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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

PIKEVILLE MEDICAL CENTER INC

Doing Business As

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

911 BYPASS ROAD

Room/suite

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

PIKEVILLE, KY 41501

F Name and address of principal officer

WALTER E MAY

911 BYPASS ROAD

PIKEVILLE, KY 41501

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.PIKEVILLEHOSPITAL.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1923

M State of legal domicile

KY

Part I Summary																																										
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>THE CENTER'S MISSION IS TO PROVIDE QUALITY REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT</div> <div></div> <div></div> <div></div> <div></div> <div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																																									
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>15</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>4</td></tr><tr><td>5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>2,857</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>210</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>1,805,041</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	15	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	2,857	6 Total number of volunteers (estimate if necessary)	6	210	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,805,041	b Net unrelated business taxable income from Form 990-T, line 34	7b	0																							
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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

MICHELLE HAGY CFO

Type or print name and title

2015-08-13

Date

Paid Preparer Use Only

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

PIKEVILLE MEDICAL CENTER'S MISSION IS TO PROVIDE QUALITY REGIONAL HEALTHCARE IN A CHRISTIAN ENVIRONMENT

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 \$ 81,394,539 including grants of \$ ) (Revenue \$ 41,354,671 )
PHYSICIAN PRACTICES CURRENTLY, OVER 350 HEALTHCARE PROVIDERS ARE CREDENTIALLED TO PRACTICE MEDICINE AT PIKEVILLE MEDICAL CENTER (PMC) IN FY 2014, PMC WELCOMED 31 PHYSICIANS AND TWO PHYSICIAN ASSISTANTS THE PHYSICIANS RECRUITED DURING THAT TIME PERIOD CONSIST OF FOUR ANESTHESIOLOGISTS, TWO CARDIOLOGISTS, ONE CARDIOLOGIST/ELECTROPHYSIOLOGIST, ONE FAMILY MEDICINE PHYSICIAN, TWO GENERAL SURGEONS, ONE HEMATOLOGIST/ONCOLOGIST, ONE HOSPITALIST, ONE INFECTIOUS DISEASE SPECIALIST, ONE NEPHROLOGIST, ONE NEUROLOGIST, FOUR OSTEOPATHIC MANIPULATIVE THERAPY PHYSICIANS, ONE OPHTHALMOLOGIST, ONE OTOLARYNGOLOGIST, ONE PAIN MANAGEMENT SPECIALIST, TWO PEDIATRICIANS, ONE PLASTIC/RECONSTRUCTIVE AND HAND SURGEON, TWO RADIATION ONCOLOGISTS, TWO TRAUMA SURGEONS, ONE UROLOGIST AND ONE VASCULAR SURGEON ONE PSYCHOLOGIST ALSO BEGAN PRACTICING AT PMC DURING THE YEAR WITH THE ADDITION OF THESE NEW PHYSICIANS, PMC OFFERS MORE THAN 400 SERVICES, INCLUDING EVERY SPECIALTY AND MANY SUBSPECIALTIES PMC IS A PROUD MEMBER OF THE MAYO CLINIC CARE NETWORK THIS PARTNERSHIP - THE FIRST OF ITS KIND TO BE FORMED IN THE AREA - IS A POWERFUL TOOL THAT ALLOWS PMC PHYSICIANS TO CONSULT WITH MAYO CLINIC PHYSICIANS ON COMPLEX MEDICAL CASES AS A MEMBER OF THE MAYO CLINIC CARE NETWORK, PMC HAS ACCESS TO THE LATEST INFORMATION, TOOLS AND TECHNOLOGIES TO PROVIDE QUALITY CARE AS WELL AS IMPROVE SYSTEMS AND THE OVERALL HEALTH OF THE COMMUNITY UNTIL RECENTLY, MOST OF PMC'S PHYSICIAN PRACTICES WERE SPREAD THROUGHOUT THE COMMUNITY AND OUTLYING AREAS TO MAKE HEALTH CARE MORE ACCESSIBLE AND EFFICIENT, PMC OPENED AN 11-STORY CLINIC AND A 10-STORY PARKING GARAGE ON THE HOSPITAL'S MAIN CAMPUS IN APRIL 2014 THE PMC CLINIC HOUSES EIGHT ADDITIONAL OPERATING ROOMS, SIX ENDOSCOPY SUITES, 23 PRE-OP ROOMS, 27 POST-OP ROOMS AND MOST OF PMC'S PHYSICIAN PRACTICES INCLUDING CARDIOTHORACIC SURGERY, VASCULAR SURGERY, TRAUMA SURGERY, GENERAL SURGERY, INTERVENTIONAL RADIOLOGY, GASTROENTEROLOGY, UROLOGY, ORTHOPEDIC TRAUMA SURGERY, ORTHOPEDIC SURGERY, HAND SURGERY, PODIATRY, SPORTS MEDICINE, OBSTETRICS/GYNECOLOGY, PEDIATRICS, FAMILY MEDICINE, ENDOCRINOLOGY, PEDIATRIC ENDOCRINOLOGY, INFECTIOUS DISEASE, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, PHYSIATRY, PULMONOLOGY, RHEUMATOLOGY, OPHTHALMOLOGY, OTOLARYNGOLOGY, AND PLASTIC SURGERY THE 1,162-SPACE PARKING GARAGE CONNECTS TO THE PMC CLINIC ON EACH FLOOR, ALLOWING PATIENTS TO CONVENIENTLY PARK ON THE SAME FLOOR AS THEIR PHYSICIAN'S OFFICE IN ADDITION TO PHYSICIAN PRACTICES FOUND IN THE CLINIC, PMC OFFERS BARIATRIC SURGERY IN PIKEVILLE (KENTUCKY), CARDIOLOGY - GENERAL/INVASIVE/INTERVENTIONAL/ELECTROPHYSIOLOGY - IN WHITESBURG, PRESTONSBURG, SOUTH WILLIAMSON AND LEXINGTON (KENTUCKY) AND GRUNDY (VIRGINIA), CARDIOTHORACIC SURGERY IN WHITESBURG (KENTUCKY), ONCOLOGY - MEDICAL/HEMATOLOGY/RADIATION/GYNECOLOGIC - IN PIKEVILLE, WHITESBURG AND PRESTONSBURG (KENTUCKY) AND GRUNDY (VIRGINIA), NEUROLOGY IN WHITESBURG, MCDOWELL, SOUTH WILLIAMSON AND PAINTSVILLE (KENTUCKY), FAMILY MEDICINE IN HAROLD AND SHELBY VALLEY (KENTUCKY), OBSTETRICS/GYNECOLOGY IN HAROLD (KENTUCKY), PAIN MANAGEMENT, DERMATOPATHOLOGY, PSYCHOLOGY, CARDIAC REHABILITATION AND PULMONARY REHABILITATION IN PIKEVILLE (KENTUCKY) PMC ALSO EMPLOYS ANESTHESIOLOGISTS, HOSPITALISTS, INTENSIVISTS AND NEONATOLOGISTS PMC PHYSICIANS COMPLETED 215,193 PATIENT VISITS DURING FY 2014, AN INCREASE OF FIVE PERCENT FROM THE PREVIOUS YEAR PHYSICIAN PRACTICES THAT GREW SIGNIFICANTLY DURING THE YEAR INCLUDED TRAUMA SURGERY (314% VOLUME INCREASE), RADIATION ONCOLOGY (101% VOLUME INCREASE) AND GASTROENTEROLOGY (86% VOLUME INCREASE) A PEDIATRIC PHYSICIAN PRACTICE AND WHITESBURG (KENTUCKY) SPECIALTY SATELLITE CLINIC WERE ALSO INTRODUCED IN FY 2014	

4b	(Code ) (Expenses \$ 67,019,033 including grants of \$ ) (Revenue \$ 127,674,589 )
SURGICAL SERVICES PMC MAINTAINS A STATE OF THE ART SURGICAL SERVICES DIVISION THE RECRUITMENT OF NEW SURGEONS FROM VARIED SPECIALTIES NOT PREVIOUSLY OFFERED IN THE REGION HAS LED TO RAPID GROWTH IN SERVICE OFFERINGS AS A RESULT, THE SURGICAL SERVICES DIVISION HAS EXPANDED INTO THE PMC CLINIC BUILDING WHICH HAS MADE AVAILABLE A TOTAL OF 20 OPERATING SUITES, EIGHT LOCATED IN THE PMC CLINIC AND 12 LOCATED IN THE HOSPITAL TOWER ENDOSCOPY AT PMC ALSO RELOCATED TO THE PMC CLINIC AND INCREASED FROM FOUR TO SIX SUITES THE NUMBER OF SURGICAL SERVICES CASES INCREASED BY SIX PERCENT IN FY 2014 FROM FY 2013 CASES INCLUDED INPATIENT AND OUTPATIENT ENDOSCOPY PROCEDURES, INPATIENT AND OUTPATIENT SURGICAL PROCEDURES, AND C-SECTIONS NEW SURGICAL STERILIZATION EQUIPMENT AND SURGICAL INTEGRATION HARDWARE/SOFTWARE WAS PURCHASED FOR THE PMC CLINIC DURING FY 2014 IN ADDITION, PMC REPLACED AN EXISTING BRAINLAB WITH A BRAINLAB CURVE SYSTEM WITH MONITOR AND C-ARM THIS SYSTEM ENABLES NEUROSURGEONS, TRAUMA SURGEONS AND ORTHOPEDIC SURGEONS TO PERFORM MORE COMPLEX PROCEDURES THAT REQUIRE THE USE OF A 3D CAMERA, WHICH PROVIDES MORE SPECIFIC AND CLEAR IMAGES THE CAPITAL INVESTMENT FOR SURGICAL SERVICES IN FY 2014 TOTALED \$1,485,714 30	























4c	(Code ) (Expenses \$ 21,341,886 including grants of \$ ) (Revenue \$ 43,073,394 )
CARDIAC SERVICES HEART DISEASE IS ONE OF THE MOST PREVALENT HEALTH PROBLEMS AFFECTING THE REGION THAT PIKEVILLE MEDICAL CENTER (PMC) SERVES THE HOSPITAL CONTINUES ITS MISSION TO OFFER A WORLD-CLASS CARDIAC PROGRAM SO THAT PATIENTS DO NOT HAVE TO TRAVEL OUTSIDE OF THE AREA FOR CARE PMC IS AN ACCREDITED CHEST PAIN CENTER WITH PCI AND IS A CYCLE IV CHEST PAIN CENTER THE HOSPITAL IS CURRENTLY WORKING TOWARD A CYCLE V CHEST PAIN CENTER DESIGNATION DURING FY 2014, PMC WAS ACCREDITED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION AND RECEIVED ATRIAL FIBRILLATION CERTIFICATION FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE CARDIAC SERVICES OFFERED BY PMC INCLUDE GENERAL CARDIOLOGY, INVASIVE CARDIOLOGY, INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY, CARDIOTHORACIC SURGERY, VASCULAR SURGERY, INTERVENTIONAL RADIOLOGY, ECHOCARDIOGRAPHY AND CARDIAC REHABILITATION PMC IS DEDICATED TO RECRUITING HIGHLY-SKILLED, HIGHLY-TRAINED PHYSICIANS TO PROVIDE CARDIAC SERVICES AND CURRENTLY EMPLOYS FIVE GENERAL CARDIOLOGISTS, ONE INVASIVE CARDIOLOGIST, TWO INTERVENTIONAL CARDIOLOGISTS, TWO ELECTROPHYSIOLOGISTS, THREE CARDIOTHORACIC SURGEONS AND ONE VASCULAR SURGEON, AS WELL AS SEVERAL PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS THE INCREASE IN PHYSICIANS AND THE OPENING OF RADIOLOGY SATELLITE CLINICS HAVE CONTRIBUTED TO A LARGE VOLUME INCREASE IN THE CARDIAC CATHETERIZATION (CATH) LAB CATH LAB VOLUMES GREW TO 4,907 IN FY 2014 FROM 3,374 IN FY 2013, A 45% INCREASE THE HOSPITAL COMPLETED 52,304 CARDIAC PROCEDURES DURING FY 2014, AN OVERALL INCREASE OF EIGHT PERCENT FROM THE PREVIOUS YEAR	

	(Code ) (Expenses \$ 145,330,452 including grants of \$ 117,013 ) (Revenue \$ 147,542,265 )
PMC IS A 261-BED FACILITY OFFERING MORE THAN 400 SERVICES, INCLUDING EVERY MAJOR SPECIALTY AND MANY SUBSPECIALTIES, AND EMPLOYING MORE THAN 2,400 PEOPLE THE NATION'S ONLY THREE-TIME WINNER OF NATIONAL HOSPITAL OF THE YEAR, PMC WAS NAMED ONE OF THE BEST PLACES TO WORK IN KENTUCKY FOR SEVEN YEARS AND RANKED IN THE TOP 10 BEST PLACES TO WORK IN THE NATION BY MODERN HEALTHCARE FOR FOUR YEARS PMC IS AMONG THE TOP FIVE PERCENT OF HOSPITALS IN AMERICA TO ACHIEVE THE HIGHEST PATIENT SATISFACTION RATING POSSIBLE - FIVE-STARs - FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES THE HOSPITAL'S COMPASSIONATE, DEDICATED EMPLOYEES AND PHYSICIANS ARE COMMITTED TO PROVIDING QUALITY, REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT KNOWN AS THE PREMIER HOSPITAL IN A MULTI-STATE REGION, PMC PROVIDES UNMATCHED GENEROSITY TO THE COMMUNITY AND IS CONTINUALLY GROWING AND LOOKING FOR NEW WAYS TO PROVIDE THE MOST ADVANCED HEALTH CARE AVAILABLE MAY TOWER REFRESHNURSING UNITS THROUGHOUT PMC'S MAY TOWER WERE REFRESHED DURING FY 2014 THE PROJECT INVOLVED PURCHASING NEW CABINETRY, BASEBOARDS, FURNITURE, BLINDS, WALLPAPER AND ICE MACHINES A NEW HARDWARE-VIDEO HD CABLE BROADCASTING SYSTEM WAS ALSO PURCHASED FOR THE MAY TOWER THE TOTAL CAPITAL INVESTMENT WAS \$715,730 SECURITY OFFICE RELOCATION RENOVATIONIN FY 2014, AN INTERIOR RENOVATION OF 400 SQUARE FEET OF THE FIRST FLOOR OF THE HOSPITAL'S MAY TOWER TOOK PLACE FOR A NEW SECURITY OFFICE, WHICH HOUSES A CAMERA WALL SYSTEM FOR SECURITY VIEWING SECURITY CAMERAS THROUGHOUT THE HOSPITAL WERE UPGRADED FROM ANALOG TO DIGITAL IN ADDITION, THE RENOVATION INVOLVED INSTALLING A NEW HVAC UNIT AND REROUTING ALL CAMERA AND ALARM SYSTEMS THE TOTAL CAPITAL INVESTMENT WAS \$522,537 OTHER EQUIPMENTPMC PURCHASED NEW RADIOLOGY EQUIPMENT FOR THE ORTHOPEDIC PHYSICIAN PRACTICE IN THE PMC CLINIC AND ALSO PURCHASED A MOBILE X-RAY UNIT FOR THE PMC CLINIC THE DIGITAL MOBILE UNIT IMPROVES EFFICIENCY AND THROUGHPUT THE TOTAL CAPITAL INVESTMENT FOR IMAGING EQUIPMENT WAS \$343,466 INFORMATION TECHNOLOGY (IT) EQUIPMENT WAS PURCHASED DURING FY 2014 TO UPGRADE THE WIRED NETWORK INFRASTRUCTURE IN THE HOSPITAL AS WELL AS UPGRADE THE HOSPITAL'S WIRELESS NETWORK A FIRE PROTECTION SYSTEM WAS ALSO PURCHASED FOR THE COMPUTER SERVER ROOM IN FY 2014 IN ADDITION, SOFTWARE WAS PURCHASED FOR PMC'S MEANINGFUL USE TACKING SYSTEM THE TOTAL CAPITAL INVESTMENT FOR IT RELATED EQUIPMENT WAS \$975,067 WORK ALSO BEGAN ON A NEW INTERVENTIONAL RADIOLOGY SUITE AND CAFETERIA DURING FY 2014, BOTH OF WHICH ARE MAJOR CAPITAL PROJECTS WITH EXPECTED COMPLETION DURING FY 2015 NATIONAL RECOGNITIONPIKEVILLE MEDICAL CENTER (PMC) HAS ACHIEVED NATIONAL RECOGNITION MANY WOULD THINK UNATTAINABLE THE COMMITMENT FROM THE LEADERSHIP TEAM, PHYSICIANS AND STAFF TO CARRY OUT THE HOSPITAL'S MISSION "TO PROVIDE QUALITY, REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT" LED TO SIGNIFICANT RECOGNITION AND AWARDS IN FY 2014 INCLUDING AUGUST '14 - AMERICA'S 100 BEST HOSPITALS FOR PATIENT EXPERIENCE BY WOMENCERTIFIEDMAY '14 - ATRIAL FIBRILLATION CERTIFICATION FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CAREAPRIL '14 - BEST PLACES TO WORK IN KENTUCKY BY THE KENTUCKY SOCIETY FOR HUMAN RESOURCE MANAGEMENT AND THE KENTUCKY CHAMBER OF COMMERCEAPRIL '14 - AMERICA'S BEST HOSPITALS FOR PATIENT EXPERIENCE IN ORTHOPEDICS BY WOMENCERTIFIEDAPRIL '14 - OUTSTANDING PATIENT EXPERIENCE AWARD BY HEALTHGRADESAPRIL '14 - GET WITH THE GUIDELINES - GOLD-PLUS STROKE AWARD BY THE AMERICAN HEART ASSOCIATION (AHA)/AMERICAN STROKE ASSOCIATION (ASA) AND THE AHA/ASA TARGET HONOR ROLLJANUARY '14 - BEST HOSPITALS FOR PATIENT EXPERIENCE IN OBSTETRICS BY WOMENCERTIFIEDOCTOBER '13 - BEST PLACES TO WORK IN HEALTHCARE BY MODERN HEALTHCARE MAGAZINE BY STRIVING TO PROVIDE QUALITY CARE AND PLACING PATIENTS' NEEDS FIRST, PMC WILL CONTINUE TO GROW AND REDEFINE THE HEALTH CARE MODEL	

