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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01/01, 2012, and ending 08/31, 20 13

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: BAPTIST HEALTH MADISONVILLE, INC.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 900 HOSPITAL DRIVE

Room/suite:

City, town or post office, state, and ZIP code: MADISONVILLE, KY 42431

D Employer identification number: 61-0654587

E Telephone number: (270) 825-5201

G Gross receipts $ 125,712,824.

F Name and address of principal officer: MICHAEL A. BAUMGARTNER
900 HOSPITAL DRIVE MADISONVILLE, KY 42431

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No" attach a list (see instructions)

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

J Website ▶ WWW.BAPTISTHEALTHMADISONVILLE.COM

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1956 M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO OPERATE AN ACUTE CARE HOSPITAL AND MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE SERVING RURAL COMMUNITIES IN KENTUCKY. OUR MISSION IS TO PROVIDE EXCELLENT CARE, EVERY TIME.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	8.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6.
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	76.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	32,283.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	13,521.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,326,761.	1,239,714.
9	Program service revenue (Part VIII, line 2g)	154,630,349.	92,529,474.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,756,841.	801,203.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,383,911.	17,256,534.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,097,862.	111,826,925.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,800.	36,120.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	97,742,393.	66,043,011.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	95,932,463.	49,528,576.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	193,711,656.	115,607,707.
19	Revenue less expenses Subtract line 18 from line 12	-9,613,794.	-3,780,782.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	204,696,979.	197,112,914.
21	Total liabilities (Part X, line 26)	57,401,801.	55,185,049.
22	Net assets or fund balances Subtract line 21 from line 20	147,295,178.	141,927,865.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 7-14-14

▶ MICHAEL A. BAUMGARTNER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: TRICIA M. JOHNSON	Preparer's signature: Tricia M Johnson	Date: 07/14/14	Check ☐ if self-employed	PTIN: P00627205
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 1900 SCRIPPS CENTER, 312 WALNUT ST CINCINNATI, OH 45202			Phone no 513-612-1400	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

JSA
2E1010 1 000

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917 2

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission

TO OPERATE AN ACUTE CARE HOSPITAL AND MULTISPECIALTY PHYSICIAN GROUP PRACTICE SERVING RURAL COMMUNITIES IN KENTUCKY. OUR MISSION IS EXCELLENT CARE, EVERY TIME.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 98,743,789 including grants of $ 36,120) (Revenue $ 107,560,327)

SEE SCHEDULE O

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 98,743,789.

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* (see instructions)?	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? *If "Yes," complete 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 amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	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		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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		X
e	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		X
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 assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *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 (see instructions)*	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	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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? *If "Yes," complete Schedule J*	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	**Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *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)			
a	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	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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 contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *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 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 Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *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? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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 year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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*

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
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 at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X	
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 conflicts?	12b	X	
c	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?			
a	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 with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ KY,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BAPTIST HEALTH MADISONVILLE 900 HOSPITAL DRIVE MADISONVILLE, KY 42431 270-825-5201

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

Check if Schedule O contains a response to any question 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN C. HANSON	1.00									
DIRECTOR	40.00	X						0	0	0
(2) MARK FITZMAURICE, MD	40.00									
DIRECTOR/PHYSICIAN	0	X						0	0	0
(3) CHRIS HUTSON	1.00									
DIRECTOR	0	X						0	0	0
(4) KENT MILLS	1.00									
DIRECTOR	0	X						0	0	0
(5) FRANK PURDY III	1.00									
DIRECTOR	0	X						0	0	0
(6) CHARLES ALLEN RUDD, JR	1.00									
CHAIRMAN	0	X		X				0	0	0
(7) ANDY SEARS	1.00									
VICE CHAIRMAN	0	X		X				0	0	0
(8) JANET BERRY	1.00									
DIRECTOR	0	X						0	0	0
(9) STEVE COX	1.00									
DIRECTOR	0	X						0	0	0
(10) BERTON E. WHITAKER	40.00									
PRESIDENT	1.00			X				0	0	0
(11) CARL HERDE	1.00									
TREASURER	0			X				0	0	0
(12) JANET NORTON	1.00									
SECRETARY	0			X				0	0	0
(13) KIMBERLY ASHBY	40.00									
VP, FINANCE	0				X			0	0	0
(14) STACEY BEAVEN	40.00									
VP, NURSING	0				X			0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBERT BROOKS	40.00									
VP, EDUCATION AND RESEARCH	0				X			0	0	0
(16) TIMOTHY DUKES	40.00									
SENIOR VP AND COO	0				X			0	0	0
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,035,875			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	203,839			
	g	Noncash contributions included in lines 1a-1f $					
	h	Total. Add lines 1a-1f			1,239,714		
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621110		84,342,590	84,319,381	23,209
	b	HOME HEALTH AND HOSPICE	621610		3,419,025	3,419,025	
	c	FAMILY PRACTICE RESIDENCY	611600		662,658	662,658	
	d	ANESTHESIA PROGRAM	611600		416,574	416,574	
	e	OTHER	611600		3,688,627	3,688,627	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			92,529,474		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			888,726		888,726
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
			(i) Real	(ii) Personal			
	6a	Gross rents	345,912				
	b	Less rental expenses	214,682				
	c	Rental income or (loss)	131,230				
	d	Net rental income or (loss)			131,230		131,230
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	5,234,378	16,723			
	b	Less cost or other basis and sales expenses	5,227,840	110,784			
	c	Gain or (loss)	6,538	-94,061			
	d	Net gain or (loss)			-87,523		-87,523
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a	23,224,360			
	b	Less cost of goods sold	b	8,332,593			
	c	Net income or (loss) from sales of inventory			14,891,767	14,891,767	
		Miscellaneous Revenue		Business Code			
	11a	CAFETERIA SALES		722514	789,982		789,982
	b	FITNESS FORMULA		900099	493,375		493,375
	c	GIFT SHOP		453220	65,602		65,602
	d	All other revenue			884,578	162,295	9,074 713,209
	e	Total. Add lines 11a-11d			2,233,537		
	12	Total revenue. See instructions			111,826,925	107,560,327	32,283 2,994,601

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	36,120.	36,120.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,736,029.	925,897.	810,132.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	171,025.	171,025.		
7 Other salaries and wages	54,013,687.	46,415,519.	7,598,168.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,579,852.	1,279,192.	300,660.	
9 Other employee benefits	4,814,765.	4,091,496.	723,269.	
10 Payroll taxes	3,727,653.	3,168,505.	559,148.	
11 Fees for services (non-employees)				
a Management	0			
b Legal	88,482.		88,482.	
c Accounting	11,250.		11,250.	
d Lobbying	18,832.		18,832.	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,155,741.	13,102,306.	3,053,435.	
12 Advertising and promotion	233,092.		233,092.	
13 Office expenses	14,106,278.	14,078,065.	28,213.	
14 Information technology	2,455,839.	1,719,087.	736,752.	
15 Royalties	0			
16 Occupancy	2,043,392.	1,634,714.	408,678.	
17 Travel	566,601.	169,980.	396,621.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	174,369.	174,369.		
20 Interest	526,825.	526,825.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,523,509.	8,571,158.	952,351.	
23 Insurance	558,335.	418,751.	139,584.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROVIDER TAX EXPENSES	1,701,197.	1,701,197.		
b MISCELLANEOUS	1,364,834.	559,583.	805,251.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	115,607,707.	98,743,789.	16,863,918.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	12,237.	1	12,247.
	2	Savings and temporary cash investments	30,214,984.	2	18,729,673.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	17,659,060.	4	20,146,712.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	9,580,736.	7	12,717,131.
	8	Inventories for sale or use	2,449,556.	8	2,794,334.
	9	Prepaid expenses and deferred charges	4,252,553.	9	3,762,121.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 277,340,454.			
	b	Less accumulated depreciation — 10b: 196,771,438.	81,585,294.	10c	80,569,016.
	11	Investments - publicly traded securities	49,955,432.	11	48,484,769.
	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related See Part IV, line 11	197,769.	13	197,769.
	14	Intangible assets	3,637,500.	14	3,637,500.
	15	Other assets See Part IV, line 11	5,151,858.	15	6,061,642.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	204,696,979.	16	197,112,914.
Liabilities	17	Accounts payable and accrued expenses	13,356,405.	17	14,124,507.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	23,972,000.	20	23,040,500.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	2,646,657.	23	2,338,273.
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	17,426,739.	25	15,681,769.
	26	**Total liabilities.** Add lines 17 through 25	57,401,801.	26	55,185,049.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	147,135,774.	27	141,762,325.
	28	Temporarily restricted net assets	159,404.	28	165,540.
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	147,295,178.	33	141,927,865.
	34	Total liabilities and net assets/fund balances	204,696,979.	34	197,112,914.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	111,826,925.
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,607,707.
3	Revenue less expenses Subtract line 2 from line 1	3	-3,780,782.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,295,178.
5	Net unrealized gains (losses) on investments	5	-1,577,452.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,079.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	141,927,865.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	**Employer identification number**
BAPTIST HEALTH MADISONVILLE, INC.	61-0654587

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3 % support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions).

