUNITY ROAD, SUITE F TALLMADGE, OH 44278	45-4734159	501(C)(3)	11,333.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
FREE CLINIC OF FULTON COUNTY PO BOX 173 WAUSEON, OH 43567	02-0792665	501(C)(3)	1,283.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
GOOD SAMARITAN FREE HEALTH CENTER 619 OAK STREET -ACCOUNTING 3 WEST CINCINNATI, OH 45206	27-3893817	501(C)(3)	11,333.	0.		1	TO PROVIDE SERVICES TO UNINSURED PATIENTS		
GRACE CLINIC OF DELAWARE 40 S. FRANKLIN ST. DELAWARE, OH 43015	27-0415624	501(C)(3)	7,058.	0.		1	TO PROVIDE SERVICES TO UNINSURED PATIENTS		
HARTVILLE MIGRANT COUNCIL PO BOX 682 HARTVILLE, OH 44632	34-0899100	501(C)(3)	5,299.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
HEALTH PARTNERS OF MIAMI COUNTY 1300 N. COUNTY ROAD, 25A TROY, OH 45373	31-1596731	501(C)(3)	11,333.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
HELPING HANDS HEALTH & WELLNESS CENTER - 1420 MORSE ROAD - COLUMBUS, OH 43229	20-5937457	501(C)(3)	8,985.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
KIDSMILE PEDIATRIC DENTAL CLINIC 770 BETHEL ROAD COLUMBUS, OH 43214	26-3706958	501(C)(3)	5,098.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIIV	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
LAKE COUNTY FREE CLINIC							
54 SOUTH STATE STREET, SUITE 302							TO PROVIDE SERVICES TO
PAINESVILLE, OH 44077	34-1081191	501(C)(3)	11,333.	0.			UNINSURED PATIENTS
FAINESVIELE, OH 440//	34 1001131	501(0)(3)	11,333.	٠.			ONINGORED PATTENTS
LICKING COUNTY COMMUNITY HEALTH							
CLINIC - 144 B W. MAIN STREET -							TO PROVIDE SERVICES TO
NEWARK, OH 43055	31-1340169	501(C)(3)	6,242.	0.			UNINSURED PATIENTS
HEMMIC, OII 43033	31 1340103	301(0)(3)	0,242.	••			DNINGGRED INTIBATE
LIVING WELL CLINIC							
215 S. ALLISON AVE. PO BOX 15							TO PROVIDE SERVICES TO
XENIA, OH 45385	27-4307745	501(C)(3)	6,242.	0.			UNINSURED PATIENTS
	27 1007710		7,212.	-			
LORAIN COUNTY FREE CLINIC, INC.							
3323 PEARL AVENUE							TO PROVIDE SERVICES TO
LORAIN, OH 44055	34-1506180	501(C)(3)	11,333.	0.			UNINSURED PATIENTS
20111211, 011 22000	01 1000100		12,000.	-			
MEDINA HEALTH MINISTRY							
970 E. WASHINGTON STREET SUITE 104							TO PROVIDE SERVICES TO
MEDINA, OH 44256	30-0092944	501(C)(3)	2,421.	0.			UNINSURED PATIENTS
		(-,(-,					
MIDLOTHIAN FREE HEALTH CLINIC,							
INC 388 E. MIDLOTHIAN BLVD -							TO PROVIDE SERVICES TO
YOUNGSTOWN, OH 44507	01-0887315	501(C)(3)	1,184.	0.			UNINSURED PATIENTS
,			1				
NEW LIFE COMMUNITY OUTREACH							
25 WEST 5TH AVENUE							TO PROVIDE SERVICES TO
COLUMBUS, OH 43201	35-2386294	501(C)(3)	5,222.	0.			UNINSURED PATIENTS
,			,				
NORTH COAST HEALTH MINISTRY							
16110 DETROIT AVENUE							TO PROVIDE SERVICES TO
LAKEWOOD, OH 44107	34-1536257	501(C)(3)	5,584.	0.		1	UNINSURED PATIENTS
				•			
OHIO VALLEY HEALTH CENTER							
1 ROSS PARK BLVD, STE 202							TO PROVIDE SERVICES TO
STUEBENVILLE, OH 43952	20-3924355	501(C)(3)	7,058.	0.			UNINSURED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other				(====		T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY PARISH ECUMENICAL							
NEIGHBORHOOD MINISTRY FREE CLINIC							
- 941 PRINCETON AVENUE - AKRON, OH							TO PROVIDE SERVICES TO
44311	34-1046107	501(C)(3)	8,611.	0.			UNINSURED PATIENTS
OUCOM COMMUNITY HEALTH PROGRAMS -							
FREE CLINIC - 105 RESEARCH AND							
FECHNOLOGY CENTER - ATHENS, OH							TO PROVIDE SERVICES TO
45701	31-6402113	501(C)(3)	8,985.	0.			UNINSURED PATIENTS