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 145,330,452 including grants of \$ 117,013 ) (Revenue \$ 147,542,265 )

4e	Total program service expenses ▶ 315,085,910
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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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 Yes	
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 Yes	
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	No
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	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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	No
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 Yes	
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	139	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
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.	2,857	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		Yes	
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)?			No
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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?		Yes	
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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.			
9a Did the organization make any taxable distributions under section 4966?		9a	
9b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.		11a	
11b 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.			
13a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
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	No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	15	
	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 . . . . .	4	
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	Yes
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
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	No

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	No
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	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
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	Yes
b	Other officers or key employees of the organization . . . . .	15b	No
	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	No
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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ▶MICHELLE HAGY CFO 911 BYPASS ROAD PIKEVILLE, KY 41501 (606) 218-3974

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

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

Form **990** (2013)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	7,879,616	0	632,918

2 Total number of individuals (including but not limited to those list  
\$100,000 of reportable compensation from the organization. 199

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MESSER CONSTRUCTION CO INC 5158 FISHWICK DR CINCINNATI OH 45216	CONSTRUCTION SERVICES	16,183,036
PRECYSE SOLUTIONS LLC 1275 DRUMMERS LANE WAYNE PA 19087	HIM SERVICES	2,288,878
LABORATORY CORPORATION OF AMERICA PO BOX 12410 BURLINGTON NC 27216	PROFESSIONAL SERVICES	2,026,282
MCKESSON HBOC PO BOX 98347 CHICAGO IL 60693	PROFESSIONAL SERVICES	1,947,202
PAM MAY LAW FIRM PSC PO BOX 1439 PIKEVILLE KY 41502	PROFESSIONAL SERVICES	1,848,760

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶57

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	216,385			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	57,112			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .	273,497			
Program Service Revenue	2a	PATIENT SERVICE REVENUE				
		Business Code				
		621110	357,449,724	357,449,724		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
Other Revenue	g	Total. Add lines 2a-2f . . . . .	357,449,724			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	778,684			778,684
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .	11,896			11,896
	6a	(i) Real				
		237,152				
		(ii) Personal				
		934,982				
	b	Less rental expenses	232,622			0
	c	Rental income or (loss)	4,530			934,982
	d	Net rental income or (loss) . . . . .	939,512	-74,459	1,013,971	
	7a	(i) Securities				
		(ii) Other				
		1,013,609				
	b	Less cost or other basis and sales expenses				1,450,360
	c	Gain or (loss)				-436,751
	d	Net gain or (loss) . . . . .	-436,751			-436,751
	8a	Gross income from fundraising events (not including \$ 216,385 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
		a	76,871			
	b	Less direct expenses . . . . . b	159,707			
	c	Net income or (loss) from fundraising events . . . . .	-82,836			-82,836
	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 . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .				
		a	11,078,970			
	b	Less cost of goods sold . . . . . b	9,741,446			
	c	Net income or (loss) from sales of inventory . . . . .	1,337,524		393,661	943,863
		Miscellaneous Revenue				
		Business Code				
	11a	CAFETERIA	900099	2,523,108		2,523,108
	b	EHR REVENUE	900099	2,269,654	2,269,654	
	c	REBATES	900099	903,822		903,822
	d	All other revenue . . . . .	1,234,366		397,409	836,957
	e	Total. Add lines 11a-11d . . . . .	6,930,950			
	12	Total revenue. See Instructions . . . . .	367,202,200	359,644,919	1,805,041	5,478,743

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	92,136	92,136		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	24,877	24,877		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,170,772		3,170,772	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	146,031,630	130,393,724	15,637,906	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,065,827	1,884,424	181,403	
9	Other employee benefits.	44,011,968	38,863,591	5,148,377	
10	Payroll taxes.	8,876,095	7,469,167	1,406,928	
11	Fees for services (non-employees):				
a	Management.	205,788	205,788		
b	Legal.	1,999,176		1,999,176	
c	Accounting.	62,978		62,978	
d	Lobbying.	46,189		46,189	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	84,397		84,397	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	10,942,042	8,365,323	2,576,719	
12	Advertising and promotion.	2,079,636	90,662	1,988,974	
13	Office expenses.	871,325	632,646	238,679	
14	Information technology.	3,376,865	2,959,453	417,412	
15	Royalties.				
16	Occupancy.	4,872,402	4,450,802	421,600	
17	Travel.	378,593	287,645	90,948	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	132,271	120,220	12,051	
20	Interest.	5,943,973	5,209,243	734,730	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	19,341,264	16,950,503	2,390,761	
23	Insurance.	5,644,194	5,582,315	61,879	
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	SUPPLIES & DRUGS	73,619,588	72,840,950	778,638	
b	EQUIPMENT RENTAL & MAIN	7,689,156	7,312,554	376,602	
c	PROVIDER TAX EXPENSE	3,242,475	3,242,475		
d	MINOR EQUIPMENT	2,675,303	2,598,609	76,694	
e	All other expenses	10,848,373	5,508,803	5,339,570	
25	Total functional expenses. Add lines 1 through 24e.	358,329,293	315,085,910	43,243,383	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		12,353	1	8,955
	2	Savings and temporary cash investments		126,359,516	2	144,191,041
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		56,176,687	4	57,164,193
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,761,876	8	11,496,077
	9	Prepaid expenses and deferred charges		3,870,451	9	3,783,829
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a374,732,649			
	b	Less accumulated depreciation	10b146,236,640	222,135,550	10c	228,496,009
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		3,805,445	12	5,754,387
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		58,755,128	15	41,202,707
	16	Total assets. Add lines 1 through 15 (must equal line 34)		482,877,006	16	492,097,198
Liabilities	17	Accounts payable and accrued expenses		33,943,347	17	41,668,937
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		176,236,949	20	173,909,952
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		6,796,529	23	
	24	Unsecured notes and loans payable to unrelated third parties		107,679	24	98,065
	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		11,761,228	25	12,868,575
	26	Total liabilities. Add lines 17 through 25		228,845,732	26	228,545,529
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		253,825,274	27	262,846,493
	28	Temporarily restricted net assets			28	499,176
	29	Permanently restricted net assets		206,000	29	206,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		254,031,274	33	263,551,669
	34	Total liabilities and net assets/fund balances		482,877,006	34	492,097,198

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	367,202,200
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	358,329,293
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	8,872,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	254,031,274
5	Net unrealized gains (losses) on investments . . . . .	5	162,046
6	Donated services and use of facilities . . . . .	6	-13,734
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	499,176
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	263,551,669

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
RUSSELL SHANKLIN	40 00				X			169,188	0	32,084
ASSISTANT CHIEF INFORMATION OFFICER	0 00				X					
PEGGY JUSTICE	40 00				X			158,778	0	29,828
VP PHYSICIAN NETWORK	0 00				X					
DEBORAH PUCKETT	40 00				X			150,123	0	30,878
VP REHAB/WOUND CARE SERVIC	0 00				X					
CATHERINE JORGENSEN	40 00				X			162,886	0	27,087
VP CORPORATE COMPLIANCE & INTERNAL AUDIT	0 00				X					
KEITH HALL MD	40 00					X		1,042,523	0	32,563
ORTHOPEDIC SURGEON	0 00					X				
DENZIL HARRIS MD	40 00					X		988,914	0	49,874
CARDIOLOGIST	0 00					X				
KEVIN PUGH MD	40 00					X		1,002,034	0	32,563
ORTHOPEDIC SURGEON	0 00					X				
JOSEPH BROWN DO	40 00					X		989,672	0	33,103
OPHTHALMOLOGIST	0 00					X				
AMY JOHNSON MD	40 00					X		851,736	0	24,727
BARIATRIC SURGEON	0 00					X				

SCHEDULE A

(Form 990 or 990EZ)

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.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public  
Inspection

<b>Name of the organization</b> PIKEVILLE MEDICAL CENTER INC	<b>Employer identification number</b> 61-0458376
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Part I

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 <sup>1</sup> / <sub>3</sub> % 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 <sup>1</sup> / <sub>3</sub> % 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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> 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? <b>(ii)</b> A family member of a person described in (i) above? <b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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).

Facts And Circumstances Test		
Return Reference	Explanation	

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 the organization PIKEVILLE MEDICAL CENTER INC	Employer identification number  61-0458376
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities?			
j	Total Add lines 1c through 1i			66,977
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	PIKEVILLE MEDICAL CENTER ENGAGES THE SERVICES OF MCCARTHY STRATEGIC SOLUTIONS, LLC TO KEEP THEM UPDATED ON RELATED HEALTHCARE AND GOVERNMENT HAPPENINGS. OTHER ACTIVITY COSTS ARE THE CORPORATION'S PORTION OF TRADE DUES (I.E. KENTUCKY HOSPITAL ASSOCIATION).

[illegible]

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.** ▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

Employer identification number  
  
61-0458376

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	206,000	206,000	206,000	226,845	226,346
b Contributions . . . . .	499,176				25,000
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .				20,845	24,501
f Administrative expenses . . . . .					
g End of year balance . . . . .	705,176	206,000	206,000	206,000	226,845

- 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

☒ 29 000 %
- c

Temporarily restricted endowment

☒ 71 000 %
- 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
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

No
- 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	1,580,000	6,971,099		8,551,099
b Buildings . . . . .	5,353,049	217,096,303	53,763,184	168,686,168
c Leasehold improvements . . . . .		1,481,741	1,089,055	392,686
d Equipment . . . . .	37,417	139,080,155	91,384,401	47,733,171
e Other . . . . .		3,132,885		3,132,885
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				228,496,009



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	377,498,025
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains on investments . . . . .	2a	162,046
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	10,133,779
e	Add lines 2a through 2d . . . . .	2e	10,295,825
3	Subtract line 2e from line 1 . . . . .	3	367,202,200
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	0
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	367,202,200

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	368,476,806
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities . . . . .	2a	13,734
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	10,133,779
e	Add lines 2a through 2d . . . . .	2e	10,147,513
3	Subtract line 2e from line 1 . . . . .	3	358,329,293
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	0
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	358,329,293

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE AMOUNT OF \$206,000 IS A PERMANENT RESTRICTED ENDOWMENT-HERBERT FABER ENDOWMENT FUND. THE JEAN H. JOHNSON CHARITABLE REMAINDER UNITRUST IS A TEMPORARILY RESTRICTED ENDOWMENT IN THE AMOUNT OF \$499,176.
PART X, LINE 2	THE HOSPITAL IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. PIKEVILLE MEDICAL CENTER FOUNDATION FOR QUALITY HEALTHCARE, INC. HAS REQUESTED AN EXEMPTION FROM INCOME TAXES, WHICH IS PENDING APPROVAL BY THE INTERNAL REVENUE SERVICE (IRS). PIKEVILLE MEDICAL CENTER DEVELOPMENT CORPORATION AND LANDMARK PROPERTIES OF PIKEVILLE, INC. ARE TAXABLE ENTITIES TO WHICH APPLICABLE CORPORATE INCOME TAXES APPLY. NO INCOME TAXES WERE OWED BY PIKEVILLE MEDICAL CENTER DEVELOPMENT CORPORATION OR LANDMARK PROPERTIES OF PIKEVILLE, INC. FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013. THE HOSPITAL HAD NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2014 AND 2013. AT SEPTEMBER 30, 2014, TAX RETURNS FOR 2011 THROUGH 2013 ARE SUBJECT TO EXAMINATION BY THE IRS.
PART XI, LINE 2D - OTHER ADJUSTMENTS	EXPENSES RECLASSIFIED TO REVENUE SECTION 9,974,073. FUNDRAISING EXPENSES 159,706.
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES RECLASSIFIED TO REVENUE SECTION 9,974,073. FUNDRAISING EXPENSES 159,706.
FORM 990, PART IV LINE 12	FORM 990, PART IV LINE 12 HAS BEEN CHECKED. NO PER 990 INSTRUCTIONS. PART XI, XII, AND XIII ARE NOT REQUIRED AS THE ORGANIZATION IS PART OF A CONSOLIDATED FINANCIAL STATEMENT. THE CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AND PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. HOWEVER, THE ORGANIZATION OPTED TO VOLUNTARILY COMPLETE THESE SECTIONS.

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization PIKEVILLE MEDICAL CENTER INC	Employer identification number  61-0458376
--	--

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

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

- 3

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NEW YEARS EVE GALA (event type)	5K RUN/WALK (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	264,201	29,055	293,256
	2	Less Contributions . .	201,890	14,495	216,385
	3	Gross income (line 1 minus line 2) . . . .	62,311	14,560	76,871
Direct Expenses	4	Cash prizes . . . .	0		
	5	Noncash prizes . .			
	6	Rent/facility costs . .	61,889	1,069	62,958
	7	Food and beverages .	55,929	589	56,518
	8	Entertainment . . . .	12,068	318	12,386
	9	Other direct expenses .	22,308	5,537	27,845
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			
					(159,707)
					-82,836

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

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

☐ Yes ☐ No

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

\_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

☐ Yes ☐ No

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

\_\_\_\_\_

\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

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

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.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

Employer identification number  
61-0458376

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 Yes	
b	If "Yes," was it a written policy? . . . . .	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <div><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities</div>		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <div><input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div>	3a Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</div>	3b Yes	
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 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b Yes	
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	No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . .			7,557,668	2,397,791	5,159,877	1 440 %
b Medicaid (from Worksheet 3, column a) . . . . .			54,326,282	27,892,872	26,433,410	7 380 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . .			61,883,950	30,290,663	31,593,287	8 820 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . .	284	2,164	455,719	300	455,419	0 130 %
f Health professions education (from Worksheet 5) . . . .	65	1,643	1,456,486	740,607	715,879	0 200 %
g Subsidized health services (from Worksheet 6) . . . .						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	37		92,200	1,600	90,600	0 030 %
j <b>Total</b> Other Benefits . . . .	386	3,807	2,004,405	742,507	1,261,898	0 360 %
k <b>Total</b> . Add lines 7d and 7j . .	386	3,807	63,888,355	31,033,170	32,855,185	9 180 %



Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support	100	28,927	170,703	2,371	168,332 0 050 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy	8	1,344	18,128	30,280	-12,152 0 %
8	Workforce development	37		858,220		858,220 0 240 %
9	Other					
10	Total	145	30,271	1,047,051	32,651	1,014,400 0 290 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

Yes

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

55,664,586

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

0

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

105,989,508

6

Enter Medicare allowable costs of care relating to payments on line 5

6

91,622,181

7

Subtract line 6 from line 5 This is the surplus (or shortfall)

7

14,367,327

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

Yes

b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

(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, primary website address, and state license number

		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
	See Additional Data Table										

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 )  
PIKEVILLE MEDICAL CENTER

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> 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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>1</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b> Yes	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	No
<b>5</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>5</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) _____		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> 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 . . . . .	<b>7</b> Yes	
<b>8a</b> 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)? . . . . .	<b>8a</b>	No
<b>b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>8b</b>	
<b>c</b> 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		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 150 0000000000000% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 0000000000000% If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> 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	Yes
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 individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
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 individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V**

**Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

**b** ☒ Notified individuals of the financial assistance policy prior to discharge

**c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

**d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

**e** ☐ Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>19</b> 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? . . . . . If "No," indicate why	Yes	
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b> 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		
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>21</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
<b>22</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI	Yes	

**Part V Facility Information** *(continued)*

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

[illegible]

**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **37**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE HOSPITAL'S MISSION STATEMENT, "TO PROVIDE QUALITY REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT" DRIVES PMC'S EFFORTS TO IMPROVE THE PHYSICAL, MENTAL AND SPIRITUAL WELL BEING OF THE PUBLIC DURING FY 2014, PIKEVILLE MEDICAL CENTER REPORTED TAKING PART IN 145 COMMUNITY BUILDING ACTIVITIES, AFFECTING OVER 30,271 PEOPLE AND TOTALING NEARLY \$1,014,400 THESE ACTIVITIES FOCUSED ON PROMOTING THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE THROUGH HEALTH EDUCATION, AWARENESS, PREVENTION AND TREATMENT, AS WELL AS, WORKFORCE DEVELOPMENT, ECONOMIC DEVELOPMENT AND FUTURE PLANNING SOME OF THESE EVENTS LISTED UNDER THE COMMUNITY BUILDING ACTIVITIES SECTION INCLUDED FIRST-AID BOOTH AT HILLBILLY DAYS, SUPPORT OF LIGHT THE NIGHT AND RELAY FOR LIFE PIKE COUNTY, DRIVE UP FLU SHOT CLINIC, COLORS OF COURAGE 5K RUN/WALK, SMOKING CESSATION CLASSES, A CHRISTMAS LIVE NATIVITY AND OVER 335 MEALS PER MONTH PROVIDED TO MEALS ON WHEELS



Form and Line Reference	Explanation
PART III, LINE 4	SEE PAGE 10 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE CANDIDATES MUST COOPERATE FULLY IN ADDITION THE HOSPITAL EDUCATES PATIENTS WITH A LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE FOR THIS REASON THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE

Form and Line Reference	Explanation
PART III, LINE 8	NO SHORTFALL EXISTED IN FY 2014 THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED SEPT 30, 2014 REPORT HOSPITAL STATEMENT OF REIMBURSABLE COST

Form and Line Reference	Explanation
PART III, LINE 9B	IF DETERMINED THAT A PATIENT MIGHT QUALIFY FOR AN INDIGENT PROGRAM, THE PATIENT IS SENT THE REQUIRED FORMS (FINANCIAL ASSISTANCE APPLICATION) TO APPLY FOR CHARITY ASSISTANCE WHEN THE PAPERWORK IS RETURNED BY THE PATIENT, THE APPLICATION IS SENT THROUGH THE ELIGIBILITY DETERMINATION REVIEW PROCESS IF THE APPLICATION IS APPROVED, THE ACCOUNT BALANCE IS THEN ADJUSTED BY THE AMOUNT ALLOWED BY THE CHARITY ELIGIBILITY GUIDELINES

Form and Line Reference	Explanation
PART VI, LINE 2	IN ORDER TO ASSESS OUR COMMUNITY'S HEALTH-RELATED NEEDS, PIKEVILLE MEDICAL CENTER UTILIZES SEVERAL REPORTS LOOKING AT THE SERVICES THEY PROVIDE, IN COMPARISON TO OTHER HOSPITALS, AS WELL AS, REPORTS INDICATING THE SPECIALTIES THAT ARE IMPACTED BY PHYSICIAN REFERRALS PMC ALSO KEEPS A RECORD OF PREVIOUS COMMUNITY EVENTS HOSTED, TRACKING THEIR SUCCESS FOR EXAMPLE WHEN A FREE HEALTH SCREENING EVENT IS HELD, A RECORD IS KEPT OF THE NUMBER OF ATTENDEES INCLUDING THEIR RESULTS

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PIKEVILLE MEDICAL CENTER USES SEVERAL DIFFERENT MEANS TO COMMUNICATE AND EDUCATE OUR PATIENTS ON ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER FEDERAL, STATE AND LOCAL GOVERNMENTS FIRST, A HANDOUT LABELED, "FINANCIAL SERVICES AND CONSULTATIONS" IS AVAILABLE TO EVERY PATIENT UPON REGISTRATION SECOND, THE MANDATORY CONSENT FORM HAS THE PATIENT'S ACKNOWLEDGEMENT STATEMENT, "I ACKNOWLEDGE RECEIPT OF INFORMATION ON DSH, KCHIP, BILLING AND INSURANCE PROCEDURES AND AIDS QUESTIONS / ANSWERS " THIRD, THE FIRST BILL A PATIENT RECEIVES INCLUDES A STATEMENT REGARDING HOW ONE CAN CONTACT A COUNSELOR, IF THE FINANCIAL ASSISTANCE IS NEEDED LASTLY, THE PATIENT ACCOUNTS STAFF AND PATIENT FINANCIAL COUNSELORS REGULARLY MAIL OUT DSH/PMC CHARITY APPLICATIONS THESE APPLICATIONS, ALONG WITH DIRECTIONS, ARE ALSO AUTOMATICALLY PRINTED OFF WHEN REGISTERING A SELF-PAY PATIENT THE PATIENT IS THEN DIRECTED TO OUR FINANCIAL COUNSELORS FOR FURTHER ASSISTANCE IN THE EVENT A PATIENT IS ADMITTED TO THE FACILITY, FINANCIAL COUNSELORS MEET WITH EACH TO DISCUSS POSSIBLE FINANCIAL ASSISTANCE OPPORTUNITIES ASSISTANCE FROM THE COUNSELORS BEGINS WITH THE APPLICATION AND CONTINUES THROUGH THE VERIFICATION PROCESS TO ALLOW EACH PATIENT TO TAKE ADVANTAGE OF THE AVAILABLE PROGRAMS</p>

Form and Line Reference	Explanation
PART VI, LINE 4	PIKEVILLE MEDICAL CENTER IS COMMITTED TO MAKING HIGH QUALITY SPECIALTY SERVICES AVAILABLE TO MEET ITS PATIENTS' NEEDS SO THEY CAN RECEIVE THEIR HEALTH CARE LOCALLY. PMC USES THE MOST RECENT U.S. CENSUS BUREAU DATA AND INFORMATION FROM THE KY STATE DATA CENTER WHEN TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES. INFORMATION IS PULLED FROM OUR IMMEDIATE SERVICE AREA ENCOMPASSING A SEVEN-COUNTY REGION - PIKE, FLOYD, LETCHER, JOHNSON, MAGOFFIN AND MARTIN COUNTIES IN KENTUCKY AND WEST VIRGINIA'S MINGO COUNTY. BASED ON 2013 DATA AVAILABLE, THE SEVEN-COUNTY AREA CONTAINS A TOTAL POPULATION OF APPROXIMATELY 200,673 INDIVIDUALS WITH A RELATIVELY EVEN DISTRIBUTION OF MALES (99,309) TO FEMALES (101,364). THE MEDIAN POPULATION AGE IS 37 YEARS OLD AND THE AVERAGE HOUSEHOLD SIZE IS 2.52 INDIVIDUALS. THE MEDICALLY UNDERSERVED AND IMPOVERISHED AREA IN WHICH PIKEVILLE MEDICAL CENTER RESIDES HAS A MEDIAN FAMILY INCOME OF \$32,961 WITH 23.4% OF THE POPULATION LIVING UNDER THE POVERTY LINE.

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PIKEVILLE MEDICAL CENTER (PMC), THE PREMIER HOSPITAL IN A MULTI-STATE REGION, IS KNOWN FOR PROVIDING QUALITY, COMPASSIONATE CARE AS WELL AS STATE-OF-THE-ART TECHNOLOGY, EXCELLENT SERVICE AND UNMATCHED GENEROSITY TO THE COMMUNITY DURING ITS 90-YEAR HISTORY, PMC HAS GROWN FROM A RURAL 50-BED HOSPITAL INTO A COMPREHENSIVE 261-BED MEDICAL CENTER ENCOMPASSING MORE THAN ONE MILLION SQUARE FEET IN APRIL 2014, A BRAND NEW 11-STORY CLINIC AND 10-STORY PARKING GARAGE OPENED ON THE HOSPITAL'S MAIN CAMPUS THE FACILITIES HAVE INCREASED EFFICIENCY IN OPERATIONS AND ENHANCED PATIENT CONVENIENCE A ONE-OF-A-KIND FACILITY IN THE AREA, THE PMC CLINIC HOUSES MOST OF PMC'S PHYSICIAN PRACTICES UNDER ONE ROOF AS WELL AS ADDITIONAL SURGICAL AND ENDOSCOPY SUITES THE NEW SURGICAL AREA ALLOWS FOR MORE PROCEDURES TO BE PERFORMED DAILY THE 10-STORY PARKING GARAGE ADDED 1,162 PARKING SPACES TO THE MAIN CAMPUS AND ENABLES PATIENTS TO CONVENIENTLY PARK ON THE SAME FLOOR AS THEIR PHYSICIAN'S OFFICE IN ADDITION TO PHYSICAL EXPANSION, PMC, ACCREDITED BY THE JOINT COMMISSION, HAS EXPERIENCED SIGNIFICANT GROWTH IN PATIENT VOLUMES ADMISSIONS INCREASED TO 12,588 IN FY 2014 FROM 11,971 IN FY 2013, EMERGENCY DEPARTMENT VISITS INCREASED TO 48,217 IN FY 2014 FROM 46,257 IN FY 2013, INPATIENT SURGICAL PROCEDURES INCREASED TO 5,102 IN FY 2014 FROM 4,467 IN FY 2013, AND OUTPATIENT VISITS INCREASED TO 433,672 IN FY 2014 FROM 416,140 IN FY 2013 PMC CONTINUES TO RECRUIT HIGHLY-QUALIFIED PROFESSIONALS AT A TIME WHEN MANY HOSPITALS ARE REDUCING THE WORKFORCE OR CLOSING CURRENTLY, PMC EMPLOYS NEARLY 2,500 PEOPLE, HAVING HIRED 572 EMPLOYEES IN FY 2014 OVER 260 PHYSICIANS ARE CREDENTIALLED TO PRACTICE AT PMC IN THE PAST THREE YEARS, THE HOSPITAL HAS RECRUITED MORE THAN 100 PHYSICIANS AND CONTRACTED MORE THAN 22 WITH START DATES RANGING FROM JULY 2015 TO AUGUST 2020 THE HOSPITAL OFFERS OVER 400 SERVICES, INCLUDING EVERY MAJOR SPECIALTY AND MANY SUBSPECIALTIES, AND IS A PROUD MEMBER OF THE MAYO CLINIC CARE NETWORK THIS TREMENDOUS GROWTH, ALONG WITH A STRONG FINANCIAL POSITION, HAS ALLOWED PMC TO SIGNIFICANTLY EXPAND ITS SERVICE LINES SERVICES INCLUDE AN AWARD-WINNING, FULL-SERVICE CANCER CENTER, VERIFIED LEVEL II TRAUMA CENTER, ACCREDITED CYCLE IV CHEST PA IN CENTER, 40-BED INPATIENT PHYSICAL REHABILITATION HOSPITAL, ACCREDITED GOLD PLUS STROKE CENTER, STATE-OF-THE-ART EMERGENCY DEPARTMENT, NEUROSCIENCE CENTER, LEVEL II NEONATAL INTENSIVE CARE UNIT, WOUND CARE CENTER, WEIGHT LOSS SURGERY CENTER, SLEEP CENTERS, DIAGNOSTIC CENTER, AND PRIMARY AND SPECIALTY PHYSICIAN PRACTICES, JUST TO NAME A FEW PMC TAKES PRIDE IN MAINTAINING STATE-OF-THE-ART TECHNOLOGY WHICH INCLUDES TWO LINEAR ACCELERATORS, ONE 32-SLICE LARGE BORE CT SCANNER, TWO 320-SLICE CT SCANNERS, TWO 64-SLICE CT SCANNERS, TWO 1.5T OPEN MRI SCANNERS, A 3.0T OPEN MRI SCANNER, AND A STATIONARY PET/CT SCANNER, ALL OF WHICH PROVIDE HIGH-QUALITY IMAGES FOR ADVANCED DETECTION RECOGNITION HAS BEEN GIVEN TO PMC AT MANY LEVELS FOR PROVIDING QUALITY CARE AND BEING AN EMPLOYER OF CHOICE THE NATION'S ONLY THREE-TIME WINNER OF NATIONAL HOSPITAL OF THE YEAR, PMC WAS NAMED ONE OF THE BEST PLACES TO WORK IN KENTUCKY FOR SEVEN YEARS AND RANKED IN THE TOP 10 BEST PLACES TO WORK IN THE NATION BY MODERN HEALTHCARE FOR FOUR YEARS PMC IS AMONG THE TOP FIVE PERCENT OF HOSPITALS IN AMERICA TO ACHIEVE THE HIGHEST PATIENT SATISFACTION RATING POSSIBLE - FIVE-STARs - FROM THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES PMC'S CONTINUOUS GROWTH HAS MADE IT POSSIBLE TO ENHANCE COMMUNITY OUTREACH EFFORTS THE HOSPITAL PROVIDES A VARIETY OF EDUCATIONAL, WELLNESS AND PREVENTIVE HEALTH SERVICES THAT IT CONSIDERS ESSENTIAL TO ITS MISSION "TO PROVIDE QUALITY, REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT "CHARITY CARE THROUGH DEFINED POLICIES AND PROCEDURES, PMC RECORDED UNCOMPENSATED CHARITY OF MORE THAN \$29,447,000 DURING FY 2014 (SERVICES AT HOSPITAL'S ESTABLISHED RATES) HEALTH CARE SUPPORT SERVICES BLOOD DRIVES - PMC HOSTS BLOOD DRIVES ON A REGULAR BASIS PREPARATION FOR BLOOD DRIVES INCLUDES PUBLICITY BEFORE AND AFTER THE EVENT, OBTAINING GIVE-AWAY ITEMS FOR DONORS, RESERVING A LOCATION, HELPING WITH SET-UP AND TAKE-DOWN, AND PRE-REGISTERING DONORS BLOOD DRIVES ARE CONDUCTED IN ACCORDANCE WITH THE KENTUCKY BLOOD CENTER IN FY 2014, 121 DONORS PARTICIPATED IN PMC'S SIX BLOOD DRIVES AND DONATED 155 UNITS OF BLOOD, WHICH HELPED SAVE UP TO 465 LIVES THESE EVENTS COST PMC \$869 MEALS ON WHEELS - IN FY 2014, PMC PROVIDED 4,031 MEALS AT A COST OF \$23,831 GUEST MEALS - PMC DONATED 12,120 FOOD TRAYS TO GUESTS AT A COST OF \$78,780 IN FY 2014 NEWBORN PARENT MEALS - NEW MOTHERS AND A GUEST RECEIVE A COMPLIMENTARY MEAL WITH THEIR CHOICE OF ENTREE DURING THE MOTHER'S HOSPITAL STAY IN FY 2014, 788 MEALS WERE SERVED FOR A TOTAL CONTRIBUTION OF \$10,499 INDIGENT SUPPORT SERVICES - MANY PATIENTS NEED FINANCIAL ASSISTANCE WITH PRESCRIBED MEDICATIONS, MEALS, TRANSPORTATION, AND OTHER ITEMS OR SERVICES TO HELP RELIEVE FINANCIAL BURDEN, PMC'S CH</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>           APLAIN SERVICES, CASE MANAGEMENT AND LEONARD LAWSON CANCER CENTER DEPARTMENTS PROVIDED ASSISTANCE TO 634 PATIENTS TOTALING \$23,269 IN FY 2014 ASSISTANCE WENT TO PATIENTS NEEDING PRESCRIBED MEDICATIONS AND TRANSPORTATION UPON DISCHARGE TRANSPORTATION SUPPORT WAS ALSO PROVIDED TO PATIENTS NEEDING TO GET TO AND FROM THE HOSPITAL TO RECEIVE CARE, AND FOOD VOUCHERS WERE GIVEN TO PATIENTS AND THEIR FAMILIES IN ADDITION, THE HOSPITAL PURCHASED CHILD CAR SEATS, MEDICAL EQUIPMENT AND MEDICAL SUPPLIES FOR PATIENTS IN NEED SPIRITUAL - PMC'S CHAPLAINCY DEPARTMENT WORKS 24/7 TO ENSURE THAT PATIENTS' SPIRITUAL NEEDS ARE MET THE STAFF ROUNDS DAILY ON EACH PATIENT, OFFERING WORDS OF ENCOURAGEMENT AND PRAYER IN FY 2014, 2,000 HEALING WORD DEVOTIONALS AND 973 BIBLES FOR NEWBORNS WERE DISTRIBUTED THIS SERVICE PROVIDED A COMMUNITY BENEFIT OF MORE THAN \$4,300 COMMUNITY FINANCIAL DONATIONS IN FY 2014, PMC ONCE AGAIN PROVED TO BE A STRONG CORPORATE CITIZEN IN ADDITION TO ENCOURAGING EMPLOYEE PARTICIPATION IN COMMUNITY ACTIVITIES AND EVENTS, THE HOSPITAL GAVE \$90,600 IN FINANCIAL SUPPORT TO SUCH ENTITIES AS ST JUDE CHILDREN'S RESEARCH HOSPITALJOHNS CREEK DISABLED AMERICAN VETERANSUNIVERSITY OF PIKEVILLEUNIVERSITY OF PIKEVILLE CONCERT CHOIRKENTUCKY CHAMBER OF COMMERCE THE INDEPENDENCE FUNDMYLIFESPEAKSJENNY WILEY THEATREKENTUCKY ASSOCIATION FOR GERONTOLOGYAMERICAN CANCER SOCIETYWILLIAMSON CVBOPERATION UNITEMARCH OF DIMESKENNETH HUFFMAN MEMORIAL TENNIS FOUNDATIONJUVENILE DIABETES RESEARCH FOUNDATIONMOUNTAIN HERITAGE FESTIVAL LOCAL TALENTSOUTHEAST KENTUCKY CHAMBER OF COMMERCEPAINT PIKEVILLE PINK 5K RUN/WALKAFTER BREAST CANCER SUPPORT GROUPEVENTS RAISING FUNDRAISING ON AUGUST 16, 2014, PMC HOSTED ITS FIRST "COLORS OF COURAGE" 5K FUNDRAISER IN PIKEVILLE TO BENEFIT UNDERINSURED CANCER PATIENTS OF THE HOSPITAL'S LEONARD LAWSON CANCER CENTER AN ESTIMATED 1,000 PEOPLE PARTICIPATED IN THE EVENT HOSPITAL EMPLOYEES ORGANIZED, PUBLICIZED AND WORKED THE EVENT THE TOTAL COMMUNITY BENEFIT WAS \$21,543 THE COST OF FUNDRAISING WAS \$7,512         </p>



Form and Line Reference	Explanation
PART VI LINE 5	<p>PROMOTION OF COMMUNITY HEALTH (CONTINUED)HEALTH SCREENINGS AND IMMUNIZATION PMC HELD TWO FREE COMMUNITY HEALTH SCREENINGS DURING FY 2014 INCLUDING A DIABETES SCREENING AND A PROST ATE AND COLORECTAL CANCER SCREENING HEALTH EDUCATION MATERIALS WERE DISTRIBUTED AT THE EV ENTS, WHICH WERE ATTENDED BY MORE THAN 100 PEOPLE ALL SCREENINGS WERE HOSTED BY PMC PHYSI CIANS, NURSES AND/OR SUPPORT STAFF THE EVENTS PROVIDED A COMMUNITY BENEFIT IN OF \$2,896 OTHER EVENTS DURING WHICH PMC HOSTED FREE HEALTH SCREENINGS INCLUDED- FIRST-AID BOOTH AT H ILLBILLY DAYS- STROKE AWARENESS DAY- SEKY CHAMBER LEADERSHIP SOUTHEAST KENTUCKYIN ADDITION , PMC OFFERED DRIVE-UP FLU SHOTS ON OCTOBER 5, 2013, REACHING 32 INDIVIDUALS AT A COST OF \$721 COMMUNITY HEALTH EDUCATION PMC'S STAFF REMAINS ACTIVE IN EDUCATING THE COMMUNITY ON IMPORTANT HEALTH CARE TOPICS THROUGHOUT FY 2014, HOSPITAL REPRESENTATIVES FROM VARIOUS DE PARTMENTS SPOKE TO LOCAL CIVIC CLUBS, SCHOOLS, MEDICAL PROFESSIONALS AND THE PUBLIC AT LAR GE THROUGH ITS 170 COMMUNITY EDUCATION EFFORTS IN FY 2014, PMC CONTRIBUTED \$415,789 PMC E MPLOYEES PARTICIPATED IN THE FOLLOWING LECTURES/PRESENTATIONS/PUBLICATIONS DURING FY 2014 - BLS TRAINING CLASS- CANCER AND GENERAL HEALTH EDUCATION AT UNITED PARCEL SERVICES- CHILD BIRTH CLASSES (48) - CPR TRAINING CLASS- ELKHORN SENIOR CITIZENS CENTER HEALTH FAIR- HEALT H TALK PROGRAMS (12)- HELP OVERCOME TOBACCO &amp; DRUGS YOUTH CONFERENCE- MARROWBONE SENIOR CI TIZENS HEALTH FAIR- MAYO MINUTE PROGRAMS (4)- MEDICAL LEADER COMMUNITY PUBLICATION AND WEB SITE- PIKEVILLE SENIOR CITIZENS CENTER HEALTH FAIR- PIKEVILLE YMCA HEALTHY MONDAY- PIKEVIL LE YMCA WELLNESS WEDNESDAY- STROKE AWARENESS DAY- WEIGHT LOSS SURGERY EDUCATION SEMINARS ( 44)CHILDBIRTH CLASSES - PMC'S EDUCATION DEPARTMENT HOSTS FOUR CHILDBIRTH CLASSES A MONTH T O EDUCATE PARENTS-TO-BE ON WHAT TO EXPECT DURING LABOR AND AFTER BRINGING THEIR BABY HOME INFORMATION DISCUSSED INCLUDES WHAT TO BRING TO THE HOSPITAL, HOSPITAL SERVICES, AVAILABL E PEDIATRICIANS, KANGAROO CARE, MANAGING LABOR PAIN AND EPIDURALS, BASIC NEWBORN CARE, CIR CUMCISION, CORD CARE, INFANT CPR, IMMUNIZATIONS AND BREASTFEEDING ATTENDEES ALSO RECEIVE A TOUR OF THE LABOR AND DELIVERY FLOOR THIS SERVICE COST \$4,981 IN FY 2014 HEALTH TALK - EACH WEEK, PMC'S PUBLIC RELATIONS DEPARTMENT RECORDS A 30-MINUTE RADIO SHOW THAT IS AIRED ON NINE LOCAL RADIO STATIONS COVERING PIKE, FLOYD, LETCHER, JOHNSON, KNOTT, MAGOFFIN AND MARTIN COUNTIES IN KENTUCKY AND MINGO COUNTY, WEST VIRGINIA THROUGH THIS SHOW, PMC INFORM S LISTENERS OF NEW HEALTH SERVICES, PHYSICIANS AND TECHNOLOGY AT THE HOSPITAL THIS PROGRA M EDUCATES THE PUBLIC ON HEALTH TOPICS OF INTEREST WHICH HAVE INCLUDED FAMILY MEDICINE, FL U, PULMONARY REHABILITATION, CANCER SYMPTOMS, PREVENTION AND TREATMENT, AND DIABETES IN F Y 2014, THE TOTAL COST FOR THIS PROGRAM WAS NEARLY \$78,901 MAYO MINUTE - PMC REGULARLY SPO NSORS MAYO MINUTE RADIO SPOTS FROM MAYO CLINIC AS A MAYO CLINIC CARE NETWORK MEMBER THE 6 0-SECOND RADIO SPOTS ARE AIRED ON NINE LOCAL RADIO STATIONS COVERING PIKE, FLOYD, LETCHER, JOHNSON, KNOTT, MAGOFFIN AND MARTIN COUNTIES IN KENTUCKY AND MINGO COUNTY, WEST VIRGINIA MAYO MINUTE COVERS A WIDE RANGE OF HEALTH TOPICS IN FY 2014, THE TOTAL COST FOR THIS PRO GRAM WAS \$31,645 MEDICAL LEADER - PMC PUBLISHES A WEEKLY NEWSPAPER, MEDICAL LEADER, IN WHI CH HEALTH INFORMATION IS PRINTED ALONG WITH CONTENT ABOUT PMC SERVICES, PHYSICIANS AND TEC HNOLOGY THE HOSPITAL PRINTS 8,500 COPIES OF MEDICAL LEADER WEEKLY AND DISTRIBUTES THEM, F REE OF CHARGE, TO NUMEROUS LOCATIONS IN PIKE, FLOYD AND LETCHER COUNTIES IN KENTUCKY, AND MINGO COUNTY, WEST VIRGINIA MEDICAL LEADER, WHICH HAS ITS OWN WEBSITE, HAS NEARLY 4,500 E MAIL SUBSCRIBERS AND MORE THAN 3,000 SOCIAL MEDIA FOLLOWERS THIS COMMUNITY BENEFIT EXCEED ED \$190,400 IN FY 2014 WEIGHT LOSS SURGERY EDUCATION SEMINARS - PMC'S WEIGHT LOSS SURGERY CENTER STAFF TRAVELS WEEKLY ACROSS THE REGION, EDUCATING THE PUBLIC ON VARIOUS BARIATRIC S URGERY, WEIGHT MANAGEMENT AND NUTRITION TOPICS SEMINARS ARE ADVERTISED PRIOR TO THE EVENT S TO INCREASE PUBLIC AWARENESS DURING FY 2014, THIS COMMUNITY BENEFIT TOTALED \$13,569 COM MUNITY SELF-HELP EDUCATION TWENTY SMOKING CESSATION CLASSES WERE OFFERED BY PMC DURING FY 2014, REACHING 31 PARTICIPANTS AT A COST OF \$2,674 HEALTH PROFESSIONS EDUCATION DURING F Y 2014, PMC INVESTED \$715,879 IN HEALTH PROFESSIONS EDUCATION PMC SERVES AS A CLINICAL TR AINING SITE FOR RESIDENTS, HEALTHCARE STUDENTS FROM REGIONAL UNIVERSITIES AND COLLEGES, AN D OTHER HEALTHCARE PROFESSIONALS PMC TRAINED APPROXIMATELY 316 STUDENTS AFFILIATED WITH 8 0 INSTITUTIONS IN FY 2014 SCHOOLS AFFILIATED WITH PMC INCLUDE AMERICAN OSTEOPATHIC ASSOC IATIONAUERBACH SCHOOL OF OCCUPATIONAL THERAPY AT SPALDING UNIVERSITYA T STILL UNIVERSITY OF HEALTH SCIENCES SCHOOL OF OSTEOPATHIC MEDICINEA T STILL UNIVERSITY/KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINEBECKFIELD COLLEGEBELFRY AREA TECHNOLOGY CENTERBELLARMINE UNIVERSITY BLUEFIELD COLLEGE CAMPBELLSVILLE UNIVERSITY CARVER</p>

Form and Line Reference	Explanation
PART VI LINE 5	<p> SCHOOL OF SOCIAL WORK &amp; COUNSELINGCHATHAM UNIVERSITYDES MOINES  UNIVERSITYDEVRY UNIVERSITYDUKE UNIVERSITYEASTERN KENTUCKY  UNIVERSITYEDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINEEMERGENCY  MEDICAL EDUCATORSFRONTIER SCHOOL OF MIDWIFERY AND FAMILY  NURSINGHUNTINGTON JUNIOR COLLEGEHUTCHINSON COMMUNITY COLLEGEIOWA  COLLEGE ACQUISITION CORP D/B/A KAPLAN UNIVERSITYJEFFERSON COLLEGE OF  HEALTH SCIENCESJOHNS HOPKINS UNIVERSITYKENTUCKY COMMUNITY TECHNICAL  COLLEGE SYSTEMLAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE-BRADENTON  LETCHER COUNTY AREA TECHNOLOGY CENTERLIBERTY UNIVERSITYLINCOLN  MEMORIAL UNIVERSITY - DEBUSK COLLEGE OF OSTEOPATHIC MEDICINELINDSEY  WILSON COLLEGEMARIETTA COLLEGEMARSHALL UNIVERSITYMARYVILLE UNIVERSITYME  DICAL UNIVERSITY OF SOUTH CAROLINA, COLLEGE OF HEALTH PROFESSIONSMERIDIAN  INSTITUTE OF SURGICAL ASSISTINGMILLIGAN COLLEGEMOREHEAD STATE  UNIVERSITYNATIONAL COLLEGE OF BUSINESS - LEXINGTON CAMPUSNATIONAL  COLLEGE OF BUSINESS - PIKEVILLE CAMPUSNATIONAL COLLEGE OF BUSINESS -  FLORENCE CAMPUSNORTHERN KENTUCKY UNIVERSITYNORTON COMMUNITY HOSPITAL  NOVA SOUTHEASTERN UNIVERSITYPARKVIEW NURSING &amp; REHAB CENTER PHELPS  VOCATIONAL SCHOOLPIKE COUNTY HEALTH DEPARTMENTROSS UNIVERSITY SCHOOL  OF MEDICINESHAWNEE STATE UNIVERSITYSOUTH UNIVERSITY SCHOOL OF PH  ARMACYSOUTHERN WEST VIRGINIA COMMUNITY &amp; TECHNICAL COLLEGESOUTHWEST  VIRGINIA COMMUNITY COLLEGESPENCERIAN COLLEGEST CLAIR FAMIL MEDICINE  RESIDENCYST JAMES SCHOOL OF MEDICINESULLIVAN UNIVERSITY COLLEGE OF  PHARMACYTENNESSEE BOARD OF REGENTSTENNESSEE TECHNOLOGY CENTER AT  ELIZABETHTONTRANS STAR TRAINING ACADEMYUNION UNIVERSITYUNIVERSITY OF  APPALACHIA COLLEGE OF PHARMACYUNIVERSITY OF CHARLESTONUNIVERSITY OF  CINCINNATIUNIVERSITY OF THE CUMBERLANDSUNIVERSITY OF KENTUCKYUNIVERSITY  OF LOUISVILLEUNIVERSITY OF NORTH CAROLINAUNIVERSITY OF NORTH TEXAS  HEALTH SCIENCE CENTER AT FORT WORTHUNIVERSITY OF PIKEVILLEUNIVERSITY OF  PIKEVILLE KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINEUNIVERSITY OF SOUTH  ALABAMAUNIVERSITY OF WISCONSIN - OSHKOSH VIRGINIA APPALACHIAN TRICOLLEGE  NURSING PROGRAMVIRGINIA COMMONWEALTH UNIVERSITY WALDEN UNIVERSITYWEST  VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINEWEST VIRGINIA UNIVERSITY BOARD OF  GOVERNORSWESTERN KENTUCKY UNIVERSITYWHEELING JESUIT UNIVERSITY WILLIAM  CAREY UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINEWINDSOR UNIVERSITY  SCHOOL OF MEDICINE </p>

Form and Line Reference	Explanation
PART VI LINE 5	<p>PROMOTION OF COMMUNITY HEALTH (CONTINUED)RESIDENCY PROGRAM - PMC'S RESIDENCY PROGRAM IS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION AND IS SPONSORED BY THE APPALACHIAN OSTEOPATHIC POSTGRADUATE TRAINING INSTITUTE CONSORTIUM PMC OPERATES THE ONLY INTEGRATED OSTEOPATHIC FAMILY MEDICINE AND MANIPULATIVE TREATMENT/NEUROMUSCULOSKELETAL MEDICINE RESIDENCY PROGRAM IN KENTUCKY, THE ONLY PLUS-ONE NEUROMUSCULOSKELETAL AND OSTEOPATHIC MANIPULATIVE MEDICINE RESIDENCY PROGRAM IN KENTUCKY, AND ONE OF ONLY SIX OSTEOPATHIC FAMILY MEDICINE AND MANIPULATIVE TREATMENT MEDICINE RESIDENCY PROGRAMS IN KENTUCKY THE HOSPITAL, IN CONJUNCTION WITH THE RESIDENCY PROGRAM, OPERATES A FAMILY PRACTICE CLINIC WHICH TREATS APPROXIMATELY 12,000 PATIENTS ANNUALLY THIS SERVICE ALLOWS PMC TO EDUCATE AND RETAIN COMPETENT, SKILLED PHYSICIANS IN THE REGION DURING THE RESIDENCY YEAR OF JULY 2013 TO JUNE 2014, PMC TRAINED 13 RESIDENTS THIS PROGRAM PROVIDED A COMMUNITY BENEFIT OF \$685,723 MEDICAL STUDENTS - PMC STAFF HELD TWO LECTURES AND THREE CLASSES FOR 57 MEDICAL STUDENTS COVERING SUCH TOPICS AS - HIPPA THE FEDERAL HEALTH INSURANCE PORTABILITY &amp; ACCESSIBILITY ACT OF 1996/2003- EKG CLASS (3)- YOUR BONES &amp; OSTEOPOROSISCONTINUING HEALTH PROFESSIONALS EDUCATION - PMC HAS AN ACTIVE MEDICAL LIBRARY STAFF THAT COORDINATES AND OVERSEES CONTINUING MEDICAL EDUCATION (CME) HOURS OFFERED AT THE HOSPITAL MOST CMES ARE OPEN TO NOT ONLY PMC STAFF, BUT TO OTHER MEDICAL PROFESSIONALS THROUGHOUT THE REGION IN FY 2014, PMC OFFERED 59 CME PRESENTATIONS, REACHING MORE THAN 1,600 ATTENDEES THIS SERVICE PROVIDED A COMMUNITY BENEFIT OF \$30,156 THE EDUCATIONAL OPPORTUNITIES OFFERED BY THE HOSPITAL DURING FY 2014 COVERED THE FOLLOWING TOPICS - ADVANCED CARDIOVASCULAR LIFE SUPPORT (2 EVENTS)- CANCER CASE CONFERENCE (12 EVENTS)- DOT MEDICAL EXAMINER CERTIFICATION TRAINING- HEART SYMPOSIUM- HEPATITIS C SYMPOSIUM- INFECTIOUS DISEASE CONFERENCE (11 EVENTS)- NEUROSCIENCE SYMPOSIUM FOCUSING ON STROKE- PAIN MANAGEMENT SYMPOSIUM- PEDIATRIC ADVANCED LIFE SUPPORT (2 EVENTS)- SEPSIS/SEPSIS SHOCK - CURRENT TRENDS AT PMC- STROKE CASE CONFERENCE (11 EVENTS)- TRAUMATIC BRAIN INJURY TREATMENT THROUGHOUT THE TRAUMA CONTINUUM- TRAUMA GRAND ROUNDS (12 EVENTS)- TRAUMA SYMPOSIUM- VTE PROPHYLAXIS BETTER SAFE THAN SORRYPHYSICIAN AND MIDLEVEL PROFESSIONALS RECRUITMENT THE PRIMARY GOAL OF PMC'S PHYSICIAN RECRUITMENT PROGRAM IS TO ENSURE THAT THE COMMUNITY HAS ACCESS TO THE HIGHEST QUALITY OF MEDICAL CARE AVAILABLE PHYSICIAN RECRUITMENT IS ESSENTIAL TO ENHANCING THE HEALTH AND WELL BEING OF THE REGION LOCAL HOSPITALS REFER PATIENTS TO PMC FOR SPECIALTY AND SUB-SPECIALTY SERVICES THEY ARE UNABLE TO PROVIDE DURING FY 2014, PMC PHYSICIAN RECRUITERS ATTENDED 22 RECRUITMENT CONFERENCES AND RECRUITED 31 PHYSICIANS TWO MIDLEVEL PROFESSIONALS WERE ALSO ADDED THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH RECRUITMENT DURING THIS TIME PERIOD WAS \$914,116 THE RECRUITED PHYSICIANS PRACTICE IN THE FOLLOWING SPECIALTIES - ANESTHESIOLOGY- CARDIOLOGY- CARDIOLOGY/ELECTROPHYSIOLOGY- FAMILY MEDICINE- GENERAL SURGERY- HEMATOLOGY/ONCOLOGY- HOSPITALIST MEDICINE- INFECTIOUS DISEASE- NEPHROLOGY- NEUROLOGY- OSTEOPATHIC MANIPULATIVE THERAPY- OPHTHALMOLOGY- OTOLARYNGOLOGY- PAIN MANAGEMENT- PEDIATRICS- PLASTIC/RECONSTRUCTIVE &amp; HAND SURGERY- RADIATION ONCOLOGY- TRAUMA SURGERY- UROLOGY- VASCULAR SURGERYSUPPORT GROUPS IN FY 2014, PMC HOSTED/SPONSORED 53 SUPPORT GROUP MEETINGS, REACHING 350 PEOPLE AND PROVIDING \$13,569 IN COMMUNITY BENEFITS BELOW IS A LIST OF THE SUPPORT GROUPS PMC HOSTED/SPONSORED - GENERAL CANCER SUPPORT GROUP- CELEBRATION OF HOPE- AFTER BREAST CANCER (ABC) SUPPORT GROUP- MAN TO MAN PROSTATE CANCER SUPPORT GROUP- DIABETES SUPPORT GROUP- WEIGHT LOSS SURGERY SUPPORT GROUPOTHER COMMUNITY SUPPORT THROUGHOUT FY 2014, PMC HOSTED, SPONSORED OR PARTICIPATED IN SEVERAL EVENTS TO SUPPORT THE COMMUNITY INCLUDING - BIG SANDY WALK TO CURE DIABETES- BLOOD PRESSURE SCREENINGS FOR AMERICAN HEART MONTH- DIGITAL PICTURES WITH SANTA- EAST KENTUCKY MOTORCYCLE SAFETY TRAINING- FIRST-AID BOOTH AT HILLBILLY DAYS FESTIVAL- HOLY WEEK SERVICES- LIGHT THE NIGHT- LIVE NATIVITY- PMC BOOTH AT NIGHTMARE ON MAIN- PMC PHYSICAL REHAB REUNION &amp; SENIOR DAY- RELAY FOR LIFE- SCHOOL BOOK SPONSOR- YMCA 16TH ANNUAL KIDS BENEFIT GOLF TOURNAMENT - YMCA HEALTHY KIDS DAY &amp; EASTER EGG HUNTTHE TOTAL COMMUNITY BENEFIT FOR THESE EVENTS WAS \$55,897</p>

Additional Data

Software ID:  
Software Version:  
EIN: 61-0458376  
Name: PIKEVILLE MEDICAL CENTER INC

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

Form and Line Reference	Explanation
PIKEVILLE MEDICAL CENTER	PART V, SECTION B, LINE 3 PIKEVILLE MEDICAL CENTER IN COLLABORATION WITH AN ADVISORY COMMITTEE COMPRISED OF COMMUNITY LEADERS FROM PIKE AND FLOYD COUNTIES, WHO ARE INVOLVED WITH LOCAL HEALTH DEPARTMENTS, SCHOOL SYSTEMS, SENIOR CITIZENS PROGRAMS, HOSPICE, SOCIAL WORK, AND AMBULANCE SERVICES DEVELOPED A SURVEY TO OBTAIN INPUT CONCERNING THE NEEDS OF OUR COMMUNITY THE SURVEY WAS MADE AVAILABLE ONLINE AND PUBLISHED IN PIKEVILLE MEDICAL CENTER'S NEWSPAPER, THE MEDICAL LEADER PMC'S COMMUNITY SURVEY WAS AN OVERWHELMING SUCCESS AS THE HOSPITAL RECEIVED OVER 3,000 RESPONSES

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

Form and Line Reference	Explanation
PIKEVILLE MEDICAL CENTER	PART V, SECTION B, LINE 5D WWW.PIKEVILLEHOSPITAL.ORG/COMMUNITY_HEALTH_NEEDS_ASSESSMENT.HTMLPMC MAILED THE CHNA REPORT TO THE CHAMBER OF COMMERCE, CIVIC ORGANIZATION MEMBERS, AND LOCAL BUSINESS PEOPLE

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

Form and Line Reference	Explanation
PIKEVILLE MEDICAL CENTER	PART V, SECTION B, LINE 20D PIKEVILLE MEDICAL CENTER FOLLOWS THE SAME CHARGING STRUCTURE FOR ALL PATIENTS, HOWEVER, IF A PATIENT PRESENTS AS A SELF PAY PATIENT, PMC HAS A SELF PAY DISCOUNT POLICY OF 70% OFF ESTIMATED GROSS CHARGES IF A PATIENT IS ABLE TO PAY ANY TIME PRIOR TO OR ON DAY OF SERVICE IF IT IS AFTER THE DAY OF SERVICE THAT THEY ARE ABLE TO PAY, PMC OFFERS A 50% DISCOUNT OFF GROSS CHARGES, A PAYMENT PLAN, OR IF CANNOT PAY IN FULL WITH DISCOUNTS OR PAYMENT PLANS THEN THE PATIENT IS REFERRED TO THE FINANCIAL COUNSELOR WHERE PATIENT IS FURTHER NOTIFIED OF DSH PROGRAMS, MEDICAID ELIGIBILITY REQUIREMENTS OR PMC INTERNAL FINANCIAL ASSISTANCE PROGRAM

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

Form and Line Reference	Explanation
PIKEVILLE MEDICAL CENTER	PART V, SECTION B, LINE 22 PIKEVILLE MEDICAL CENTER FOLLOWS THE SAME CHARGING STRUCTURE FOR ALL PATIENTS, HOWEVER, IF A PATIENT PRESENTS AS A SELF PAY PATIENT, PMC HAS A SELF PAY DISCOUNT POLICY OF 70% OFF ESTIMATED GROSS CHARGES IF A PATIENT IS ABLE TO PAY ANY TIME PRIOR TO OR ON DAY OF SERVICE IF IT IS AFTER THE DAY OF SERVICE THAT THEY ARE ABLE TO PAY, PMC OFFERS A 50% DISCOUNT OFF GROSS CHARGES, A PAYMENT PLAN, OR IF CANNOT PAY IN FULL WITH DISCOUNTS OR PAYMENT PLANS THEN THE PATIENT IS REFERRED TO THE FINANCIAL COUNSELOR WHERE PATIENT IS FURTHER NOTIFIED OF DSH PROGRAMS, MEDICAID ELIGIBILITY REQUIREMENTS OR PMC INTERNAL FINANCIAL ASSISTANCE PROGRAM

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
ORTHOPEDIC PHYSICIAN PRACTICE 184 S MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
WOMENS CARE CENTER 419 TOWN MOUNTAIN ROAD SUITE 206 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
GENERAL SURGERY PRACTICE 255 CHURCH ST STE 201 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
ORTHOPEDIC DIAGNOSTIC RADIOLOGY CTR 184 S MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
OPHTHALMOLOGY PHYS PRACTICE 1098 S MAYO TRAIL STE 305 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
UROLOGY PHYSICIAN PRACTICE 255 CHURCH ST STE 202 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
BARIATRIC SURGERY PHYSICIAN PRACTICE 1098 S MAYO TRAIL STE 103 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
OBGYN PHYSICIAN PRACTICE - HAROLD 246 KY ROUTE 979 HAROLD,KY 41635	PHYSICIAN PRACTICE
OPHTHALMOLOGY PHYSICIAN PRACTICE 1098 S MAYO TRAIL STE 203 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
PMC - LEONARD LAWSON CANCER CENTER 172 SOUTH MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
HOME MEDICAL EQUIPMENT 1370 S MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
GASTROENTEROLOGIST PHYS PRACTICE 387 TOWN MTN RD STE 206 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
HOME HEALTH SERVICES 1370 S MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
GENERAL SURGERY PHYSICIAN PRACTICE 387 TOWN MTN RD STE 207 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
PMC SPECIALTY CLINIC - WHITESBURG 255 MAIN ST WHITESBURG,KY 41858	PHYSICIAN PRACTICE



Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
ENDOCRINOLOGY PRACTICE 140 ADAMS LANE STE 600-700 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
SPORTS MEDICINE PHYSICIAN PRACTICE 184 S MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
NEPHROLOGY PHYSICIAN PRACTICE 1098 S MAYO TRAIL SUITE 202 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
PRIMARY CARE PRACTICE - PIKEVILLE WALMAR 251 CASSIDY BLVD PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
PMC SPECIALTY CLINIC - PRESTONBURG 311 NORTH ARNOLD AVE PRESTONBURG,KY 41653	PHYSICIAN PRACTICE
PMC SPECIALTY CLINIC- GRUNDY 1535 SLATE CREEK ROAD GRUNDY,VA 24614	PHYSICIAN PRACTICE
SLEEP LAB - WHITESBURG 60 MAIN STREET WHITESBURG,KY 41858	PHYSICIAN PRACTICE
PLASTICRECONSTRUCTIVE SURGERY 387 TOWN MOUNTAIN RD - SUITE 104 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
PIKEVILLE FAMILY PRACTICE CLINIC 184 S MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
ENT PHYSICIAN PRACTICE 1098 S MAYO TRAIL STE 304 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
RHEUMATOLOGY PHYSICIAN PRACTICE 1370 S MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
PMC SPECIALTY CLINIC - SOUTH WILLIAMSON 411 CENTRAL AVE SUITE 7 SOUTH WILLIAMSON,KY 41503	PHYSICIAN PRACTICE
PRIMARY CARE PRACTICE-PIKEVILLE 1098 S MAYO TRAIL STE 104 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
PRIMARY CARE PRACTICE - SHELBY VALLEY 6800 US HWY 23 S STE 3 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
PRIMARY CARE PRACTICE - HAROLD 246 KY RT 979 HAROLD,KY 41635	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
CARDIOLOGY PRACTICE - LEXINGTON 989 GOVERNORS LANE LEXINGTON,KY 40513	PHYSICIAN PRACTICE
PMC SPECIALTY CLINIC - PAINTSVILLE 826 SOUTH MAYO TRAIL PAINTSVILLE,KY 41240	PHYSICIAN PRACTICE
PEDIATRIC ENDOCRINOLOGY PRACTICE 140 ADAMS LANE STE 300 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
PMC SPECIALTY CLINIC - MCDOWELL ARH MCDOWELL BUILDING MCDOWELL,KY 41647	PHYSICIAN PRACTICE
CARDIOLOGY PRACTICE-HAZARD 474 VILLAGE LANE HAZARD,KY 41701	PHYSICIAN PRACTICE
ENDOCRINOLOGY PRACTICE - HAZARD 145 CITIZENS LANE HAZARD,KY 41701	PHYSICIAN PRACTICE
OPHTHALMOLOGY - HAZARD 474 VILLAGE LANE HAZARD,KY 41701	PHYSICIAN PRACTICE

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
61-0458376

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? . . . . . ☒ 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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) UNITE FOUNDATION INC 2292 SOUTH HWY 27 SOMERSET, KY 42501	56-2338443	501C3	15,000				SPONSORSHIP FOR NATIONAL RX DRUG ABUSE SUMMIT
(2) JENNY WILEY DRAMA ASSOCIATION INC PO BOX 22 PRESTONSBURG, KY 41653	61-0667976	501C3	30,000				SPONSORSHIP FOR "WHITE CHRISTMAS" AND "A SECOND HELPING THE CHURCH BASEMENT
(3) SOUTHEAST KENTUCKY CHAMBER OF COMMERCE 178 COLLEGE STREET PIKEVILLE, KY 41501	61-0544068	501C3	7,000				SPONSORSHIP FOR ANNUAL AWARDS CEREMONY & BANQUET
(4) AMERICAN CANCER SOCIETY INC PO BOX 1517 PIKEVILLE, KY 41502	13-1788491	501C3	5,000				SPONSORSHIP FOR RELAY FOR LIFE PIKE COUNTY
(5) THE INDEPENDENCE FUND 290 CALLAWAY AVENUE PENSACOLA, FL 32505	26-0322088	501C3	15,000				DONATION FOR VETERAN'S TRACK CHAIR FUND

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

5

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

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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) ASSISTANCE FOR UNINSURED PATIENTS FOR PRESCRIPTIONS, CAFE VOUCHERS, TRANSPORTATION, MEDICAL EQUIPMENT AND CANCER TREATMENT TRAVEL ASSISTANCE THERE WERE 387 PRESCRIPTIONS PROVIDED, 462 CAFE VOUCHERS PROVIDED, AND 118 RECIPIENTS OF TRAVEL ASSISTANCE	751	24,877			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
PART I, LINE 2	ALL GRANTS ARE PROVIDED TO PUBLIC CHARITIES FOR GENERAL SUPPORT PIKEVILLE MEDICAL CENTER, INC DOES NOT MONITOR THE USE OF THESE FUNDS BY THESE PUBLIC CHARITIES

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

Employer identification number  
61-0458376

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5aYes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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

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

Return Reference	Explanation
PART I, LINE 5	DR HALL, DR PUGH, AND DR BROWN EARN QUARTERLY BONUSES BASED ON A PERCENTAGE OF THE NET COLLECTIONS OF THE PHYSICIANS PRACTICES OVER 150% OF THEIR BASE COMPENSATION

Additional Data

Software ID:  
Software Version:  
EIN: 61-0458376  
Name: PIKEVILLE MEDICAL CENTER INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation				
AARON CRUM MD BOARD-CHIEF OF STAFF (JAN-SEPT)	(i)	428,744	0	300	27,506	22,557	479,107	0
	(ii)	0	0	0	0	0	0	0
WALTER E MAY PRESIDENT/CEO	(i)	622,486	0	6,180	12,014	22,557	663,237	0
	(ii)	0	0	0	0	0	0	0
MICHELLE HAGY CFO - VP FINANCE	(i)	293,347	9,310	990	6,916	22,440	333,003	2,697
	(ii)	0	0	0	0	0	0	0
JUANITA DESKINS CHIEF OPERATING OFFICER	(i)	329,973	61,178	1,990	4,603	22,557	420,301	3,752
	(ii)	0	0	0	0	0	0	0
WILLIAM JOHNSON MD CHIEF MEDICAL OFFICER	(i)	255,473	0	5,165	26,984	22,381	310,003	0
	(ii)	0	0	0	0	0	0	0
DEBRA PARSONS CHIEF NURSING OFFICER	(i)	156,507	5,590	999	2,398	9,172	174,666	0
	(ii)	0	0	0	0	0	0	0
CHERYL HICKMAN ASSISTANT TO PRESIDENT	(i)	177,478	6,329	1,723	12,021	21,925	219,476	2,266
	(ii)	0	0	0	0	0	0	0
RUSSELL SHANKLIN ASSISTANT CHIEF INFORMATION OFFICER	(i)	162,410	5,765	1,013	10,310	21,774	201,272	2,064
	(ii)	0	0	0	0	0	0	0
PEGGY JUSTICE VP PHYSICIAN NETWORK	(i)	152,377	5,415	986	8,147	21,681	188,606	1,939
	(ii)	0	0	0	0	0	0	0
DEBORAH PUCKETT VP REHAB/WOUND CARE SERVIC	(i)	143,529	5,136	1,458	9,272	21,606	181,001	1,839
	(ii)	0	0	0	0	0	0	0
CATHERINE JORGENSEN VP CORPORATE COMPLIANCE & INTERNAL A	(i)	156,036	5,590	1,260	5,359	21,728	189,973	0
	(ii)	0	0	0	0	0	0	0
KEITH HALL MD ORTHOPEDIC SURGEON	(i)	1,011,844	30,379	300	10,006	22,557	1,075,086	0
	(ii)	0	0	0	0	0	0	0
DENZIL HARRIS MD CARDIOLOGIST	(i)	540,174	448,500	240	26,250	23,624	1,038,788	0
	(ii)	0	0	0	0	0	0	0
KEVIN PUGH MD ORTHOPEDIC SURGEON	(i)	1,001,764	0	270	10,006	22,557	1,034,597	0
	(ii)	0	0	0	0	0	0	0
JOSEPH BROWN DO OPHTHALMOLOGIST	(i)	498,204	491,168	300	10,546	22,557	1,022,775	0
	(ii)	0	0	0	0	0	0	0
AMY JOHNSON MD BARIATRIC SURGEON	(i)	473,744	377,542	450	2,170	22,557	876,463	0
	(ii)	0	0	0	0	0	0	0



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.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

Employer identification number  
61-0458376

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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF PIKEVILLE KY	61-6001897	72134PAR3	04-27-2011	90,370,651	SEE BELOW		X		X		X
B	CITY OF PIKEVILLE KY	61-6001897	72134PAU6	02-20-2014	45,323,550	SEE BELOW		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	90,370,651		45,323,550					
4	Gross proceeds in reserve funds	3,563,671							
5	Capitalized interest from proceeds			238,750					
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,328,586		327,500					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	41,241,831		30,540,768					
11	Other spent proceeds	44,236,511							
12	Other unspent proceeds	52		14,216,532					
13	Year of substantial completion	2014		2015					
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		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			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?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		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	1 100 %		0 %					
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	1 100 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		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		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		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		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?		X		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		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		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		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V

Procedures To Undertake Corrective Action

	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?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X					

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
FORM 990, SCH K	THE BONDS AND NOTES WERE ISSUED FOR THE PURPOSES OF PROVIDING FUNDS TO BE USED TO 1)FINANCE A PORTION OF THE COSTS OF CERTAIN ADDITIONS, RENOVATIONS, IMPROVEMENTS AND EQUIPMENT FOR PIKEVILLE MEDICAL CENTER 2)REFUND KY ECONOMIC DEVELOPMENT FINANCE AUTHORITY HOSPITAL REVENUE AND REFUND REVENUE BONDS, SERIES 1997 3)RETIRE CERTAIN OUTSTANDING TAXABLE DEBT 4)FUND A DEBT SERVICE RESERVE FUND 5)FUND CAPITALIZED INTEREST DURING CONSTRUCTION OF THE PROJECT AND 6) PAY COST OF ISSUANCE OF THE BONDS

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

Employer identification number  
61-0458376

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
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ► \$					
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$					

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting 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) BRANDI MAY	DAUGHTER IN LAW OF WALTER E MAY	7,988	EMPLOYEE EDUCATIONAL ASSISTANCE	EMPLOYEE EDUCATIONAL ASSISTANCE

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 61-0458376

Name: PIKEVILLE MEDICAL CENTER INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) COMMUNITY TRUST BANK	ENTITY OF WHICH BOARD MEMBER HAS BUSINESS RELATIONSHIP	8,484,794	DAVID COLLINS SERVES AS BOARD MEMBER OF BOTH ENTITIES SERVICES PROVIDED BY COMMUNITY TRUST BANK TO PIKEVILLE MEDICAL CENTER - INTEREST INCOME BANKING SERVICES & FUNDS IN TRUST, \$518,333 40 -SAFE DEPOSIT BOX FEES/LINE OF CREDIT FEES/BOND ACCT MGMT FEES, \$8,065 00 - INSTALLMENT LOAN PAYMENTS, \$7,941,687 52 - ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$16,708 20		No
(2) EAST KY BROADCASTING AND EAST KY RADIO NETWORK (TOTAL OF NINE RADIO STATION	ENTITIES MORE THAN 35% OWNED BY WALTER E MAY, PMC PRESIDENT/CEO	1,005,101	ENTITIES PROVIDE ADVERTISING SERVICES TO PMC, \$953,721 84 -ENTITIES PROVIDE ADVERTISING INCOME-MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$51,378 73		No
(3) MESA-ER PHYSICIAN GROUP	ENTITY OF WHICH SUE SMALLWOOD'S STEP GRANDSON IS THE MEDICAL DIRECTOR	280,000	THE STEP GRANDSON OF PMC BOARD MEMBER SUE SMALLWOOD WAS PIKEVILLE MEDICAL CENTER EMERGENCY DEAPARTMENT MEDICAL DIRECTOR AND AN EMPLOYEE FOR MESA MESA PROVIDED EMERGENCY DEPARTMENT PHYSICIAN SERVICES FOR PIKEVILLE MEDICAL CENTER		No
(4) PAM MAY LAW FIRM PSC	ENTITY MORE THAN 35% OWNED BY WIFE OF WALTER E MAY, PMC PRESIDENT/CEO	1,803,298	FIRM PROVIDES LEGAL SERVICES TO PIKEVILLE MEDICAL CENTER		No
(5) PIKEVILLE RADIOLOGY	ENTITY MORE THAN 35% OWNED BY TWO PMC BOARD MEMBERS	36,769	ALEX POULOS, M D & DENNIS HALBERT, M D ARE PARTNERS OF PIKEVILLE RADIOLOGY WITH WHOM PIKEVILLE MEDICAL CENTER CONTRACTS WITH FOR RADIOLOGY SERVICES		No
(6) US BANK	ENTITY OF WHICH FAMILY MEMBER OF PEGGY JUSTICE HAS BUSINESS RELATIONSHIP	1,310,639	BROTHER OF KEY EMPLOYEE, PEGGY JUSTICE, SERVES AS BOARD MEMBER OF ENTITY SERVICES PROVIDED BY US BANK TO PIKEVILLE MEDICAL CENTER INSTALLMENT LOAN PAYMENTS, \$1,196,833 92 - RENT, \$110,405 90 - ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$3,399 00		No
(7) CREATIVE PROMOTIONS CREATIVE SIGNS	ENTITY OWNED BY SON IN LAW OF WALTER E MAY, PMC PRESIDENT/CEO	61,845	PIKEVILLE MEDICAL CENTER PURCHASES PROMOTIONAL PRODUCTS AND SIGNAGE FROM THIS ENTITY		No
(8) ANDREA ALLARA	DAUGHTER OF JOE DEAN ANDERSON, PMC BOARD MEMBER	41,966	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS RADIOLOGY COORDINATOR		No
(9) ROBERT BELL	STEP SON OF HOBART JOHNSON, PMC BOARD MEMBER	98,342	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS NUTRITIONAL SERVICES HEAD CHEF		No
(10) CAMILLA DAMRON	DAUGHTER OF JO NELL ROBINSON, PMC BOARD MEMBER	73,872	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A SPEECH LANGUAGE PATHOLOGIST		No
(11) BART DAVIS	GRANDSON OF JO NELL ROBINSON, PMC BOARD MEMBER	51,018	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR OF FLEET		No
(12) SARAH HARRIS	DAUGHTER OF CHERYL HICKMAN, PMC KEY EMPLOYEE	70,823	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS IT-PRACTICE PROJECT MANAGER		No
(13) RANDY L JOHNSON	SON IN LAW OF WALTER E MAY, PMC PRESIDENT/CEO	59,148	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS ASSISTANT DIRECTOR-CHAPLAIN SERVICE		No
(14) BRANDI MAY	DAUGHTER IN LAW OF WALTER E MAY, PMC PRESIDENT/CEO	90,000	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A NURSE PRACTITIONER		No
(15) KAMINSKI ROBINSON	HUSBAND OF JO NELL ROBINSON, PMC BOARD MEMBER	64,971	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR-CHAPLAIN SERVICES		No
(16) ANDREA ROBINETTE	STEP DAUGHTER OF WALTER E MAY, PMC PRESIDENT/CEO	101,921	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR-PHYSICIAN SERVICES		No
(17) COLLEY STEVENS	GRANDSON OF T T COLLEY, PMC BOARD MEMBER	50,958	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS ASSISTANT DIRECTOR - VALET SERVICES		No
(18) CORDELL WEATHERFORD	GRANDSON IN LAW OF WALTER E MAY, PMC PRESIDENT/CEO	90,754	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS ASSISTANT VICE PRESIDENT-ADMINISTRATION		No
(19) CAROLINA WEATHERFORD DBA CLW EDITIN	GRANDDAUGHTER OF WALTER E MAY, PMC PRESIDENT/CEO	17,250	ENTITY PROVIDES PROOFREADING SERVICES FOR PIKEVILLE MEDICAL CENTER'S MEDICAL LEADER PUBLICATION		No
(20) SUMMIT ENGINEERING	ENTITY OF WHICH PMC KEY EMPLOYEE PEGGY JUSTICE'S BROTHER IS A PARTNER	21,526	ENTITY PROVIDES ENGINEERING SERVICES TO PIKEVILLE MEDICAL CENTER		No
(21) ADRIENNE ADKINS	STEP GRANDDAUGHTER OF WALTER E MAY, PMC PRESIDENT/CEO	54,285	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS STAFF REGISTERED NURSE		No
(22) TRISTAN BLACKBURN	SON OF DEBRA BLACKBURN, PMC BOARD MEMBER	45,626	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS COMPUTER SYSTEMS ANALYST		No
(23) DWIGHT BUCKLEY JR	BROTHER IN LAW OF DEBRA BLACKBURN, PMC BOARD MEMBER	47,647	EMPLOYED BY PIKEVILLE MEDICAL AS MANAGER RESPIRATORY THERAPY AND SLEEP LAB		No
(24) RHONDA COLEMAN	SISTER IN LAW OF DEBRA BLACKBURN, PMC BOARD MEMBER	25,782	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS PRE-CERTIFICATION CLERK		No
(25) RITA CRUM	SISTER IN LAW OF AARON CRUM, M D , PMC BOARD MEMBER	53,782	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS STAFF DEVELOPMENT SPECIALIST		No
(26) MIRANDA FORSYTH	SISTER IN LAW OF DEBRA BLACKBURN, PMC BOARD MEMBER	20,426	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS STAFF REGISTERED NURSE		No
(27) REGINALD HICKMAN	SPOUSE OF CHERYL HICKMAN, PMC KEY EMPLOYEE	30,731	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS ASSISTANT VICE PRESIDENT-MATERIALS		No
(28) CITY OF PIKEVILLE	ENTITY OF WHICH SPOUSE OF DEBRA BLACKBURN HAS BUSINESS RELATIONSHIP	766,515	SPOUSE OF PMC BOARD MEMBER, DEBRA BLACKBURN, EMPLOYED AS CITY MANAGER OF CITY OF PIKEVILLE SERVICES PROVIDED BY CITY OF PIKEVILLE TO PIKEVILLE MEDICAL CENTER GAS, TRASH, WATER, AND SEWER UTILITY PAYMENTS, \$763,510 51 -ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$3,004 00		No

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493226029525		
<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990 or 990-EZ.</div> <div>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			OMB No 1545-0047	
					<div>2013</div> <div>Open to Public Inspection</div>	
		Name of the organization PIKEVILLE MEDICAL CENTER INC			Employer identification number 61-0458376	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DR ALEX POULOS & DR DENNIS HALBERT PARTNERS IN PIKEVILLE RADIOLOGY DAVID COLLINS, CPA MEMBER OF COMMUNITY TRUST BANK BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11	THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE CFO AND HOSPITAL AT TORNEY PRIOR TO FILING ADDITIONALLY, THE GOVERNING BODY REVIEWS AND APPROVES THE FINAL FORM 990 INCLUDING REQUESTED SCHEDULES COPIES ARE PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY UPON REQUEST
FORM 990, PART VI, SECTION B, LINE 12C	AS TO BOARD MEMBERS, UPDATES TO THE CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY WITH VOLUNTARY DISCLOSURE OF CONFLICT ON ANY PARTICULAR ISSUE THERE IS NO PARTICIPATION, DISCUSSION OR VOTE TAKEN ON THESE, HOWEVER, THE BOARD ATTORNEY IS PROVIDED A COPY OF ALL INTERESTS OF EACH MEMBER TO ENSURE COMPLIANCE WITH THE POLICY THESE ARE REGULARLY AND CONSISTENTLY MONITORED FOR ANY CHANGES AS TO EMPLOYEES, THERE IS A WRITTEN CONFLICT OF INTEREST POLICY WHICH TOO IS REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED BY HUMAN RESOURCES AND ADMINISTRATION AS NECESSARY THIS POLICY IS INTENDED TO IDENTIFY AND RESOLVE CONFLICTS OF INTEREST WHICH MAY OCCUR RELATED TO FINANCIAL, BUSINESS, OR PROFESSIONAL INTERESTS THE POLICY IS IN PLACE TO IDENTIFY AND RESOLVE A CONFLICT OF INTEREST WHICH MAY OCCUR ANY TIME THERE IS A SITUATION IN WHICH ONE'S ABILITY TO MAKE OBJECTIVE, JOB RELATED BUSINESS DECISIONS MAY BE INFLUENCED BY, OR HAVE THE APPEARANCE OF BEING INFLUENCED BY, OUTSIDE ACTIVITIES OR PERSONAL INTERESTS POTENTIAL CONFLICTS OF INTEREST MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING 1 WORKING A SECOND JOB AT A COMPETING HEALTHCARE ENTITY WHICH MAY ALLOW THE TRANSFER OF CONFIDENTIAL BUSINESS INFORMATION OR INFLUENCE REFERRAL PATTERNS 2 ALLOWING THE DEMANDS OF OUTSIDE ACTIVITIES TO HINDER OR DISTRACT YOU FROM THE PERFORMANCE OF YOUR JOB OR CAUSE YOU TO USE PIKEVILLE MEDICAL CENTER RESOURCES FOR OTHER THAN PIKEVILLE MEDICAL CENTER PURPOSES 3 HOLDING AN OWNERSHIP INTEREST, MANAGEMENT, OR BOARD OF DIRECTORS POSITION IN A COMPANY WITH WHOM PIKEVILLE MEDICAL CENTER DOES BUSINESS WHICH MAY LEAD TO THE INDIVIDUAL'S PERSONAL GAIN/BENEFIT "OWNERSHIP INTEREST" MEANS SERVING AS A BOARD DIRECTOR OR OFFICER OR OWNING MORE THAN 5% OF THE BUSINESS OR CORPORATION 4 HAVING AN IMMEDIATE FAMILY MEMBER OR SIGNIFICANT OTHER WHO HOLDS AN OWNERSHIP INTEREST IN A COMPANY WITH WHOM PIKEVILLE MEDICAL CENTER DOES BUSINESS WHICH MAY LEAD TO THE INDIVIDUAL'S PERSONAL GAIN/BENEFIT "OWNERSHIP INTEREST" MEANS SERVING AS A BOARD DIRECTOR OR OFFICER OR OWNING MORE THAN 5% OF THE BUSINESS OR CORPORATION 5 HAVING AN IMMEDIATE FAMILY MEMBER OR SIGNIFICANT OTHER EMPLOYED BY THE PIKEVILLE MEDICAL CENTER AND WORKING WITHIN THE SAME DIRECT LINE OF AUTHORITY (ABOVE OR BELOW) AS THE FIRST EMPLOYEE IMMEDIATE FAMILY MEMBERS INCLUDE SPOUSES, CHILDREN, GRANDCHILDREN, BROTHERS AND SISTERS AND THE SPOUSES OF THOSE INDIVIDUALS THE SCOPE OF THIS POLICY INCLUDES PIKEVILLE MEDICAL CENTER AND ALL ITS DEPARTMENTS AND SERVICES WHEREVER LOCATED THE COVERED INDIVIDUALS ARE TO FOLLOW THESE PROCEDURES 1 ALL LICENSED CLINICAL STAFF, SUPERVISORS, AND MANAGEMENT PERSONNEL SHALL COMPLETE A DUALITY AND CONFLICT OF INTEREST FORM AT THE TIME OF INITIAL EMPLOYMENT AND ANNUALLY THEREAFTER 2 EMPLOYEE CONFLICT OF INTEREST FORMS SHALL BE FILED IN THEIR PERSONNEL FILES 3 IN THE EVENT THAT AN EMPLOYEE'S JOB DESCRIPTION OR DUTIES REQUIRES A BUSINESS RELATED DECISION TO BE MADE IN AN AREA IN WHICH A PERSONAL CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE EMPLOYEE SHALL NOTIFY HIS/HER SUPERVISOR TO ARRANGE FOR AN ALTERNATIVE DECISION MAKING PROCESS WHICH WILL MAINTAIN OBJECTIVITY AND ELIMINATE PERSONAL BIAS, I.E. PERSONAL WITHDRAWAL FROM THE DECISION MAKING PROCESS, SOLICITATION OF CLOSED BIDS, OR UTILIZATION OF AN INDEPENDENT SELECTION COMMITTEE 4 IF AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF ETHICS IS IDENTIFIED INVOLVING PATIENT CARE OR TREATMENT, THE EMPLOYEE SHOULD SEEK ASSISTANCE FROM THEIR SUPERVISOR TO FIND A RESOLUTION WHICH WOULD HAVE MINIMUM IMPACT ON PATIENT CARE, TREATMENT, OR SERVICES
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE SALARY OF THE ORGANIZATION'S CEO THE COMMITTEE USES COMPARATIVE DATA FROM NATIONAL SALARY SURVEYS MOTION AND APPROVALS FROM THE COMMITTEE ARE KEPT IN THE MINUTES
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES MAKE THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	INTEREST IN CHARITABLE REMAINDER TRUST 499,176
FORM 990, PART XII	OVERSIGHT OF AUDIT PROCESS THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

Employer identification number  
61-0458376

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PIKEVILLE MEDICAL CENTER FOUNDATION FOR QUALITY HEALTHCARE INC  911 BYPASS ROAD  PIKEVILLE, KY 41501 47-2020718	BUSINESS SUPPORT	KY	501(C)(3)	LINE 11A, I	PIKEVILLE MEDICAL CENTER INC		No



Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PIKEVILLE MEDICAL CENTER FOUNDATION INC  911 BYPASS ROAD PIKEVILLE, KY 41501 61-1274046	INACTIVE	KY	N/A	C	-308		100 000 %		No
(2) PIKEVILLE MEDICAL DEVELOPMENT CORPORATION  911 BYPASS ROAD PIKEVILLE, KY 41501 20-2487928	INACTIVE	KY	N/A	C	-549	7,268	100 000 %		No
(3) LANDMARK PROPERTIES OF PIKEVILLE INC  PO BOX 1259 PIKEVILLE, KY 41502 46-2494613	LODGING/DINING	KY	PIKEVILLE MEDICAL CENTER	C	-1,197,220	2,610,186	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LANDMARK PROPERTIES	B	1,577,601	CASH
(2) LANDMARK PROPERTIES	D	1,048,017	COST
(3) LANDMARK PROPERTIES	J	78,012	COST
(4) LANDMARK PROPERTIES	M	261,750	COST

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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**PIKEVILLE MEDICAL CENTER, INC.  
AND SUBSIDIARIES**

**Audited Consolidated Financial Statements  
(and Supplemental Schedules)**

**Years Ended September 30, 2014 and 2013**



**PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

***Audited Consolidated Financial Statements (and Supplemental Schedules)***

***Years Ended September 30, 2014 and 2013***

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Independent Auditor's Report.....	1
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***Audited Consolidated Financial Statements***

Consolidated Balance Sheets .....	3
Consolidated Statements of Operations and Changes in Net Assets .....	5
Consolidated Statements of Cash Flows.....	6
Notes to Consolidated Financial Statements.....	8

***Supplemental Schedules***

Consolidating Balance Sheet .....	21
Consolidating Statement of Operations and Changes in Net Assets .....	23
Note to Supplemental Schedules .....	24



## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of Pikeville  
Medical Center, Inc.:

We have audited the accompanying consolidated financial statements of Pikeville Medical Center, Inc. and subsidiaries (the Hospital), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatements, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Hospital's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Pikeville Medical Center, Inc. and its subsidiaries as of September 30, 2014 and 2013, and the results of their operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Other Matter***

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental consolidating information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Perkins Yonahly: Annals PC*

Knoxville, Tennessee  
January 27, 2015



**PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES*****Consolidated Balance Sheets***

	<i>September 30,</i>	
	<i>2014</i>	<i>2013</i>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	<b>\$ 144,256,562</b>	<b>\$ 126,448,411</b>
Assets limited as to use	<b>3,144,446</b>	<b>5,623,675</b>
Patient accounts receivable, less estimated allowances for doubtful accounts of approximately \$30,700,000 and \$31,800,000 for 2014 and 2013, respectively	<b>57,164,193</b>	<b>53,372,341</b>
Inventories	<b>11,617,191</b>	<b>11,761,876</b>
Prepaid expenses and other assets	<b>15,951,910</b>	<b>12,402,932</b>
<b>TOTAL CURRENT ASSETS</b>	<b>232,134,302</b>	<b>209,609,235</b>
<b>INVESTMENTS</b>	<b>2,643,135</b>	<b>1,903,458</b>
<b>ASSETS LIMITED AS TO USE</b> , less amounts required to meet current obligations	<b>22,060,013</b>	<b>42,036,798</b>
<b>PROPERTY, BUILDINGS AND EQUIPMENT, net</b>	<b>230,889,990</b>	<b>223,281,222</b>
<b>OTHER ASSETS</b>		
Debt issuance costs, net	<b>1,212,457</b>	<b>1,301,937</b>
Beneficial interest in charitable remainder trust	<b>499,176</b>	<b>-</b>
Other assets	<b>964,353</b>	<b>3,419,475</b>
<b>TOTAL OTHER ASSETS</b>	<b>2,675,986</b>	<b>4,721,412</b>
<b>TOTAL ASSETS</b>	<b>\$ 490,403,426</b>	<b>\$ 481,552,125</b>

**PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

***Consolidated Balance Sheets - Continued***

	<i>September 30,</i>	
	<i>2014</i>	<i>2013</i>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Current portion of long-term debt	\$ 4,646,923	\$ 3,798,358
Current portion of other liabilities	833,640	670,771
Accounts payable	12,415,159	14,515,227
Accrued expenses	23,949,899	19,709,077
Estimated amounts due to third-party payers, net	3,657,200	5,503,113
<b>CURRENT LIABILITIES</b>	<b>45,502,821</b>	<b>44,196,546</b>
<b>OTHER LIABILITIES</b>		
Long-term debt, less current portion	176,771,057	179,513,120
Other liabilities, less current portion	6,376,389	5,417,023
<b>TOTAL LIABILITIES</b>	<b>228,650,267</b>	<b>229,126,689</b>
<b>COMMITMENTS AND CONTINGENCIES - Note K</b>		
<b>NET ASSETS</b>		
Unrestricted	261,047,983	252,219,436
Temporarily restricted	499,176	-
Permanently restricted	206,000	206,000
<b>TOTAL NET ASSETS</b>	<b>261,753,159</b>	<b>252,425,436</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 490,403,426</b>	<b>\$ 481,552,125</b>

**PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

***Consolidated Statements of Operations and Changes in Net Assets***

	<i>Year Ended September 30,</i>	
	<i>2014</i>	<i>2013</i>
<b>CHANGES IN UNRESTRICTED NET ASSETS:</b>		
Unrestricted revenue, gains, and support:		
Patient service revenue, net of contractual allowances	\$ 414,635,315	\$ 413,633,021
Estimated provision for bad debts	(55,664,586)	(68,827,373)
Net patient service revenue	358,970,729	344,805,648
Other revenue, gains, and support	21,316,429	19,760,390
Net investment gain	940,737	491,477
<b>TOTAL REVENUE, GAINS AND SUPPORT</b>	<b>381,227,895</b>	<b>365,057,515</b>
<b>EXPENSES:</b>		
Salaries and wages	149,896,600	141,406,686
Employee benefits, including payroll taxes	55,724,477	50,094,411
Supplies and drugs	84,988,474	73,942,130
Purchased services	13,535,391	13,666,389
Professional fees	2,167,455	3,778,621
Administrative and other	37,229,334	35,360,555
Depreciation and amortization	19,671,169	17,854,034
Provider taxes	3,242,475	3,242,540
Interest	5,943,973	4,880,369
<b>TOTAL EXPENSES</b>	<b>372,399,348</b>	<b>344,225,735</b>
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND INCREASE IN UNRESTRICTED NET ASSETS	<b>8,828,547</b>	<b>20,831,780</b>
<b>CHANGE IN TEMPORARILY RESTRICTED NET ASSETS:</b>		
Restricted contribution	499,176	-
<b>INCREASE IN NET ASSETS</b>	<b>9,327,723</b>	<b>20,831,780</b>
NET ASSETS, BEGINNING OF YEAR	252,425,436	231,593,656
NET ASSETS, END OF YEAR	<b>\$ 261,753,159</b>	<b>\$ 252,425,436</b>

**PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

***Consolidated Statements of Cash Flows***

	<i>Year Ended September 30,</i>	
	<i>2014</i>	<i>2013</i>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Increase in net assets	\$ 9,327,723	\$ 20,831,780
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	19,671,169	17,854,034
Estimated provision for bad debts	55,664,586	69,291,272
Amortization of bond premium	(340,548)	(577,327)
Change in unrealized gains on assets limited as to use and investments	(162,046)	334,218
Donation of beneficial interest in charitable remainder trust	(521,786)	-
Decrease in beneficial interest in charitable remainder trust	22,610	-
Change in present value of future medical services to other liabilities	105,141	110,789
Loss (gain) on disposal of property, buildings and equipment	(568,679)	742,546
(Increase) decrease in cash due to changes in:		
Patient accounts receivable	(59,456,438)	(75,616,723)
Inventories	287,814	(448,348)
Prepaid expenses and other assets	(1,101,654)	1,238,753
Accounts payable	(1,496,996)	(2,931,457)
Accrued expenses	4,240,822	(1,789,286)
Estimated amounts due to third-party payers, net	(1,845,913)	2,721,922
Other liabilities	1,406,929	645,753
Total adjustments	15,905,011	11,576,146
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<b>25,232,734</b>	<b>32,407,926</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchases of property, buildings and equipment, net	(26,130,488)	(46,148,319)
Proceeds from disposals of property, buildings and equipment	1,013,609	814,284
Purchases of assets limited as to use and investments	(8,842,449)	(52,352,342)
Proceeds from sale of assets limited as to use and investments	30,720,832	29,239,121
<b>NET CASH USED IN INVESTING ACTIVITIES</b>	<b>(3,238,496)</b>	<b>(68,447,256)</b>

*See notes to consolidated financial statements.*

**PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

***Consolidated Statements of Cash Flows - Continued***

	<i>Year Ended September 30,</i>	
	<i>2014</i>	<i>2013</i>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Payments on other liabilities for settlement agreement	<b>(389,835)</b>	(383,925)
Payment of debt issuance costs	<b>(319,428)</b>	(322,914)
Proceeds from issuance of long-term debt	<b>323,552</b>	45,776,154
Principal payments on long-term debt	<b>(3,800,376)</b>	(3,959,910)
NET CASH PROVIDED BY (USED IN)		
FINANCING ACTIVITIES	<b>(4,186,087)</b>	41,109,405
NET INCREASE IN CASH AND		
CASH EQUIVALENTS	<b>17,808,151</b>	5,070,075
CASH AND CASH EQUIVALENTS, beginning of year	<b>126,448,411</b>	121,378,336
CASH AND CASH EQUIVALENTS, end of year	<b>\$ 144,256,562</b>	<b>\$ 126,448,411</b>
<b>SUPPLEMENTAL INFORMATION AND NON-CASH TRANSACTIONS:</b>		
<b>INFORMATION</b>		
Cash paid for interest	<b>\$ 6,623,921</b>	<b>\$ 6,868,960</b>
Capital related payables in accounts payable	<b>\$ 2,192,303</b>	<b>\$ 2,795,375</b>
Equipment purchased through capital lease arrangement	<b>\$ 1,923,874</b>	<b>\$ -</b>

During the year ended September 30, 2014, the Hospital refinanced previously issued debt of \$45,000,000.

## PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

### *Notes to Consolidated Financial Statements*

***Years Ended September 30, 2014 and 2013***

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#### NOTE A--THE ENTITY

**Organization:** The consolidated financial statements include the financial statements of Pikeville Medical Center, Inc. and its wholly owned subsidiaries Pikeville Medical Center Foundation for Quality Healthcare, Inc., Pikeville Medical Development Corporation and Landmark Properties of Pikeville, Inc. (collectively, the Hospital). Pikeville Medical Center, Inc. was incorporated in 1922 as a Christian benevolent and charitable institution and currently has 261 licensed beds. Patient services include acute, rehabilitative, intensive, neonatal, nursery, and outpatient care. For presentation purposes, all transactions are classified as operating as the Hospital considers all transactions to be central to the provision of healthcare services.

#### NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Principles of Consolidation:** The accompanying consolidated financial statements include the accounts of the Hospital and its subsidiaries after elimination of all significant intercompany accounts and transactions.

**Use of Estimates:** The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Cash and Cash Equivalents:** Cash and cash equivalents include non-designated investments with original terms to maturity of approximately three months or less when purchased. Cash and cash equivalents also include repurchase agreements with a financial institution which have contractual terms in excess of 90 days, but which settle frequently. Cash and cash equivalents designated as assets limited as to use or uninvested amounts included in investment portfolios are not included in the consolidated balance sheets as cash and cash equivalents. Substantially all of the Hospital's cash and cash equivalents are covered by federal depository insurance or collateralized with securities held by the bank. At times throughout the year, the Hospital may maintain bank account balances in excess of the FDIC insured limit or which are not collateralized with securities held by the bank. Management believes the credit risk associated with these deposits, if any, is not significant.

**Inventories:** Inventories, consisting primarily of medical supplies, are stated at the lower of cost or market on a first-in, first-out basis.

**Assets Limited as to Use and Investments:** Assets limited as to use consist of investments held by a trustee under the terms of bond indentures. Assets limited as to use that are required for obligations classified as current liabilities or amounts to be paid during the subsequent year are reported as

## PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended September 30, 2014 and 2013*

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current assets. These funds are invested primarily in cash equivalents and U.S. government and agency securities. At September 30, 2014, 84% of assets limited as to use were held by one issuer. Investments consist of mutual funds and other securities related to a 457(b) deferred compensation plan (Note G).

All assets limited as to use and investments with readily determinable market values are reported at fair value. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the excess of revenue, gains and support over expenses and losses. Gains and losses on the sale of investments and assets whose use is limited are computed using the specific identification method for cost determination.

*Property, Buildings, and Equipment:* Property, plant and equipment is stated on the basis of cost, or if donated, at the fair value at the date of gift. Depreciation expense is computed by the straight-line method over the estimated useful lives of the related assets (4-40 years for buildings and improvements and 5-15 years for equipment). Equipment held under capital lease obligations is amortized under the straight-line method over the shorter of the lease term or estimated useful life. Amortization of equipment held under capital leases is shown as a part of depreciation expense and accumulated depreciation in the accompanying consolidated financial statements. Renewals and betterments are capitalized and depreciated over their estimated useful lives, whereas repair and maintenance expenditures are expensed as incurred. Net interest cost incurred on borrowed funds during the period of construction of capital assets of approximately \$994,000 and \$1,720,000 for the years ended September 30, 2014 and 2013, respectively, is capitalized as a component of the cost of acquiring those assets.

The Hospital reviews capital assets for indications of potential impairment when there are changes in circumstances related to a specific asset. When required, impairment losses are recognized based on the estimated fair value of the asset. There were no impairments recognized by the Hospital during the years ended September 30, 2014 and 2013. Property, buildings, and equipment to be disposed of by sale are reported at the lower of their carrying amount or fair value less cost to sell.

*Debt Issuance Costs:* Debt issuance costs are being amortized over the life of the issuance using a method that approximates the interest method. Debt issuance costs are net of accumulated amortization of approximately \$451,000 and \$365,000 as of September 30, 2014 and 2013, respectively.

*Beneficial interest in charitable remainder trust:* The Hospital has been named as a beneficiary in an interest in a charitable remainder trust. All assets named in the trust are administered by an independent trustee. Changes in the estimated value of the trust are recognized in the consolidated statements of operations and changes in net assets.

## PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended September 30, 2014 and 2013*

**Net Patient Service Revenue/Receivables:** Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Patient accounts receivable are reported net of both an estimated allowance for uncollectible accounts and an allowance for contractual adjustments. The contractual allowance represents the difference between established billing rates and estimated reimbursement from Medicare, Medicaid and other third-party payment programs. Current operations include a provision for bad debts estimated based upon the age of the patient accounts receivable, historical writeoffs and recoveries and any unusual circumstances (such as local, regional or national economic conditions) which affect the collectibility of receivables, including management's assumptions about conditions it expects to exist and courses of action it expects to take. Additions to the allowance for uncollectible accounts result from the provision for bad debts. Patient accounts written off as uncollectible are deducted from the allowance for uncollectible accounts. Patient service revenue is recorded prior to assessing the patient's ability to pay and as such, the estimated provision for bad debts is recorded as a deduction from patient service revenue, net of contractual allowances in the accompanying consolidated statements of operations and changes in net assets.

The Hospital's policy does not require collateral or other security for patient accounts receivable. The Hospital routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies.

**Charity Care:** The Hospital's financial assistance policy is designed to provide care to patients regardless of their ability to pay. Patients who meet certain criteria for charity care are provided healthcare without charge. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, charges at established rates are not reported as revenue. Charges foregone, based on established rates, totaled approximately \$29,447,000 and \$43,761,000 in 2014 and 2013, respectively. The estimated direct and indirect cost of providing these services totaled approximately \$6,185,000 and \$9,875,000 in 2014 and 2013, respectively. Such costs are determined using a ratio of cost to charges analysis with indirect cost allocated.

**Temporarily and Permanently Restricted Net Assets:** Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.



## PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended September 30, 2014 and 2013*

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**Donor-Restricted Gifts:** Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and are reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements. Gifts, grants and bequests not restricted by donors are reported as unrestricted donations.

**Provider Tax:** The Hospital is required to pay a healthcare provider tax pursuant to legislation passed by the Commonwealth of Kentucky. The tax levied is for the purpose of providing funding for the Commonwealth of Kentucky Medicaid program.

**Income Taxes:** The Hospital is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Pikeville Medical Center Foundation for Quality Healthcare, Inc. has requested an exemption from income taxes, which is pending approval by the Internal Revenue Service (IRS). Pikeville Medical Center Development Corporation and Landmark Properties of Pikeville, Inc. are taxable entities to which applicable corporate income taxes apply. No income taxes were owed by Pikeville Medical Center Development Corporation or Landmark Properties of Pikeville, Inc. for the years ended September 30, 2014 and 2013. The Hospital had no uncertain tax positions at September 30, 2014 and 2013. At September 30, 2014, tax returns for 2011 through 2013 are subject to examination by the IRS.

**Electronic Health Record (EHR) Incentives:** The American Recovery and Reinvestment Act of 2009 (ARRA) provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and physician practices that demonstrate meaningful use of certified EHR technology. The incentive payments are calculated based upon estimated discharges, charity care and other input data and are recorded upon the Hospital's attainment of program and attestation criteria. The incentive payments are subject to regulatory audit. The Hospital incurs both capital expenditures and operating expenses in connection with the implementation of its various EHR initiatives. The amount and timing of these expenditures does not directly correlate with the timing of the Hospital's receipt or recognition of the EHR incentive payments. During the years ended September 30, 2014 and 2013, the Hospital recognized EHR incentive revenues of approximately \$2,270,000 and \$3,756,000, respectively. EHR incentive revenues are included in other revenue, gains and support in the accompanying consolidated statements of operations and changes in net assets.

**Subsequent Events:** The Hospital evaluated all events or transactions that occurred after September 30, 2014, through January 27, 2015, the date the consolidated financial statements were available to

## PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

### *Notes to Consolidated Financial Statements - Continued*

#### Years Ended September 30, 2014 and 2013

be issued. During this period management did not note any material recognizable subsequent events that required recognition or disclosure in the September 30, 2014 consolidated financial statements.

*Reclassifications:* Certain 2013 amounts have been reclassified to conform with the 2014 presentation.

#### NOTE C--NET PATIENT SERVICE REVENUE

Patient service revenue, net of contractual allowances, is composed of the following for the years ended September 30:

	<u>2014</u>	<u>2013</u>
Third-party payers	\$ 336,716,548	\$ 315,193,315
Patients	77,918,767	98,439,706
Patient service revenue	<u>\$ 414,635,315</u>	<u>\$ 413,633,021</u>

Patient deductibles and copayments under third-party payment programs are included within the patient amounts above.

Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not paid or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely. For receivables associated with patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between rates and the amounts actually collected after all reasonable collections efforts have been exhausted is charged against the allowance for uncollectible accounts.

Estimated allowances for doubtful accounts decreased approximately \$1,100,000 during the year ended September 30, 2014. The decrease is due to a decline in self pay as a result of the Kentucky Medicaid expansion, effective January 1, 2014, which increased the number of patients without insurance qualifying for Medicaid coverage.

The Hospital is located in Pikeville, Kentucky, and the Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements.

# PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements - Continued

### Years Ended September 30, 2014 and 2013

Admitting physicians are primarily practitioners in the local area. The percentages of gross receivables from patients and third-party payers as of September 30 were as follows:

	2014	2013
Medicare	39%	44%
Medicaid	34%	23%
Other third-party payers	17%	20%
Patients	10%	13%
Total	100%	100%

### NOTE D--PROPERTY, BUILDINGS AND EQUIPMENT

Property, plant and equipment consist of the following at September 30:

	2014	2013
Land	\$ 14,382,116	\$ 14,194,781
Buildings and improvement	219,687,414	140,148,654
Equipment	139,994,787	119,884,731
	374,064,317	274,228,166
Less: Accumulated depreciation	(146,344,839)	(132,056,345)
	227,719,478	142,171,821
Construction-in-progress	3,170,512	81,109,401
	\$ 230,889,990	\$ 223,281,222

Depreciation expense for the years ended September 30, 2014 and 2013 was approximately \$19,157,000 and \$17,315,000, respectively. The estimated cost to complete the Hospital's outstanding capital projects at September 30, 2014 is approximately \$23,938,000.

### NOTE E--LONG-TERM DEBT

Long-term debt consists of the following at September 30:

Description	Maturities	Rates	Outstanding Balance	
			2014	2013
2014 Hospital Improvement Refunding Revenue Bond Anticipation Notes, net of unamortized premium of \$134,813 at September 30, 2014	\$45,000,000 term certificate, due March 1, 2015	1.00%	\$ 45,134,813	\$ -

# PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements - Continued

### Years Ended September 30, 2014 and 2013

Description	Maturities	Rates	Outstanding Balance	
			2014	2013
2013 Hospital Improvement Revenue Bond Anticipation Notes, net of unamortized premium of \$130,909 at September 30, 2013	\$45,000,000 term certificate, refinanced in 2014	1.00%	-	45,130,909
\$44,602,500 United States Department of Agriculture, Rural Development promissory notes	Annual interest payments through March 20, 2016; annual principal and interest payments of \$2,050,823 thereafter with final payment due March 20, 2053	3.13%	44,602,500	44,602,500
2011 Hospital Improvement and Refunding Revenue Bonds, net of unamortized premium of \$297,639 and \$318,540 at September 30, 2014 and 2013, respectively	\$29,550,000 serially, through March 1, 2024 \$8,190,000 term certificates, due March 1, 2026 \$15,245,000 term certificates, due March 1, 2031 \$30,890,000 term certificates, due March 1, 2041	4.00% to 6.25% 5.75% 6.25% 6.50%	84,172,639	86,503,540
Note payable, collateralized by medical equipment with a net book value of \$3,283,644 and \$4,517,393 at September 30, 2014 and 2013, respectively	Monthly principal and interest payments of \$99,458 beginning July 2012 maturing June 2017	3.90%	3,104,329	4,156,342
Notes payable, collateralized by real estate with a net book value of \$2,110,386 and \$2,172,064 at September 30, 2014 and 2013, respectively	Monthly principal and interest payments of \$10,908 beginning February 2012 maturing January 2032	4.00%	1,634,564	1,698,676
Note payable, collateralized by real estate with a net book value of \$6,742,477 and \$6,952,487 at September 30, 2014 and 2013, respectively	Monthly principal and interest payments of \$22,100 beginning June 2012 maturing May 2017	4.00%	669,723	903,047
Note payable, unsecured	Monthly payments of \$1,049 beginning October 2013 through July 2023	2.88%	98,065	107,679
Capital leases and note payable secured by medical equipment with a net book value of \$58,756 and \$604,144 at September 30, 2014 and 2013, respectively	Various principal and interest payments	Various	77,473	208,785
Capital lease secured by medical equipment with a net book value of \$1,469,258 at September 30, 2014	Monthly payments of \$66,221 beginning October 2014 through March 2017	2.50% (imputed)	1,923,874	-
Less current portion			181,417,980	183,311,478
			(4,646,923)	(3,798,358)
			<u>\$ 176,771,057</u>	<u>\$ 179,513,120</u>

**Series 2014 Notes:** In February 2014, the Hospital issued \$45,000,000 Improvement Refunding Revenue Bond Anticipation Notes (the Series 2014 Notes) through the City of Pikeville, Kentucky. Proceeds of the Series 2014 Notes were used to refinance, on an interim basis, the 2013 Hospital Improvement Revenue Bond Anticipation Notes. Management intends to redeem the Series 2014 Notes with proceeds of \$45,000,000 Revenue Bond Anticipation Notes (the Series 2015 notes) through the City of Pikeville, Kentucky. Management anticipates that the Series 2015 Notes will be redeemed, and permanent financing in the amount of \$45,000,000 will be provided by the United States Department of Agriculture, Rural Development (USDA) during 2016. The Hospital received a commitment letter of permanent financing from the USDA in February 2013.

## PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

### *Notes to Consolidated Financial Statements - Continued*

#### ***Years Ended September 30, 2014 and 2013***

**Capital Lease:** During 2014, the Hospital entered into an agreement to purchase certain equipment. The agreement contains a bargain purchase option and is accounted for as a capital lease. The cost of the equipment was approximately \$1,900,000. Accumulated amortization of the leased equipment at September 30, 2014 was \$430,000.

**Early Redemption:** Certain of the Hospital's bonds and notes are subject to redemption prior to maturity, including optional, mandatory sinking fund and extraordinary redemption, at various dates and prices as described in the respective Bond indentures and other documents.

The required annual principal payments on long-term debt for the years subsequent to September 30, 2014, excluding principal payments on the Series 2014 Notes which are expected to be refinanced, are as follows:

<b><i>Year Ending September 30,</i></b>	
2015	\$ 4,646,923
2016	4,374,872
2017	4,675,038
2018	3,518,527
2019	3,688,078
Thereafter	115,082,090
	135,985,528
Net premium	297,639
	<u><u>\$ 136,283,167</u></u>

The Hospital has granted and pledged to the Master Trustee a security interest in all gross receipts (as defined in the Master Indenture) and a mortgage on, and security interest in, certain of its medical facilities related to the payment of obligations issued or secured under the Master Indenture. The terms of the Master Indenture and related debt agreements contain financial and other covenants with which the Hospital must comply. Management believes the Hospital was in compliance with all such covenants at September 30, 2014.

The Hospital is required every five years, and at maturity, to remit to the Internal Revenue Service amounts which are due related to positive arbitrage on the borrowed funds. The Hospital intends to perform such computations when required and will recognize any liability at that time. Management does not believe there are any significant arbitrage liabilities at September 30, 2014.

## PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended September 30, 2014 and 2013*

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#### NOTE F--OPERATING LEASES

Rental expense under operating leases was approximately \$1,462,000 and \$1,571,000 in 2014 and 2013, respectively. The Hospital has certain equipment which is leased under non-cancelable operating leases. Approximate future minimum rental payments are as follows:

<i>Year Ending September 30,</i>	
2015	\$ 1,227,106
2016	1,128,937
2017	868,107
2018	633,148
2019	330,840
Thereafter	129,600
Total	<u>\$ 4,317,738</u>

#### NOTE G--EMPLOYEE BENEFIT PLANS

The Hospital sponsors a 403(b) defined contribution plan and matches 50% of employees' contributions up to 10% of an employee's salary. The Hospital's expense related to this plan was approximately \$2,150,000 and \$2,043,000 during 2014 and 2013, respectively.

The Hospital also sponsors a 457(b) deferred compensation plan (the Plan) for certain employees. Included in investments in the accompanying consolidated balance sheets as of September 30, 2014 and 2013, is approximately \$2,642,000 and \$1,903,000, respectively, of investments with a corresponding amount of other long-term liabilities for the amount of cumulative employee compensation that was elected by such employees to be deferred for this Plan, as well as the corresponding cumulative gains and losses on such investments. During the years ended September 30, 2014 and 2013, approximately \$612,000 and \$429,000, respectively, was expensed as compensation in connection with this Plan.

#### NOTE H--RELATED PARTY TRANSACTIONS

The Hospital enters into transactions in the normal course of business with various companies, certain of whose directors, officers, or immediate family are also directors or immediate family members of the directors at the Hospital. Donations and interest and dividends earned from companies associated with Board members totaled approximately \$1,091,000 and \$603,000, in 2014 and 2013, respectively. Purchased services and rental payments associated with Board members totaled approximately \$4,298,000 and \$4,066,000 in 2014 and 2013, respectively. Board members

## PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended September 30, 2014 and 2013*

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refrain from discussion and abstain from voting on transactions with entities with which they are related.

#### NOTE I--FUNCTIONAL EXPENSES

The Hospital does not present expense information by functional classification because its resources and activities are primarily related to providing healthcare services. Further, since the Hospital receives substantially all of its resources from providing healthcare services in a manner similar to business enterprise, other indicators contained in these consolidated financial statements are considered important in evaluating how well management has discharged their stewardship responsibilities.

#### NOTE J--FAIR VALUE OF FINANCIAL INSTRUMENTS

The fair value of financial instruments has been estimated by the Hospital using available market information as of September 30, 2014 and 2013, and valuation methodologies considered appropriate. The estimates presented are not necessarily indicative of amounts the Hospital could realize in a current market exchange. The carrying value of substantially all financial instruments approximates fair value due to the nature or term of the instruments, except as described below.

*Other Liabilities:* It is not practical to estimate the fair market value of other liabilities due to uncertainty of when these amounts may be paid.

*Long-Term Debt:* The fair value of long-term debt is estimated based upon quotes obtained from brokers for bonds and discounted future cash flows using current market rates for other debt and would be classified in level 2 in the fair value hierarchy. The estimated fair value and carrying value of long-term debt was approximately \$233,491,000 and \$176,771,000, respectively, at September 30, 2014. The estimated fair value and carrying value of long-term debt was approximately \$187,387,000 and \$179,513,000, respectively, at September 30, 2013.

Financial Accounting Standards Board Accounting Standards Codification ASC 820, *Fair Value Measurements and Disclosures (ASC 820)*, establishes a single authoritative definition of fair value, sets a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Hospital classifies its investments into three levels as follows: Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

# PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements - Continued

### Years Ended September 30, 2014 and 2013

At September 30, 2014 and 2013, the fair value of the Hospital's financial instruments that are required to be measured at fair value on a recurring basis is as follows:

	<i>Quoted Prices in Active Market (Level 1)</i>	<i>Significant Other Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>	<i>Total</i>
<b>September 30, 2014</b>				
Cash and cash equivalents	\$ 21,456,454	\$ 122,000,000	\$ -	\$ 143,456,454
U.S. Treasury and agency obligations	-	4,124,820	-	4,124,820
Mutual funds - Domestic Funds	1,888,450	-	-	1,888,450
Mutual funds - International Funds	377,870	-	-	377,870
Total assets	\$ 23,722,774	\$ 126,124,820	\$ -	\$ 149,847,594
<b>September 30, 2013</b>				
Cash and cash equivalents	\$ 23,877,069	\$ 122,000,000	\$ -	\$ 145,877,069
U.S. Treasury and agency obligations	-	24,074,843	-	24,074,843
Mutual funds - Domestic Funds	1,302,868	-	-	1,302,868
Mutual funds - International Funds	309,151	-	-	309,151
Total assets	\$ 25,489,088	\$ 146,074,843	\$ -	\$ 171,563,931

## NOTE K--COMMITMENTS AND CONTINGENCIES

There are certain lawsuits or claims pending against the Hospital resulting from the ordinary course of its business. The Hospital provides for costs relating to these matters when a loss is probable and the amount is reasonably estimable. While it is not possible to predict with certainty the ultimate outcome of these pending matters, management believes that the ultimate resolution of such matters will not have a material adverse effect on the financial position, operations, or cash flows of the Hospital.

**Insurance:** The Hospital maintains commercial insurance for medical malpractice liabilities. The claims-made policy has a \$250,000 deductible on individual claims up to a maximum liability of \$1,000,000 and \$3,000,000 in the aggregate annually. In addition, the Hospital maintains umbrella policies in the amount of \$11,000,000, individually and in the aggregate.

The Hospital is substantially self-insured for workers' compensation claims and has established estimated liabilities for reported claims. The Hospital has excess coverage insurance covering claims exceeding \$1,000,000. Hospital management has estimated and accrued for the cost of asserted claims based on historical data. No accrual for claims incurred but not reported is recorded in the accompanying consolidated financial statements as management is not able to estimate such amounts.



## PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES

### *Notes to Consolidated Financial Statements - Continued*

#### Years Ended September 30, 2014 and 2013

The Hospital was previously insured for workers' compensation and medical malpractice claims through a commercial insurer which became insolvent prior to 2011. At September 30, 2014 and 2013, a receivable of approximately \$2,442,000 and \$2,439,000, respectively, related to these settlements is included in prepaid expenses and other assets in the accompanying consolidated balance sheets.

*Settlement Agreement:* In 2004, the Hospital entered into a settlement agreement with a patient, providing for a cash payment of \$3,250,000, annual payments of \$300,000 for 11 years, and an agreement to provide certain medical services for the life of the patient. The liability has been reduced by the cost savings of performing the services at the Hospital and is recorded in other liabilities in the accompanying consolidated balance sheets. The liability is updated annually based on payments made and adjustments to net present value.

The summary of activity for the related liability is as follows:

Balance, October 1, 2012	\$ 1,909,344
Payments	(383,925)
Change in present value for future medical services	110,789
Balance, September 30, 2013	1,636,208
Payments	(389,835)
Change in present value for future medical services	105,141
Balance, September 30, 2014	<u>\$ 1,351,514</u>

*Employee Benefits:* The Hospital is self-insured for employee health claims under a health insurance program. Claims payable, as well as management's estimate for claims incurred but not reported is included as part of accrued expenses in the accompanying consolidated balance sheets.

*Third-Party Reimbursement:* The Hospital has agreements with various third-party payers that provide for payments to the Hospital at amounts different from established rates. The difference between the rates charged and the estimated payments from third-party payers is recorded as a reduction of gross patient service charges. Revenue for patient service charges has been adjusted to the amounts estimated to be receivable under third-party payer arrangements. Amounts recorded under these contractual arrangements are subject to review and final determination by various program intermediaries. Management believes that adequate provision has been made for any adjustments which may result from such reviews. However, due to uncertainties in the estimates, it is at least reasonably possible that management's estimates will change in 2015. Net patient service revenue for the years ended September 30, 2014 and 2013 decreased by approximately \$1,072,000 and \$1,641,000, respectively, due to adjustments of estimates or final settlements of prior periods.

## **PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

### ***Notes to Consolidated Financial Statements - Continued***

#### ***Years Ended September 30, 2014 and 2013***

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***Healthcare Industry:*** Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

## **Supplemental Schedules**

**PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

***Consolidating Balance Sheet***

***September 30, 2014***

	<i>Obligated Group*</i>	<i>Non-Obligated Group</i>	<i>Eliminations</i>	<i>Total</i>
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
Cash and cash equivalents	\$ 144,199,996	\$ 56,566	\$ -	\$ 144,256,562
Assets limited as to use	3,144,446	-	-	3,144,446
Patient accounts receivable, less estimated allowances for doubtful accounts	57,164,193	-	-	57,164,193
Inventories	11,496,079	121,112	-	11,617,191
Prepaid expenses and other assets	17,106,089	45,793	(1,199,972)	15,951,910
<b>TOTAL CURRENT ASSETS</b>	<b>233,110,803</b>	<b>223,471</b>	<b>(1,199,972)</b>	<b>232,134,302</b>
<b>INVESTMENTS</b>	<b>5,754,387</b>	<b>-</b>	<b>(3,111,252)</b>	<b>2,643,135</b>
<b>ASSETS LIMITED AS TO USE, less amounts required to meet current obligations</b>	<b>22,060,013</b>	<b>-</b>	<b>-</b>	<b>22,060,013</b>
<b>PROPERTY, BUILDINGS AND EQUIPMENT, net</b>	<b>228,496,009</b>	<b>2,393,981</b>	<b>-</b>	<b>230,889,990</b>
<b>OTHER ASSETS</b>				
Bond issuance costs, net	1,212,457	-	-	1,212,457
Beneficial interest in charitable remainder trust	499,176	-	-	499,176
Other assets	964,353	-	-	964,353
<b>TOTAL OTHER ASSETS</b>	<b>2,675,986</b>	<b>-</b>	<b>-</b>	<b>2,675,986</b>
<b>TOTAL ASSETS</b>	<b>\$ 492,097,198</b>	<b>\$ 2,617,452</b>	<b>\$ (4,311,224)</b>	<b>\$ 490,403,426</b>

\* Pikeville Medical Center, Inc.

**PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

***Consolidating Balance Sheet - Continued***

***September 30, 2014***

	<b><i>Obligated Group*</i></b>	<b><i>Non-Obligated Group</i></b>	<b><i>Eliminations</i></b>	<b><i>Total</i></b>
<b>LIABILITIES AND NET ASSETS</b>				
<b>CURRENT LIABILITIES</b>				
Current portion of long-term debt	\$ 4,646,923	\$ -	\$ -	\$ 4,646,923
Current portion of other liabilities	833,640	-	-	833,640
Accounts payable	12,378,259	36,900	-	12,415,159
Accrued expenses	23,882,061	1,267,810	(1,199,972)	23,949,899
Estimated amounts due to third-party payors, net	3,657,200	-	-	3,657,200
<b>TOTAL CURRENT LIABILITIES</b>	<b>45,398,083</b>	<b>1,304,710</b>	<b>(1,199,972)</b>	<b>45,502,821</b>
<b>OTHER LIABILITIES</b>				
Long-term debt, less current portion	176,771,057	-	-	176,771,057
Other liabilities	6,376,389	-	-	6,376,389
<b>TOTAL LIABILITIES</b>	<b>228,545,529</b>	<b>1,304,710</b>	<b>(1,199,972)</b>	<b>228,650,267</b>
<b>NET ASSETS (DEFICIT)</b>				
Unrestricted	262,846,493	1,312,742	(3,111,252)	261,047,983
Temporarily restricted	499,176	-	-	499,176
Permanently restricted	206,000	-	-	206,000
<b>TOTAL NET ASSETS (DEFICIT)</b>	<b>263,551,669</b>	<b>1,312,742</b>	<b>(3,111,252)</b>	<b>261,753,159</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 492,097,198</b>	<b>\$ 2,617,452</b>	<b>\$ (4,311,224)</b>	<b>\$ 490,403,426</b>

\* Pikeville Medical Center, Inc.

**PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

***Consolidating Statement of Operations and Changes in Net Assets***

***Year Ended September 30, 2014***

	<i>Obligated Group*</i>	<i>Non-Obligated Group</i>	<i>Eliminations</i>	<i>Total</i>
<b>CHANGES IN UNRESTRICTED NET ASSETS:</b>				
Unrestricted revenue, gains and support:				
Patient service revenue, net of contractual allowances	\$ 414,635,315	\$ -	\$ -	\$ 414,635,315
Estimated provision for bad debts	(55,664,586)	-	-	(55,664,586)
Net patient service revenue	358,970,729	-	-	358,970,729
Other revenue, gains, and support	17,586,566	2,724,431	1,005,432	21,316,429
Net investment gain	940,730	7	-	940,737
<b>TOTAL REVENUE, GAINS AND SUPPORT</b>	<b>377,498,025</b>	<b>2,724,438</b>	<b>1,005,432</b>	<b>381,227,895</b>
<b>EXPENSES:</b>				
Salaries and wages	148,787,768	1,108,832	-	149,896,600
Employee benefits, including payroll taxes	55,371,359	353,118	-	55,724,477
Supplies and drugs	84,232,554	755,920	-	84,988,474
Purchased services	13,466,823	68,568	-	13,535,391
Professional fees	2,167,455	-	-	2,167,455
Administrative and other	35,697,305	1,532,029	-	37,229,334
Depreciation and amortization	19,567,094	104,075	-	19,671,169
Provider taxes	3,242,475	-	-	3,242,475
Interest	5,943,973	-	-	5,943,973
<b>TOTAL EXPENSES</b>	<b>368,476,806</b>	<b>3,922,542</b>	<b>-</b>	<b>372,399,348</b>
<b>EXCESS (DEFICIT) OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES</b>	<b>9,021,219</b>	<b>(1,198,104)</b>	<b>1,005,432</b>	<b>8,828,547</b>
<b>CHANGE IN TEMPORARILY RESTRICTED NET ASSETS:</b>				
Restricted contribution	499,176	-	-	499,176
<b>INCREASE (DECREASE) IN NET ASSETS</b>	<b>9,520,395</b>	<b>(1,198,104)</b>	<b>1,005,432</b>	<b>9,327,723</b>
<b>NET ASSETS (DEFICIT), BEGINNING OF YEAR</b>	<b>254,031,274</b>	<b>296,149</b>	<b>(1,901,987)</b>	<b>252,425,436</b>
<b>NET ASSET TRANSFER</b>	<b>-</b>	<b>2,214,697</b>	<b>(2,214,697)</b>	<b>-</b>
<b>NET ASSETS (DEFICIT), END OF YEAR</b>	<b>\$ 263,551,669</b>	<b>\$ 1,312,742</b>	<b>\$ (3,111,252)</b>	<b>\$ 261,753,159</b>

\* Pikeville Medical Center, Inc.

*See note to supplemental schedules.*

## **PIKEVILLE MEDICAL CENTER, INC. AND SUBSIDIARIES**

### ***Note to Supplemental Schedules***

***Year Ended September 30, 2014***

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#### **NOTE A--OBLIGATED GROUP**

In accordance with the Master Trust Indenture between Pikeville Medical Center, Inc. and Community Trust Bank, Inc., as Master Trustee, Pikeville Medical Center, Inc. (the Hospital) is the sole member of the Obligated Group. As described in Note E to the consolidated financial statements, the Hospital has granted and pledged to the Master Trustee a security interest in all gross receipts (as defined in the Master Indenture) and a mortgage on, and security interest in, certain of its medical facilities related to payment of obligations issued or secured under the Master Indenture.

Wholly-owned subsidiaries of the Hospital: Pikeville Medical Center Foundation for Quality Healthcare, Inc., Pikeville Medical Development Corporation and Landmark Properties of Pikeville, Inc. are not pledged to secure the payment of the outstanding bonds as they are not part of the Obligated Group. As such, the Hospital has not accounted for its investment in these subsidiaries in the supplemental consolidating balance sheet.