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
BAPTIST HEALTH MADISONVILLE, INC.	61-0654587

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

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

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

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

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

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
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	
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?		X	
i	Other activities?	X		18,832.
j	Total Add lines 1c through 1i			18,832.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

SEE PAGE 4

Part IV Supplemental Information *(continued)*

PART II-B, LINE 1I

OTHER ACTIVITIES

THE ORGANIZATION AND CERTAIN EMPLOYEES ARE MEMBERS OF VARIOUS ASSOCIATIONS THAT ATTRIBUTE A PORTION OF DUES TO LOBBYING EXPENSE. THE ORGANIZATION HAS DISCLOSED A LOBBYING ALLOCATION OF $18,832 PER FORM 990. THESE ASSOCIATIONS INCLUDE THE AMERICAN MEDICAL ASSOCIATION, KENTUCKY HOSPITAL ASSOCIATION, KENTUCKY MEDICAL ASSOCIATION, AS WELL AS VARIOUS OTHERS.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
BAPTIST HEALTH MADISONVILLE, INC.

Employer Identification number
61-0654587

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	159,404.	153,560.	153,226.	116,582.	82,971.
b Contributions	9,552.	197,043.	12,778.	47,270.	100,841.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	4,397.	191,199.	12,444.	10,626.	67,230.
f Administrative expenses					
g End of year balance	164,559.	159,404.	153,560.	153,226.	116,582.

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ 100.0000 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,902,460.		9,902,460.
b Buildings		84,616,623.	43,895,291.	40,721,332.
c Leasehold improvements		25,967.	25,967.	
d Equipment		175,797,894.	148,918,473.	26,879,421.
e Other		6,997,510.	3,931,707.	3,065,803.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c)).* ▶				80,569,016.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST ON BONDS	118,430.
(3) AMTS. PAYABLE TO MEDICARE/MEDICAID	3,395,716.
(4) WORKERS COMPENSATION ACCRUAL	1,174,408.
(5) ACCRUED SELF-INSURANCE LIABILITY	9,761,935.
(6) SEVERANCE ACCRUAL	1,127,200.
(7) OTHER LIABILITIES	104,080.
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	15,681,769.

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

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

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

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

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

Part XIII Supplemental Information

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

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

PATIENT CARE, HOSPICE BEREAVEMENT CAMP, MAHR CANCER CENTER, AND OTHER

PATIENT CARE INITIATIVES.

Part XIII Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
BAPTIST HEALTH MADISONVILLE, INC.

Employer identification number
61-0654587

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,165,568.	526,917.	4,638,651.	4.01
b Medicaid (from Worksheet 3, column a)			12,568,895.	3,957,305.	8,611,590.	7.45
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			17,734,463.	4,484,222.	13,250,241.	11.46
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			702,684.		702,684.	.61
f Health professions education (from Worksheet 5)			3,662,003.		3,662,003.	3.17
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			41,937.		41,937.	.04
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,062,510.		1,062,510.	.92
j **Total.** Other Benefits			5,469,134.		5,469,134.	4.74
k **Total.** Add lines 7d and 7j			23,203,597.	4,484,222.	18,719,375.	16.20

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			597.		597.	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			34,297.		34,297.	
9 Other						
10 Total			34,894.		34,894.	

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	X	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 12,656,731.			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	38,484,377.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	43,493,044.
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-5,008,667.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees and physicians-see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 BAPTIST HEALTH MADISONVILLE 900 HOSPITAL DRIVE MADISONVILLE KY 42431 WWW.BAPTISTHEALTHMADISONVILLE.COM	X			X			X			
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group BAPTIST HEALTH MADISONVILLE

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[ ] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		X
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	[X] Hospital facility's website			
b	[X] Available upon request from the hospital facility			
c	[X] Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide plan			
d	[X] Participation in the execution of a community-wide plan			
e	[X] Inclusion of a community benefit section in operational plans			
f	[X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy BAPTIST HEALTH MADISONVILLE

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing *discounted* care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 %			
	If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a	[X] Income level			
b	[X] Asset level			
c	[ ] Medical indigency			
d	[X] Insurance status			
e	[X] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	[ ] The policy was posted on the hospital facility's website			
b	[ ] The policy was attached to billing invoices			
c	[ ] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[ ] The policy was posted in the hospital facility's admissions offices			
e	[X] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		X
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)* BAPTIST HEALTH MADISONVILLE

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a [X] Notified individuals of the financial assistance policy on admission
- b [X] Notified individuals of the financial assistance policy prior to discharge
- c [X] Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d [X] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e [ ] Other (describe in Part VI)

Policy Relating to Emergency Medical Care

			Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	X	

If "No," indicate why

- a [ ] The hospital facility did not provide care for any emergency medical conditions
- b [ ] The hospital facility's policy was not in writing
- c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d [ ] Other (describe in Part VI)

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

- a [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c [X] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d [ ] Other (describe in Part VI)

21	During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		X
	If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	21		X
	If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 5

	Name and address	Type of Facility (describe)
1	BAPTIST MEDICAL MANAGEMENT ASSOCIATES 200 CLINIC DRIVE MADISONVILLE KY 42431	PHYSICIAN OFFICES
2	BAPTIST HEALTH HOME CARE 107 EAST MAIN STREET MADISONVILLE KY 42431	HOME HEALTH AGENCY
3	BAPTIST HEALTH SPORTS MEDICINE & REHAB. 500 CLINIC DRIVE MADISONVILLE KY 42431	REHAB SERVICES
4	BAPTIST HEALTH HOSPICE 418 NORTH SCOTT STREET MADISONVILLE KY 42431	HOSPICE
5	BAPTIST HEALTH TRANSITIONAL CARE 900 HOSPITAL DRIVE MADISONVILLE KY 42431	SKILLED NURSING FACILITY
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

FORM 990, SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY

A COST-TO-CHARGE RATIO BASED ON THE MOST RECENT AS FILED MEDICAID COST REPORT WAS USED TO CALCULATE THE AMOUNTS REPORTED IN EACH LINE OF THE TABLE.

FORM 990, SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY THROUGH OPEN MEDICAL STAFF, SERVICE ON COMMUNITY BOARDS, 24 HOUR EMERGENCY DEPARTMENT, OCCUPATIONAL MEDICINE PROGRAM, FREE ATHLETIC PHYSICALS, HEALTH FAIRS AND SCREENINGS, COURTESY MEMBERSHIP TO FITNESS FOR ATHLETES, POLICE OFFICERS AND FIRE DEPARTMENT, EDUCATIONAL PROGRAMS, ATHLETIC TRAINERS AT SCHOOL EVENTS, AND A CENTERING PREGNANCY PROGRAM.

FORM 990, SCHEDULE H, PART III, LINE 4

BAD DEBT EXPENSE FOOTNOTE

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

PER THE FINANCIAL STATEMENTS OF BAPTIST HEALTHCARE SYSTEM (WHICH INCLUDE

THE ACTIVITY OF BAPTIST HEALTH MADISONVILLE) THERE IS NO BAD DEBT

FOOTNOTE FOR THE CURRENT YEAR. THE AMOUNT ON LINE 2 WAS CALCULATED USING

A COST TO CHARGE RATIO.

FORM 990, SCHEDULE H, PART III, LINE 8

MEDICARE COSTING METHODOLOGY

MEDICARE REVENUES AND ALLOWABLE COSTS WERE TAKEN FROM THE AS FILED

MEDICARE COST REPORT. MUCH CARE IS TAKEN TO ENSURE THAT ALL ADJUSTMENTS

TO REMOVE NON-ALLOWABLE COSTS ARE TAKEN. DUE TO THE FACT THAT MEDICARE

RATES ARE NON-NEGOTIABLE AND ARE ESTABLISHED BY THE GOVERNMENT, ALL OF

THE SHORTFALL FOR MEDICARE SHOULD BE INCLUDED AS A COMMUNITY BENEFIT.

FORM 990, SCHEDULE H, PART III, LINE 9B

COLLECTION PRACTICES

ONCE A PATIENT HAS BEEN DETERMINED TO QUALIFY FOR CHARITY CARE, THE

PATIENT IS CLASSIFIED AS SUCH FOR THREE MONTHS. IF THE PATIENT RETURNS

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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FOR SERVICES WITHIN THREE MONTHS, THEY ARE AUTOMATICALLY QUALIFIED FOR

CHARITY CARE, WHICH IMPROVES THEIR ACCESS TO HEALTHCARE SERVICES.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3

INPUT FROM COMMUNITY REPRESENTATIVES

INTERVIEWS WITH 25 KEY INFORMANTS WERE CONDUCTED OVER A THREE DAY PERIOD.

INTERVIEWEES WERE DETERMINED BASED ON THEIR A) SPECIALIZED KNOWLEDGE OR

EXPERTISE IN PUBLIC HEALTH B) THEIR AFFILIATION WITH LOCAL GOVERNMENT,

SCHOOLS, OR INDUSTRY OR C) THEIR INVOLVEMENT WITH UNDERSERVED AND

MINORITY POPULATIONS. ALL INTERVIEWS WERE CONDUCTED USING A STANDARD

QUESTIONNAIRE. A SUMMARY OF THEIR OPINIONS IS REPORTED WITHOUT JUDGING

THE TRUTHFULNESS OR ACCURACY OF THEIR REMARKS. COMMUNITY LEADERS PROVIDED

COMMENTS ON THE FOLLOWING ISSUES: HEALTH AND QUALITY OF LIFE FOR

RESIDENTS OF THE PRIMARY COMMUNITY, BARRIERS TO IMPROVING HEALTH AND

QUALITY OF LIFE FOR RESIDENTS OF THE PRIMARY COMMUNITY, OPINIONS

REGARDING THE IMPORTANT HEALTH ISSUES THAT AFFECT HOPKINS, WEBSTER AND

MUHLENBERG COUNTY RESIDENTS AND THE TYPES OF SERVICES THAT ARE IMPORTANT

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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FOR ADDRESSING THESE ISSUES, AND DELINEATION OF THE MOST IMPORTANT HEALTH

CARE ISSUES DISCUSSED AND ACTIONS NECESSARY FOR ADDRESSING THOSE ISSUES.

NAME AND ORGANIZATIONAL AFFILIATIONS WERE NOT CONNNECTED TO THE

INFORMATION PRESENTED IN THE REPORT. KEY INFORMANTS FROM THE COMMUNITY

WORKED FOR THE FOLLOWING TYPES OF ORGANIZATIONS AND AGENCIES: SOCIAL

SERVICE AGENCIES, LOCAL SCHOOL SYSTEM AND COMMUNITY COLLEGE, LOCAL CITY

AND COUNTY GOVERNMENT, PUBLIC HEALTH AGENCIES, INDUSTRY, FAITH COMMUNITY,

AND MEDICAL PROVIDERS.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5C

AVAILIBILITY OF CHNA REPORT

COPIES OF THE CHNA WERE ALSO DISTRIBUTED INTERNALLY AND EXTERNALLY TO

THOSE WHO PARTICIPATED IN THE NEEDS ASSESSMENT (INDIVIDUALS AND

ORGANIZATIONS).

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7

NEEDS NOT ADDRESSED

THE HOSPITAL HAS NOT ADDRESSED THE BEHAVIORAL HEALTH NEED DUE TO THE LACK OF RESOURCES. THIS HAS BEEN DISCLOSED IN THE HEALTH NEEDS ASSESSMENT.

SCHEDULE H, PART VI, NEEDS ASSESSMENT

NEEDS ASSESSMENT

THE COMMUNITY SERVED BY THE HOSPITAL WAS DEFINED BY UTILIZING INPATIENT AND OUTPATIENT DATA REGARDING PATIENT ORIGIN. POPULATION DEMOGRAPHICS AND SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTED UTILIZING VARIOUS THIRD PARTIES. THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED. INFORMATION ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES AND FACTORS REPORTED FOR THE COMMUNITY BY COUNTYHEALTHRANKINGS.ORG. HEALTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED. AN INVENTORY OF HEALTH CARE FACILITIES AND RESOURCES WERE PREPARED AND THE ESTIMATED DEMAND FOR PHYSICIAN AND HOSPITAL SERVICES WERE EVALUATED. COMMUNITY

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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INPUT WAS PROVIDED THROUGH KEY INFORMATION INTERVIEWS AND SURVEYS.

INFORMATION GATHERED WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES

OF UNINSURED PERSONS, LOW-INCOME PERSONS, MINORITY GROUPS AND THE

COMMUNITY AS A WHOLE. HEALTH NEEDS WERE RANKED UTILIZING A WEIGHTING

METHOD AND THEN PRIORITIZED TAKING INTO ACCOUNT THE PERCEIVED DEGREE OF

INFLUENCE THE HOSPITAL HAS TO IMPACT THE NEED. INFORMATION GAPS WERE

IDENTIFIED DURING THE PRIORITIZATION PROCESS AND WERE REPORTED.

SCHEDULE H, PART VI, PATIENT EDUCATION

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

THE ORGANIZATION IDENTIFIES UNINSURED PATIENTS BY REQUESTING INSURANCE

INFORMATION AT THE TIME OF THE APPOINTMENT REQUEST. IF THE PATIENT HAS NO

INSURANCE BENEFITS, APPOINTMENT SCHEDULING STAFF WILL INFORM THE PATIENT

OF THE SELF-PAY POLICY. EXCEPT FOR EMERGENCY ROOM VISITS, NEW PATIENTS

WHO ARE UNABLE TO PAY AT THE TIME OF SERVICE ARE PROVIDED SERVICES BY

FINANCIAL COUNSELORS FOR EDUCATION AND ASSISTANCE. EMERGENCY ROOM

PATIENTS ARE NOT ASKED FOR PAYMENT OR INSURANCE UPON REGISTRATION OR

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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ADMISSION. DURING FINANCIAL COUNSELING, PATIENTS WILL BE INFORMED OF THE KENTUCKY PHYSICIANS CARE PROGRAM (KPC) IN COORDINATION WITH THE DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM. THEY WILL ALSO BE COUNSELED ON POTENTIAL ELIGIBILITY FOR MEDICAID AND DISABILITY PROGRAMS. PATIENTS WILL ALSO BE ADVISED OF THE FINANCIAL ASSISTANCE POLICY AND APPLICATIONS WILL BE PROVIDED.

SCHEDULE H, PART VI, COMMUNITY INFORMATION

COMMUNITY INFORMATION

THE ORGANIZATION IS BASED IN MADISONVILLE, KENTUCKY (HOPKINS COUNTY) NEAR INTERSTATE 69 APPROXIMATELY 50 MILES SOUTH OF EVANSVILLE, IN. THE BULK OF THE COMMUNITY'S POPULATION IS CONCENTRATED IN AND AROUND THE CITY OF MADISONVILLE, WITH PORTIONS OF THE NEARBY COUNTIES OF WEBSTER AND MUHLENBERG ALSO HAVING SIGNIFICANT DISCHARGE NUMBERS. APPROXIMATELY 37% OF THE COMMUNITY'S POPULATION FALLS IN THE 15-44 AGE RANGE AND 28% IN THE 45-64 AGE RANGE WITH THE REMAINDER OF THE SPLIT BETWEEN THE UNDER 15 YEARS AND OVER 65 YEARS BASED ON 2011 DATA. APPROXIMATELY 51% ARE FEMALE

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

AND 49% ARE MALE BASED ON 2011 DATA.

SCHEDULE H, PART VI, PROMOTION OF COMMUNITY

PROMOTION OF COMMUNITY HEALTH

THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY THROUGH OPEN MEDICAL STAFF, SERVICE ON COMMUNITY BOARDS, 24 HOUR EMERGENCY DEPARTMENT, OCCUPATIONAL MEDICINE PROGRAM, FREE ATHLETIC PHYSICALS, HEALTH FAIRS AND SCREENINGS, COURTESY MEMBERSHIP TO FITNESS FOR ATHLETES, POLICE OFFICERS AND FIRE DEPARTMENT, EDUCATIONAL PROGRAMS, ATHLETIC TRAINERS AT SCHOOL EVENTS, AND A CENTERING PREGNANCY PROGRAM.

SCHEDULE H, PART VI, AFFILIATED HEALTH CARE

AFFILIATED HEALTH CARE SYSTEM

ON NOVEMBER 1, 2012, TROVER HEALTH SYSTEM SIGNED A MEMBERSHIP SUBSTITUTION AGREEMENT WITH BAPTIST HEALTH SYSTEM BASED IN LOUISVILLE, KY AND EFFECTIVELY BECAME BAPTIST HEALTH MADISONVILLE. BAPTIST HEALTH SYSTEM, ALSO A NON-PROFIT ORGANIZATION, SHARES A SIMILAR MISSION AND

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

SUPPORTS THE PROMOTION OF HEALTH IN THE LOCAL COMMUNITIES SERVICED BY THE

ORGANIZATION AS A WHOLE.

SCHEDULE H, PART VI, STATE FILING

STATE FILING OF COMMUNITY BENEFIT REPORT

KENTUCKY

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" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
BAPTIST HEALTH MADISONVILLE, INC.

Employer identification number
61-0654587

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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 non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF MADISONVILLE PO BOX 705 MADISONVILLE, KY 42431	13-1788491	GOV'T	7,500.				GENERAL SUPPORT
(2) MADISONVILLE COMMUNITY COLLEGE 2000 COLLEGE DRIVE MADISONVILLE, KY 42431	61-0561820	GOV'T	10,100				GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2012)**

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

THERE IS ONE STAFF MEMBER WHO IS RESPONSIBLE FOR APPROVING ALL DONATIONS.

THEY SELECT THE ORGANIZATION BASED ON NONPROFIT CRITERIA. AN ANNUAL

BUDGET IS ESTABLISHED TO DETERMINE THE TOTAL AMOUNT OF FUNDS TO BE

DISTRIBUTED EACH YEAR.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
BAPTIST HEALTH MADISONVILLE, INC.

Employer identification number
61-0654587

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF MADISONVILLE, KENTUCKY	61-6001864		12/21/2010	25,780,000	REFUND CERTAIN SERIES 2006 BONDS		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,808,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,780,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	234,600.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	25,545,000.			
12	Other unspent proceeds				
13	Year of substantial completion	2011			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)* GROUP 1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.2900 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	1.2900 %		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Part VI **Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART VI

PROCEDURES TO UNDERTAKE CORRECTIVE ACTION

THE ORGANIZATION IS IN THE PROCESS OF ESTABLISHING FORMAL WRITTEN PROCEDURES; HOWEVER, IN THE EVENT REMEDIATION ISSUES ARISE, THE ORGANIZATION SEEKS THE ADVICE OF LEGAL COUNSEL.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization
BAPTIST HEALTH MADISONVILLE, INC.

Employer identification number
61-0654587

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . ▶ $												

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	TIMOTHY DUKES	BMMSI OFFICER	1,366,779	CONTRACT SERVICES		X
(2)	TOM BEAVEN	FAMILY MEMBER OF KEY EMP	29,027	COMPENSATION		X
(3)	CHRISTY MILLS	FAMILY MEMBER OF DIRECTOR	117,069	COMPENSATION		X
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

TIMOTHY DUKES IS AN OFFICER OF BAPTIST MEDICAL MANAGEMENT SERVICES, INC., A SUBSIDIARY OF BAPTIST HEALTH MADISONVILLE, INC., AND A KEY EMPLOYEE OF BAPTIST HEALTH MADISONVILLE, INC. BAPTIST HEALTH MADISONVILLE PROVIDES CONTRACTED SERVICES FOR BAPTIST HEALTH MEDICAL MANAGEMENT SERVICES, INC. THUS, THE AMOUNT DISCLOSED FOR BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS FOR TIMOTHY DUKES REPRESENTS THE AMOUNT OF CONTRACTED SERVICES BETWEEN THESE TWO ENTITIES.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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.	2012 Open to Public Inspection

Name of the organization	Employer identification number
BAPTIST HEALTH MADISONVILLE, INC.	61-0654587

FORM 990, RETURN HEADING, ITEM A

ACCOUNTING PERIODS

PER 2013 FORM 990 INSTRUCTIONS, IF THE ORGANIZATION'S SHORT YEAR BEGAN IN 2013, AND ENDED BEFORE DECEMBER 31, 2013, IT MAY USE EITHER 2012 FORM 990 OR 2013 FORM 990 TO FILE FOR THE SHORT YEAR. THE ORGANIZATION HAS ELECTED TO USE THE 2012 FORM 990.

FORM 990, PART III

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

A. BAPTIST HEALTH MADISONVILLE IS AN ACUTE CARE HOSPITAL SERVING NUMEROUS RURAL COMMUNITIES AND OFFERING A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES. BAPTIST HEALTH MADISONVILLE PROVIDES A SUBSTANTIAL AMOUNT OF CHARITY CARE AS DETAILED BELOW IN THE COMMUNITY SERVICE SECTION. BAPTIST HEALTH MADISONVILLE PROVIDED CARE FOR 6,224 INPATIENT ADULT, PEDIATRIC, AND NURSERY ADMISSIONS FROM JANUARY 1, 2013 THROUGH AUGUST 31, 2013 (2013 REPORTING PERIOD). PATIENT DAYS FOR THE 2013 REPORTING PERIOD TOTALED 27,284. THERE WERE 581 LIVE BIRTHS, OF WHICH OVER 64% WERE MEDICAID BIRTHS. SURGERY VISITS TOTALED 3,871 FOR THE 2013 REPORTING PERIOD. BAPTIST HEALTH MADISONVILLE'S MAHR CANCER CENTER IS APPROVED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER, RECEIVING THE NO. 1 OVERALL RATING. THE MAHR CENTER PROVIDED SERVICES TO OVER 27,284 PATIENT VISITS DURING THE 2013 REPORTING PERIOD, AND IS AFFILIATED WITH THE JAMES GRAHAM BROWN CANCER CENTER AT THE UNIVERSITY OF LOUISVILLE.

Name of the organization	Employer identification number
BAPTIST HEALTH MADISONVILLE, INC.	61-0654587

B. BAPTIST HEALTH MEDICAL ASSOCIATES IS A MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE WITH OVER 50 PROVIDERS OFFERING A BROAD RANGE OF MEDICAL SERVICES INCLUDING SPECIALTY AND SUBSPECIALTY SERVICES. BAPTIST HEALTH MEDICAL ASSOCIATES OPERATED FIVE CLINICS IN RURAL COMMUNITIES BRINGING HEALTHCARE TO MEDICALLY UNDERSERVED AREAS. BAPTIST HEALTH MEDICAL ASSOCIATES PROVIDED A TOTAL OF 171,314 PATIENT ENCOUNTERS DURING THE 2013 REPORTING PERIOD.

C. TROVER FOUNDATION RESIDENCY PROGRAM IS AN EDUCATIONAL PROGRAM IN WHICH FOUNDATION PHYSICIANS INSTRUCT AND WORK WITH RESIDENTS. THE RESIDENCY PROGRAM IS AFFILIATED WITH THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE. TWENTY-FOUR RESIDENTS WERE INVOLVED IN THE RESIDENCY PROGRAM DURING 2013.

D. THE DR. LOMAN C. TROVER MEDICAL EDUCATION AND RESEARCH CENTER (TROVER EDUCATION AND RESEARCH CENTER) PROVIDES NUMEROUS EDUCATIONAL PROGRAMS THAT BENEFIT THE COMMUNITIES OF WESTERN KENTUCKY. IN ADDITION TO THE FAMILY PRACTICE RESIDENCY PROGRAM, THE TROVER EDUCATION AND RESEARCH CENTER COLLABORATES WITH MURRAY STATE UNIVERSITY TO OFFER A GRADUATE DEGREE IN NURSE ANESTHESIA. THE PROGRAM IS DEDICATED TO GRADUATING NURSE ANESTHETISTS OF THE HIGHEST PROFESSIONAL COMPETENCE WHO ARE COMMITTED TO RETURNING TO RURAL AREAS TO PRACTICE. BAPTIST HEALTH MADISONVILLE SERVES AS THE PRIMARY CLINICAL SITE. THE TROVER EDUCATION AND RESEARCH CENTER ALSO COORDINATES THE WEST AREA HEALTH EDUCATION CENTER (AHEC) PROGRAM, CONNECTING THE ACADEMIC HEALTH CENTERS AT THE UNIVERSITY OF KENTUCKY AND UNIVERSITY OF LOUISVILLE WITH MEDICALLY UNDERSERVED COMMUNITIES THROUGHOUT THE STATE, IN AN EFFORT TO ADDRESS KENTUCKY HEALTH CARE ACCESS

Name of the organization: BAPTIST HEALTH MADISONVILLE, INC.
Employer identification number: 61-0654587

PROBLEMS. THE FOUNDATION IS A REGIONAL CAMPUS FOR THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE THROUGH THE FOUNDATION'S OFF-CAMPUS TEACHING CENTER. THE CENTER PROVIDES INDIVIDUALIZED CLINICAL TRAINING IN A SMALL-TOWN ENVIRONMENT, WITH A GOAL TOWARDS INCREASING THE NUMBER OF PHYSICIANS IN RURAL AREAS. THE TROVER EDUCATION AND RESEARCH CENTER IS A LOCATION FOR THE UNIVERSITY OF KENTUCKY'S CENTER FOR RURAL HEALTH, CREATED TO IMPROVE THE HEALTH STATUS OF THE RURAL POPULATION OF THE STATE. THE TROVER EDUCATION AND RESEARCH CENTER SPONSORS THE DELTA PROJECT FOR 20 COUNTIES IN THE STATE OF KENTUCKY. THE GOAL OF THE DELTA PROJECT IS TO IMPROVE THE HEALTH STATUS AND HEALTH CARE SYSTEM IN EACH COUNTY SERVED. DURING THE 2013 REPORTING PERIOD, 29,333 STUDENTS WERE CONTACTED IN APPROXIMATELY 65 DIFFERENT SCHOOLS.

E. GREEN RIVER HOSPICE IS A PROGRAM ASSISTING TERMINALLY ILL PATIENTS AND THEIR FAMILIES THROUGH THE DEATH AND BEREAVEMENT PROCESS. THE HOSPICE PROVIDED SERVICE FOR 8,065 HOSPICE DAYS DURING THE 2013 REPORTING PERIOD.

2013 COMMUNITY SERVICE

SERVICE DETAIL	HOURS	NO. OF EVENTS	COMMUNITY CONTACTS
EDUCATIONAL AND HEALTH IMPROVEMENT EVENTS	8,120	804	70,986
COMMUNITY EVENTS	2,306	116	3,801

Name of the organization: BAPTIST HEALTH MADISONVILLE, INC.

Employer identification number: 61-0654587

DONATIONS/SUPPORT	3,259	1,675	31,041
TOTAL	13,685	2,595	105,828

TOTAL EVENTS	2,595
TOTAL EMPLOYEE HOURS	13,685
TOTAL COMMUNITY CONTACTS	105,828

CHARITY AND COMMUNITY BENEFIT CARE

BAPTIST HEALTH MADISONVILLE PROVIDES CARE TO PATIENTS WHO MEET GUIDELINES ESTABLISHED IN THE ORGANIZATION'S CHARITY CARE POLICY AT NO CHARGE OR AT CHARGES LESS THAN ESTABLISHED RATES. OTHER UNCOMPENSATED CARE RELATES PRINCIPALLY TO CONTRACTUAL ALLOWANCES FOR GOVERNMENT PAYORS, DISCOUNTS TAKEN BY COMMERCIAL PAYORS AND BAD DEBTS. THE FOUNDATION PROVIDED UNCOMPENSATED CARE, BASED ON ESTABLISHED RATES, FOR THE PERIOD JANUARY 1, 2013 - AUGUST 31, 2013 IN THE AMOUNT OF $169,588,000. THIS REPRESENTS APPROXIMATELY 60% OF TOTAL REVENUE DETERMINED FROM FOUNDATION'S ESTABLISHED RATES IN 2013.

THE FOLLOWING SUMMARY QUANTIFIES ADDITIONAL COMMUNITY BENEFIT EXPENSE IN TERMS OF UNCOMPENSATED CARE, SERVICES TO THE INDIGENT AND BENEFITS TO THE BROADER COMMUNITY DURING 2013:

Name of the organization	Employer identification number
BAPTIST HEALTH MADISONVILLE, INC.	61-0654587

UNCOMPENSATED CARE:	
BAD DEBT EXPENSE (AT COST)	$ 4,872,000
BENEFITS FOR THE POOR:	
TRADITIONAL CHARITY CARE	$ 4,639,000
UNPAID COSTS OF MEDICAID	$ 8,612,000
TOTAL QUANTIFIABLE BENEFITS FOR THE POOR	$ 13,251,000
BENEFITS FOR THE BROADER COMMUNITY:	
EDUCATIONAL AND HEALTH IMPROVEMENT EVENTS	$ 703,000
COMMUNITY EVENTS	$ 35,000
DONATIONS/SUPPORT	$ 1,061,000
RESEARCH	$ 42,000
TOTAL QUANTIFIABLE BENEFITS FOR THE BROADER COMMUNITY	$ 1,842,000
TOTAL QUANTIFIABLE COMMUNITY BENEFITS	$ 15,093,000

COMMUNITY BENEFITS EXPENSE REPRESENTS APPROXIMATELY 16% OF THE TOTAL ORGANIZATION'S EXPENSE FOR THE PERIOD ENDED AUGUST 31, 2013.

IN ADDITION TO THE ABOVE, BAPTIST HEALTH MADISONVILLE PROVIDES A WIDE RANGE OF COMMUNITY BENEFITS INCLUDING COORDINATION OF CHARITABLE ACTIVITIES BY ORGANIZATION'S STAFF.

Name of the organization	Employer identification number
BAPTIST HEALTH MADISONVILLE, INC.	61-0654587

EDUCATIONAL EVENTS

BAPTIST HEALTH MADISONVILLE'S MISSION IS EXCELLENT CARE EVERY TIME. IN ORDER TO SUPPORT THIS MISSION, THE ORGANIZATION STRIVES TO BE INVOLVED IN NUMEROUS EDUCATIONAL PROGRAMS.

THE FAMILY PRACTICE RESIDENCY PROGRAM COMPLETED TRAINING FOR SEVEN FAMILY PRACTICE PHYSICIANS. TOTAL NUMBER OF RESIDENTS IN TRAINING DURING 2013 WAS 17.

THE CERTIFIED REGISTERED NURSE ANESTHESIA PROGRAM HAS TRAINED 214 NURSES TO BECOME CRNAS SINCE THE PROGRAM'S INCEPTION.

THE UNIVERSITY OF LOUISVILLE/ TROVER EDUCATION AND RESEARCH CENTER'S MEDICAL CAMPUS PROVIDED TRAINING FOR 17 3RD AND 4TH YEAR MEDICAL STUDENTS. IT PROVIDED EDUCATIONAL ACTIVITIES FOR HIGH SCHOOL STUDENTS INTERESTED IN A MEDICAL CAREER, INCLUDING SHADOWING AND ENHANCEMENT CLASSES.

CENTERING PREGNANCY SMILES IS A PARTNERSHIP BETWEEN UK, TROVER EDUCATION AND RESEARCH CENTER, THE HOPKINS COUNTY HEALTH DEPARTMENT, THE NATIONAL CENTERING PREGNANCY INITIATIVE AND OTHER FEDERAL, STATE, AND LOCAL LEADERS. THE ALLIANCE, ESTABLISHED TO END THE CYCLE OF PRETERM BIRTHS, LOW BIRTH WEIGHT, AND POOR ORAL HEALTH IN KENTUCKY, HAS ALREADY SAVED KENTUCKY MORE THAN $2.0 MILLION IN MEDICAL PROCEDURES NEEDED BY THOSE

Name of the organization	Employer identification number
BAPTIST HEALTH MADISONVILLE, INC.	61-0654587

BABIES AT BIRTH. THE PROGRAM ASSISTED OVER 177 LOCAL MOTHERS DURING 2013.

IN 804 DIFFERENT EVENTS, THE FOUNDATION OFFERED EVERYTHING FROM TOURS TO SEMINARS TO PARTICIPATION IN COMMUNITY EDUCATIONAL EVENTS. THOUSANDS OF STUDENTS IN WESTERN KENTUCKY BENEFITED IN SOME WAY FROM THE FOUNDATION'S EFFORTS. OVER 8,100 HOURS WERE DEDICATED TO EDUCATIONAL EVENTS INVOLVING OVER 70,900 INDIVIDUALS THROUGHOUT THE SERVICE AREA.

BAPTIST HEALTH MADISONVILLE PHYSICIANS ALSO PARTICIPATED IN A WOMEN'S HEALTH FORUM SPONSORED IN PART BY THE ORGANIZATION. PHYSICIANS GAVE PRESENTATIONS ON WOMEN'S HEALTH ISSUES. THERE WERE ALSO EXHIBITS ABOUT WOMEN'S HEALTH. THIS EVENT ATTRACTED APPROXIMATELY 50 PARTICIPANTS.

BAPTIST HEALTH MADISONVILLE ALSO PARTICIPATES IN THE WORLD'S GREATEST BABY SHOWERS THROUGHOUT THE SERVICE AREA, WITH OVER 300 PARTICIPANTS. THESE EVENTS ARE HELD TO HELP EDUCATE EXPECTANT MOTHERS ABOUT THEIR PREGNANCY AND ABOUT TAKING CARE OF THEIR BABIES. AN OB/GYN, A FAMILY PRACTICE PHYSICIAN, OR A PEDIATRICIAN TYPICALLY PARTICIPATE.

BAPTIST HEALTH MADISONVILLE SPONSORS AN ANNUAL ASTHMA CAMP, A WEEK-LONG DAY CAMP FOR CHILDREN AGES 6 TO 12 WHO HAVE DOCUMENTED ASTHMA. A VARIETY OF SUPERVISED ACTIVITIES ARE PLANNED FOR CHILDREN WHOSE ASTHMA MIGHT PREVENT THEM FROM ATTENDING SUMMER CAMP. ASTHMA EDUCATION IS AN IMPORTANT COMPONENT OF THE CAMP, WITH BREATHING EXERCISES, RELAXATION

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TECHNIQUES, PROPER USE OF MEDICATIONS, AND MONITORING ROUTINES AMONG THE TOPICS COVERED. THE ORGANIZATION PROVIDES 2 TO 3 RESPIRATORY THERAPISTS EACH DAY OF THE CAMP.

BAPTIST HEALTH MADISONVILLE MAINTAINS A WEBSITE FOR CONSUMER HEALTH EDUCATION TOPICS IN BOTH ENGLISH AND SPANISH. THE WEBSITE INCLUDES DAILY CONSUMER HEALTH NEWS, AND INTERACTIVE CONSUMER HEALTH TOOLS SUCH AS QUIZZES AND CALCULATORS. THE FEES FOR MAINTAINING THIS WEBSITE WERE $8,000 IN 2013.

OTHER EDUCATIONAL EVENTS SPONSORED OR SUPPORTED BY THE ORGANIZATION INCLUDE THE FIRST STEP NURSING PROGRAM, RURAL HEALTH SCHOLAR PROGRAM, SHADOWING OPPORTUNITIES FOR STUDENTS, AND BREAST CANCER AWARENESS BINGO IN MUHLENBERG COUNTY.

BAPTIST HEALTH MADISONVILLE SERVED OVER 2,000 INDIVIDUALS THROUGH HEALTH FAIRS AND SCREENINGS IN 2013. THE FOUNDATION PROVIDED BLOOD SUGAR AND BLOOD PRESSURE SCREENINGS REGULARLY AT SATELLITE LOCATIONS. WORKING WITH THE KENTUCKY CANCER PROGRAM, THE MAHR CANCER CENTER PROVIDED PROSTATE CANCER SCREENINGS AND COLORECTAL SCREENINGS FOR SEVERAL HUNDRED PEOPLE. ADDITIONALLY THE ORGANIZATION PARTICIPATED IN A HEALTH FAIR FOR LOCAL BUSINESSES PROVIDING SCREENINGS AND HEALTH EDUCATION.

BAPTIST HEALTH MADISONVILLE PROVIDED FREE SPORTS PHYSICALS TO OVER 1,200 HIGH SCHOOL STUDENTS IN HOPKINS, CHRISTIAN, CRITTENDEN, CALDWELL, MCLEAN,

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WEBSTER, UNION, MUHLENBURG, OHIO, TRIGG, TODD AND LYON COUNTIES.

THE ORGANIZATION ALSO OPERATES A FULL-TIME DEDICATED RESEARCH CENTER, ESTABLISHED TO ENSURE THAT THE COMMUNITY HAS EARLY ACCESS TO PROMISING NEW MEDICINE AND MEDICAL TREATMENT. THE LOMAN C.TROVER MEDICAL EDUCATION AND RESEARCH CENTER FOR CLINICAL STUDIES HAS PARTICIPATED IN PROJECTS SPONSORED BY AVENTIS, MERCK, GLAXOSMITHKLINE, DUKE UNIVERSITY, UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE AND OTHERS.

THE SUPPORT GROUPS OFFERED AT NO COST BY THE ORGANIZATION SERVED OVER 500 PATIENTS AND FAMILIES WITH OVER 2,800 HOURS OF EMPLOYEE TIME. THESE GROUPS DISCUSS SUCH TOPICS AS ALZHEIMER'S DISEASE, CANCER, DIABETES, FIBROMYALGIA, MULTIPLE SCLEROSIS, ASTHMA, AND SEVERAL OTHERS. TO ENHANCE ACCESS, SOME SUPPORT GROUPS ARE HELD IN THE SATELLITE LOCATIONS. MOST GROUPS MEET ONCE OR TWICE A MONTH, TYPICALLY AT NIGHT FOR OPTIMUM PATIENT CONVENIENCE. THIS ALSO REQUIRES STAFF TO WORK ADDITIONAL HOURS ABOVE THEIR NORMAL WORKLOADS. THE ORGANIZATION EMPLOYS A FULL-TIME CHAPLAIN FOR OUR EMPLOYEES, PATIENTS, AND GUESTS, AS WELL AS A FULL-TIME CHAPLAIN FOR THE HOSPICE PROGRAM. THESE SERVICES, PROVIDED AT A COST TO THE ORGANIZATION OF OVER $70,000, INCLUDE CONSULTATION, PASTORAL CARE, COUNSELING, AND IN-SERVICE SEMINARS.

COMMUNITY EVENTS

BAPTIST HEALTH MADISONVILLE HAS ALWAYS BEEN AN ORGANIZATION THAT THE

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COMMUNITY LOOKS TO FOR SUPPORT OF COMMUNITY EVENTS. WHETHER IT IS FINANCIAL SUPPORT, THE HUMAN RESOURCES OF OUR EMPLOYEES, OR BOTH, THE PEOPLE OF WESTERN KENTUCKY HAVE COME TO RELY ON THE ORGANIZATION TO HELP MAKE COMMUNITY EVENTS SUCCESSFUL.

IN ORDER TO IMPROVE THE GENERAL WELL BEING OF THE COMMUNITIES SERVED, THE ORGANIZATION IS INVOLVED IN MANY COMMUNITY EVENTS SUCH AS CLAY DAYS, DAWSON SPRINGS BARBECUE, HOPKINS COUNTY FAIR, AND THE COALFIELD FESTIVAL JUST TO NAME A FEW. BAPTIST HEALTH MADISONVILLE WAS AGAIN THE SPONSOR OF A DOWNTOWN EVENT, FRIDAY NIGHT LIVE.

BUT BAPTIST HEALTH MADISONVILLE'S REAL PASSION IS HEALTH CARE. FOR THAT REASON, WE GIVE EMPHASIS TO HELPING ORGANIZATIONS WITH HEALTH CARE MISSIONS. A SHINING EXAMPLE IS THE MONETARY AND PHYSICAL SUPPORT GIVEN TO THE AMERICAN CANCER SOCIETY RELAY FOR LIFE. RAISING CONTRIBUTIONS IN THE THOUSANDS, THE ORGANIZATION'S EMPLOYEES GAVE GENEROUSLY OF THEIR TIME TO THIS EFFORT IN 2013. OTHER EVENTS SUCH AS THIS INCLUDE THE MARCH OF DIMES WALK, MUSCULAR DYSTROPHY, ALZHEIMER'S WALK, AMERICAN HEART WALK, CYSTIC FIBROSIS FOUNDATION AND JUVENILE DIABETES.

OTHER COMMUNITY ORGANIZATIONS PROVIDED SUPPORT BY BAPTIST HEALTH MADISONVILLE INCLUDE BIG BROTHERS/BIG SISTERS, UNITED WAY OF HOPKINS COUNTY, MADISONVILLE COMMUNITY COLLEGE, LOCAL CHAMBERS OF COMMERCE, HABITAT FOR HUMANITY, AMERICAN RED CROSS, LION'S CLUB, ROTARY CLUB, KIWANIS CLUB, DOOR OF HOPE, YMCA, MADISONVILLE-HOPKINS COUNTY ECONOMIC

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DEVELOPMENT CORPORATION AND MANY MORE.

DONATIONS/SUPPORT

TROVER FOUNDATION SUPPORTED ITS COMMUNITIES THROUGH FINANCIAL AND IN-KIND DONATIONS. APPROXIMATELY 1,675 EVENTS WERE SUPPORTED. EXAMPLES INCLUDE GIVE-AWAYS FOR LOCAL SCHOOL EVENTS, TOURS, IN-CLASS SPEAKERS, SPONSORSHIP OF BOTH SCHOOL AND NON-SCHOOL RELATED BALL TEAMS, CHEERLEADING, DANCE TEAMS, COMMUNITY EVENTS, HIGH SCHOOL BANDS, AND SIMILAR EVENTS, AS WELL AS FINANCIAL SUPPORT FOR COMMUNITY EVENTS AT THE GLEMA MAHR CENTER FOR THE ARTS.

BAPTIST HEALTH MADISONVILLE'S FITNESS FORMULA FITNESS CENTER PROVIDED FREE OR DISCOUNTED MEMBERSHIPS DURING 2013 VALUED AT OVER $937,000. THE FREE OR DISCOUNTED MEMBERSHIPS WERE GIVEN TO COACHES, ATHLETES, SENIOR CITIZENS, EMPLOYEES, AND REHAB PATIENTS, SCHOOLS, AND OTHER COMMUNITY ORGANIZATIONS.

BAPTIST HEALTH MADISONVILLE WAS A MAJOR CONTRIBUTOR TO THE UNIVERSITY OF KENTUCKY COLLEGE OF HEALTH SCIENCES NEW BUILDING FUND, WHICH WILL FINANCE CONSTRUCTION OF ALLIED HEALTH PROFESSIONS EDUCATIONAL FACILITIES.

THE ORGANIZATION WAS A MAJOR SPONSOR FOR RELAY FOR LIFE IN WESTERN KENTUCKY. BAPTIST HEALTH MADISONVILLE ALSO PROVIDED SUPPORT FOR CHARITIES SUCH AS UNITED WAY OF HOPKINS COUNTY (TOTAL GIFT OF APPROXIMATELY $80,500

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INCLUDING EMPLOYEE CONTRIBUTIONS), MARCH OF DIMES, AMERICAN RED CROSS, BIG BROTHERS/BIG SISTERS, PROJECT GRADUATION, DOOR OF HOPE, HIGH SCHOOL AND YOUTH ATHLETIC PROGRAMS, KIWANIS CLUB, ROTARY CLUB, YMCA, AND MANY MORE.

THE SPORTS MEDICINE CENTER PROVIDED FREE ATHLETIC TRAINER COVERAGE AT 6 AREA SCHOOLS FOR ALL SPORTS. FOUR HUNDRED AND SEVENTY SIX GAMES WERE COVERED IN 2013, AS WELL AS 1,038 PRACTICES FOR A TOTAL OF 3,025 HOURS OF EMPLOYEE TIME, VALUED AT APPROXIMATELY $67,000.

THE ORGANIZATION BEGAN A PARTNERSHIP IN 2003 WITH THE LOCAL LIONS CLUB. BAPTIST HEALTH MADISONVILLE NOW HOUSES SEVERAL EYE GLASS DEPOSITORIES FOR THE CLUB. ONCE THE EYEGLASSES ARE COLLECTED, THE ORGANIZATION PAYS FOR THE SHIPPING TO SEND THEM TO THE DISTRIBUTION CENTER.

IN 2013, THE ORGANIZATION PROVIDED DIRECT FINANCIAL SUPPORT AS WELL AS INSURANCE COVERAGE FOR BAPTIST HEALTH MADISONVILLE CARE PROVIDERS VOLUNTEERING AT THE LOCAL COMMUNITY CLINIC. THIS CLINIC PROVIDES HEALTH CARE FOR THE WORKING POOR.

EMERGENCY

THE BAPTIST HEALTH MADISONVILLE EMERGENCY DEPARTMENT OPERATES 24 HOURS A DAY, 365 DAYS A YEAR. IN 2013, THE DEPARTMENT SERVED OVER 15,951 PATIENTS. THE DEPARTMENT SERVED AS THE AREA REFERRAL CENTER FOR SERIOUS

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OR TRAUMATIC INJURIES AND DISEASE. CARE IS PROVIDED REGARDLESS OF ABILITY TO PAY FOR MEDICALLY NECESSARY, NON-ELECTIVE CARE.

VOLUNTEER DEPARTMENT

IN 2013, BAPTIST HEALTH MADISONVILLE VOLUNTEERS GAVE 8,971 HOURS TO THE COMMUNITY. THIS PROGRAM EXISTS SOLELY FOR SERVICE AND IS NOT A FUND-RAISING GROUP FOR THE ORGANIZATION. VOLUNTEERS PROVIDE HELP TO COMMUNITY MEMBERS WHO USE THE HOSPITAL INCLUDING THE GIFT SHOP, WAITING ROOMS, INFORMATION DESK, PATIENT MAIL DELIVERY, AND OTHER AREAS. THE PROGRAM ALSO OFFERS NURSING SCHOLARSHIPS.

FORM 990, PART VI, LINE 6

MEMBERS OR STOCKHOLDERS

BAPTIST HEALTHCARE SYSTEM IS THE SOLE CORPORATE MEMBER OF BAPTIST HEALTH MADISONVILLE.

FORM 990, PART VI, LINE 1B

INDEPENDENT VOTING MEMBERS

DUE TO THE SHORT YEAR, COMPENSATION, WHICH IS A FACTOR IN DETERMINING VOTING MEMBER INDEPENDENCE, IS NOT REPORTED ON FORM 990, PART VII. THE FOLLOWING INDIVIDUALS ARE INDEPENDENT: CHRIS HUTSON, KENT MILLS, FRANK PURDY III, CHARLES ALLEN RUDD JR., JANET BERRY, AND STEVE COX.

FORM 990, PART VI, LINE 7A

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POWER TO ELECT OR APPOINT MEMBERS

THE BOARD OF DIRECTORS IS TO BE APPOINTED BY BAPTIST HEALTHCARE SYSTEM.

POWER TO ELECT OR APPOINT MEMBERS THE BOARD OF DIRECTORS IS TO BE APPOINTED BY BAPTIST HEALTHCARE SYSTEM.

FORM 990, PART VI, LINE 7B

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS

THE CONSENT & APPROVAL OF THE SOLE MEMBER SHALL BE REQUIRED FOR ALL MAJOR CORPORATE ACTIONS, AND ANY ACT THE RESULT OF WHICH WOULD BE TO:

A. APPROVE THE MISSION, VISION, AND VALUE OF THE CORPORATION AND AMENDMENTS THERETO;

B. APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE CORPORATION;

C. APPROVE THE STRATEGIC PLAN OF THE CORPORATION;

D. APPROVE THE TRANSFER OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS OR INVESTMENT OR INTEREST IN ANY BUSINESS ENTERPRISE; ANY MERGER, COMBINATION, OR REORGANIZATION OF THE CORPORATION; ANY LIQUIDATION, REORGANIZATION, OR RECAPITALIZATION OF THE CORPORATION; OR ANY AGREEMENT TO DO THE FOREGOING;

E. APPROVE THE CAPITAL EXPENDITURE AND OPERATING BUDGETS OF THE CORPORATION, AND ANY UNBUDGETED EXPENDITURES OVER $500,000;

F. SELECTION OF THE CORPORATION'S AUDITOR;

G. APPROVE THE INCURRENCE OF DEBT OF THE CORPORATION ABOVE $500,000 OR OTHER AMOUNT ESTABLISHED BY BHS AND THE MAKING OF ANY CAPITAL EXPENDITURE ABOVE $500,000 OR OTHER AMOUNT ESTABLISHED BY BHS;

H. APPROVE THE APPOINTMENT, REMOVAL, AND EVALUATION OF THE PRESIDENT OR

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CHIEF EXECUTIVE OFFICER OF THE CORPORATION ACTING THROUGH THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BHS;

I. APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION. APPOINTMENT AND REMOVAL SHALL NOT REQUIRE A RECOMMENDATION OF THE CORPORATION'S BOARD;

J. APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE CHAIR OF THE BOARD OF THE CORPORATION. APPOINTMENT AND REMOVAL SHALL NOT REQUIRE A RECOMMENDATION OF THE CORPORATION'S BOARD;

K. AUTHORIZE EXECUTION OF ANY CONTRACT, AGREEMENT, OR SIMILAR INSTRUMENT BY WHICH THE CORPORATION MAY BE OBLIGATED TO PAY MORE THAN AN AMOUNT ESTABLISHED BY BHS;

L. ACQUIRE ANY STOCK OF ANY CORPORATION OR ANY EQUITY IN ANOTHER CORPORATE FORM, OR INVEST IN OR ACQUIRE ANY INTEREST IN ANY BUSINESS ENTERPRISE.

FORM 990, PART VI, LINE 11B

PROCESS USED TO REVIEW THE FORM 990

THE INTERNALLY PREPARED FORM 990 IS REVIEWED AND APPROVED BY TAX CONSULTANTS. COPIES ARE GIVEN TO EACH VOTING MEMBER OF THE BOARD PRIOR TO FILING FOR THEIR REVIEW. THE FORM 990 IS THEN PRESENTED AT A MONTHLY MEETING OF THE HOSPITAL'S BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED FOR EACH BOARD MEMBER, PRINCIPAL OFFICER, AND COMMITTEE MEMBER WITH BOARD DELEGATED POWERS. THE

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CHAIRMAN OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR BEING FAMILIAR WITH THE STATEMENTS AND IDENTIFYING EXISTING OR CONTEMPLATED TRANSACTIONS OR RELATIONSHIPS WHICH MAY GIVE RISE TO A CONFLICT OF INTEREST. AFFECTED BOARD MEMBERS, OFFICERS, AND COMMITTEE MEMBERS ARE ALSO RESPONSIBLE FOR BRINGING CONFLICTS WHICH THEY MAY BE A PART OF TO THE ATTENTION OF THE BOARD. SUCH AFFECTED PARTIES ARE REQUIRED TO WITHDRAW FROM THE MEETINGS FOR THE TIME IN WHICH THE MATTER CONTINUES UNDER DISCUSSION. IF THE MATTER IS BROUGHT TO A VOTE, THE AFFECTED PARTY WILL NOT VOTE ON IT. IF THE MATTER REQUIRES A SPECIAL CALLED MEETING, THE AFFECTED PARTY WILL NOT BE COUNTED IN ESTABLISHING A QUORUM. THE BOARD WILL ALSO APPOINT A NON-INTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION.

FORM 990, PART VI, LINE 15

PROCESS FOR DETERMINING COMPENSATION

EXECUTIVE COMPENSATION FOR BHM IS REVIEWED ANNUALLY IN SEPTEMBER. THE LAST REVIEW WAS PERFORMED IN 2012. THIS REVIEW WAS ALSO INCLUDED IN THE REVIEW PERFORMED AT THE SYSTEM LEVEL. COMPENSATION PACKAGES FOR ORGANIZATION EXECUTIVES AND OTHER OFFICERS ARE COMPARED WITH INDEPENDENT SURVEYS AND RECOMMENDATIONS OF CONSULTANTS. COMPENSATION IS ULTIMATELY APPROVED BY THE COMPENSATION COMMITTEE AND DOCUMENTED IN A WRITTEN EMPLOYMENT CONTRACT.

FORM 990, PART VI, LINE 19

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

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FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

FORM 990, PART IX, LINE 11G

OTHER FEES EXCEEDING 10%

PURCHASED SERVICES	$5,375,879
PURCHASED MAINTENANCE	$422,443
CONSULTANT SERVICES	$702,987
OUTSIDE PROFESSIONAL SERVICES	$2,526,203
CONTRACT PERSONNEL	$1,929,981
MAINTENANCE AGREEMENTS	$1,952,489
RECRUITING	$191,504
LOCUMS AND PHYSICIAN SERVICES	$2,348,840
COLLECTION EXPENSE	$705,415
TOTAL	$16,155,741

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

UNRELATED BUSINESS INCOME	$ (9,074)
ROUNDING ADJUSTMENT	$ (5)
TOTAL	$ (9,079)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MEDICAL CENTER AMBULANCE SERVICES, INC 61-0946210 629 LAFOON STREET MADISONVILLE, KY 42431	AMBULANCE SVC	KY	501(C)(3)	LINE 9	N/A		X
(2) BAPTIST HEALTHCARE AFFILIATES, INC 61-1226399 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	HOSPITAL	KY	501(C)(3)	LINE 3	BHSI		X
(3) BAPTIST COMMUNITY HEALTH SERVICES, INC 61-1141242 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	MEDICAL SVCS	KY	501(C)(3)	LINE 11A	BHSI		X
(4) BAPTIST MEDICAL ASSOCIATES, INC 20-5497203 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	PHYSICIAN SVC	KY	501(C)(3)	LINE 3	BHSI		X
(5) BAPTIST PHYSICIANS LEXINGTON, INC 20-5494939 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	PHYSICIAN SVC	KY	501(C)(3)	LINE 3	BHSI		X
(6) BAPTIST PHYSICIANS SOUTHEAST, INC 26-0766344 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	PHYSICIAN SVC	KY	501(C)(3)	LINE 3	BHSI		X
(7) WESTERN BAPTIST MEDICAL VENTURES, INC 61-1194899 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	PHYSICIAN SVC	KY	501(C)(3)	LINE 3	BHSI		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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Employer identification number
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) BAPTIST HEALTHCARE FOUNDATION, INC 31-1122867 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	FUNDRAISING	KY	501(C)(3)	LINE 11A	BHSI		X
(2) BAPTIST HOSP FND OF GRT LOUISVILLE, INC 20-0292291 4000 KRESEGE WAY LOUISVILLE, KY 40207	FUNDRAISING	KY	501(C)(4)	LINE 11A	BHSI		X
(3) BAPTIST HEALTH FOUNDATION LEXINGTON, INC 61-1480774 1740 NICHOLASVILLE ROAD LEXINGTON, KY 40503	FUNDRAISING	KY	501(C)(3)	LINE 11A	BHSI		X
(4) LEXINGTON CARDIAC RESEARCH FND, INC 20-4242792 1740 NICHOLASVILLE ROAD LEXINGTON, KY 40503	MEDICAL RSRCH	KY	501(C)(3)	LINE 11A	BHSI		X
(5) BAPTIST HEALTH FOUNDATION PADUCAH, INC 26-4057759 2501 KENTUCKY AVENUE PADUCAH, KY 42003	FUNDRAISING	KY	501(C)(3)	LINE 11A	BHSI		X
(6) MERCY REGIONAL EMERGENCY MEDICAL SYSTEMS 61-1310466 126 LONE OAK ROAD PADUCAH, KY 42001	AMBULANCE SVC	KY	501(C)(3)	LINE 11A	BHSI		X
(7) BAPTIST HEALTHCARE SYSTEM, INC 61-0444707 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	HOSPITAL	KY	501(C)(3)	LINE 3	N/A		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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▶ Attach to Form 990. ▶ See separate instructions.

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2012

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) BAPTIST HEALTH RICHMOND, INC 61-0461940 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	HOSPITAL	KY	501(C)(3)	LINE 3	BHSI	X	
(2) BAPTIST HEALTH FOUNDATION RICHMOND, INC 31-1506378 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	FUNDRAISING	KY	501(C)(3)	LINE 11A	BHSI	X	
(3) PATTIE A CLAY HOSPITAL AUXILIARY 51-0172717 PO BOX 1600 RICHMOND, KY 40476-2603	SUPPORT HOSP	KY	501(C)(3)	LINE 11A	BHSI	X	
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MUHLENBERG MEDICAL CENTER 20-0 200 CLINIC DR	RENTAL	KY	BMMSI	UNRELATED				X			X	19 3500
(2) BAPTIST EAST/MILESTONE, LLC 61 750 CYPRESS STATION DR	FITNESS CENTER	KY	BAPT VNTRS INC	EXCLUDED				X			X	
(3) BAPTIST PHYSICIANS' SRGRY CNTR 1720 NICHOLASVILLE RD #101	AMBULATORY SRGRY	KY	BCHS	RELATED				X			X	
(4) BAPTIST EASTPOINT SRGRY CNTR, 2400 EASTPOINT PARKWAY	AMBULATORY SRGRY	KY	BCHS	RELATED				X			X	
(5) MEDICAL ASSOCS OF MIDDLETOWN, 4000 KRESEGE WAY	MDCL OFFICE BLDG	KY	BHSI	RELATED				X			X	
(6) PET/CT MANAGEMENT, LLC 20-0154 7807 SHELBYVILLE RD STE 201	MGMT AND EQPMNT	KY	BHSI	RELATED				X			X	
(7) ST MATHEWS SURGERY CENTER, LLC 4130 DUTCHMANS LN STE 300	AMBULATORY SRGRY	KY	BCHS	RELATED				X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) BAPTIST VENTURES, INC 61-1217018 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	MANAGEMENT	KY	BHSI	C CORP			100 0000		X
(2) BLUEGRASS FAMILY HEALTH, INC 61-1241101 651 PERIMETER PARK, STE 300 LEXINGTON, KY 40223	INSURANCE	KY	BHSI	C CORP			100 0000		X
(3) BAPTIST HEALTH NETWORK, INC 27-2939694 4000 KRESGE WAY LOUISVILLE, KY 40207-4604	ACO	KY	BHSI	C CORP			100 0000		X
(4) MUTUAL CREDIT SERVICES, INC 61-0660705 PO BOX 149 MADISONVILLE, KY 42431	COLLECTION AGNCY	KY	BHSI	C CORP			100 0000		X
(5) REGIONAL SURGICAL ALLIANCE, LLC 900 HOSPITAL DRIVE MADISONVILLE, KY 42431	HEALTHCARE SVCS	KY	BHSI	C CORP			100 0000		X
(6) BAPTIST MEDICAL MANAGEMENT SVCS 37-1519513 900 HOSPITAL DRIVE MADISONVILLE, KY 42431	HC MSO	KY	BHSI	C CORP			100 0000		X
(7)									

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

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

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BAPTIST MEDICAL MANAGEMENT SERVICES, INC	P	97,000.	COST/FMV
(2)	MUTUAL CREDIT SERVICES, INC	P	315,347.	COST/FMV
(3)	BAPTIST MEDICAL MANAGEMENT SERVICES INC	Q	1,275,870.	COST/FMV
(4)	MUTUAL CREDIT SERVICES, INC	Q	315,347.	COST/FMV
(5)	MS COMMUNITY HEALTH, LLC	Q	507,957.	COST/FMV
(6)	MS COMMUNITY HEALTH, LLC	R	392,056.	COST/FMV

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

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

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MEDICAL CENTER AMBULANCE SERVICES, INC	A	28,921.	COST/FMV
(2)	MEDICAL CENTER AMBULANCE SERVICES, INC	P	19,677.	COST/FMV
(3)	MEDICAL CENTER AMBULANCE SERVICES, INC	Q	19,677.	COST/FMV
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)