OXFORD COLLEGE CORNER CLINIC (DBA:							L
OXFORD FREE CLINIC) - PO BOX 390 -						1	TO PROVIDE SERVICES T
OXFORD, OH 45056	20-4253386	501(C)(3)	5,098.	0.			UNINSURED PATIENTS
PHYSICIANS CARECONNECTION							
1390 DUBLIN ROAD							TO PROVIDE SERVICES T
COLUMBUS, OH 43215	31-1373719	501(C)(3)	11,333.	0.			UNINSURED PATIENTS
CONOMBOD, ON 43213	31 1373713	301(0)(3)	11,555.	٠.			ONINGORED INITENTS
PREGNANCY SUPPORT CENTER OF STARK							
COUNTY - 4500 22ND ST NW - CANTON,							TO PROVIDE SERVICES T
OH 44706	34-1461765	501/0\/3\	8,985.	0.			UNINSURED PATIENTS
Sh 44700	34-1401703	501(0)(3)	8,383.	0.			UNINSURED FAITENIS
REACH OUT OF MONTGOMERY COUNTY,							
INC 25 E. FORAKER STREET -							TO PROVIDE SERVICES T
DAYTON, OH 45409	31-1434282	501(C)(3)	11,333.	0.			UNINSURED PATIENTS
THE BREATHING ASSOCIATION FREE			·				
LUNG HEALTH CLINIC - 1520 OLD							
HENDERSON ROAD - COLUMBUS, OH							TO PROVIDE SERVICES T
43220-3639	31-4387540	501(C)(3)	5,915.	0.			UNINSURED PATIENTS
	01 100/010	001(0)(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
THE NEIGHBORHOOD FREE CLINIC							
306 N. BUSH STREET							TO PROVIDE SERVICES T
TOLEDO, OH 43604	27-1052744	501(C)(3)	7,058.	0.			UNINSURED PATIENTS
			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
TUSCARAWAS CLINIC FOR THE WORKING							
UNINSURED - 420 REEVES AVENUE							TO PROVIDE SERVICES T
SUITE D - DOVER, OH 44622	20-8456793	501(C)(3)	7,058.	0.			UNINSURED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VICTORY MINISTRIES 4142 WESTERVILLE ROAD COLUMBUS, OH 43224	31-1117522	501(C)(3)	5,915.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
VINEYARD COMMUNITY CENTER 15187 PALMER ROAD ETNA, OH 43068	31-0954398	501(C)(3)	3,558.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
VINEYARD FREE HEALTH CLINICS 6000 COOPER ROAD WESTERVILLE, OH 43081	75-3210233	501(C)(3)	7,058.	0.		1	TO PROVIDE SERVICES TO UNINSURED PATIENTS		
VIOLA STARTZMAN FREE CLINIC 1874 CLEVELAND ROAD WOOSTER, OH 44691	34-1758151	501(C)(3)	5,584.	0.		1	TO PROVIDE SERVICES TO UNINSURED PATIENTS		
WASHINGTON COUNTY FREE CLINIC PO BOX 804 MARIETTA, OH 45750	45-2512931	501(C)(3)	3,144.	0.		1	TO PROVIDE SERVICES TO UNINSURED PATIENTS		
XENOS FREE CLINICS 3434 STONEVISTA LANE COLUMBUS, OH 43221	31-0996318	501(C)(3)	5,098.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
GOOD NEIGHBOR HOUSE 627 E FIRST STREET DAYTON, OH 45402	31-1374154	501(C)(3)	9,406.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
SOAR STUDENT RUN FREE CLINIC 4209 ST. RT. 44 ROOTSTOWN, OH 44272	46-4173762	501(C)(3)	5,098.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
TOLDEO/LUCAS COUNTY CARENET 3231 CENTRAL PARK WEST, SUITE 200 TOLEDO, OH 43617	43-1986672	501(C)(3)	9,406.	0.		1	TO PROVIDE SERVICES TO UNINSURED PATIENTS		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LEIPSIC COMMUNITY CENTER PO BOX 63, 120 E. MAIN STREET LEIPSIC, OH 45856	47-5496361	501(C)(3)	513.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
OHIO LATINO HEALTH NETWORK PO BOX 14723 COLUMBUS, OH 43214	20-5260283	501(C)(3)	2,000.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		
FREE CLINIC OF MEDINA COUNTY 970 E. WASHINGTON STREET SUITE 104 MEDINA, OH 44256	30-0092944	501(C)(3)	2,374.	0.			TO PROVIDE SERVICES TO UNINSURED PATIENTS		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the informa	tion required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	ditional information.	

SCHEDULE 0

(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

Inspection

Name of the organization

CHARITABLE HEALTHCARE NETWORK, INC.

Employer identification number 22-3769296

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
CAPACITY OF OHIO'S FREE CLINCS, TO BUILD A NETWORK AMONG FREE CLINICS							
AND TO BE AN ADVOCATE FOR FREE CLINICS AND THE PEOPLE THEY SERVE.							
FORM 990, PART VI, SECTION A, LINE 6:							
THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY.							
FORM 990, PART VI, SECTION A, LINE 7A:							
THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY.							
FORM 990, PART VI, SECTION B, LINE 11B:							
BOARD MEMBERS RECEIVE A COPY OF THE 990 AND APPROVE IT BEFORE FILING WITH							
THE IRS.							
FORM 990, PART VI, SECTION B, LINE 12C:							
ANNUALLY, THE BOARD OF DIRECTORS AND ITS OFFICERS, WILL COMPLETE A							
QUESTIONNAIRE TO ASSIST THE ORGANIZATION WITH DETERMINING THAT THEY ARE IN							
COMPLIANCE WITH THE POLICY.							
FORM 990, PART VI, SECTION B, LINE 15:							
THE BOARD OFFICERS RESEARCH, DELIBERATE, AND APPROVE COMPENSATION FOR THE							
EXECUTIVE DIRECTOR.							
FORM 990, PART VI, SECTION C, LINE 19:							
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST							

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

Schedule O (Form 990 or 990-EZ) (2018)

POLICY AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2018)								
Name of the	e organ	ization	CHARI	TABLE	HEALTHCAR	E NETWORK,	INC.	Employer identification number 22-3769296
FORM 9	90,	PART	XII,	LINE	2C			
THIS P	ROCI	ESS H	AS NO	T CHAN	IGED.			
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Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print CHARITABLE HEALTHCARE NETWORK, INC. 22-3769296 File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 35 NORTH FOURTH STREET, SUITE 350 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43215 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 DEBORAH MILLER • The books are in the care of ▶ 35 NORTH FOURTH STREET, SUITE 350 - COLUMBUS, OH 43215 Telephone No. ► 614-914-6458 Fax No. ● If the organization does not have an office or place of business in the United States, check this box _______ ▶ | If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment