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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

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
TJ SAMSON COMMUNITY HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1301 NORTH RACE STREET

City or town, state or province, country, and ZIP or foreign postal code
GLASGOW, KY 42141

D Employer identification number
61-0461767

E Telephone number
(270)651-4114

G Gross receipts $ 134,581,168

F Name and address of principal officer
BUD WETHINGTON
1301 NORTH RACE STREET
GLASGOW,KY 42141

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 TJSAMSON ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1928

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TJ SAMSON COMMUNITY HOSPITAL WILL PROMOTE AND PROVIDE FOR THE HEALTH AND WELL-BEING OF THOSE THEY SERVE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,248
6	Total number of volunteers (estimate if necessary)	**6**	55
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	43,769
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-4,034

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,934	33,681
9	Program service revenue (Part VIII, line 2g)	125,509,517	132,949,226
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,094,648	834,244
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,612,964	727,995
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,235,063	134,545,146
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,307,628	15,648,651
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,597,682	60,306,256
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,362,968	62,878,592
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	132,268,278	138,833,499
19	Revenue less expenses Subtract line 18 from line 12	-3,033,215	-4,288,353

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	170,522,635	170,035,634
21	Total liabilities (Part X, line 26)	76,588,796	81,991,933
22	Net assets or fund balances Subtract line 21 from line 20	93,933,839	88,043,701

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

****** | 2015-08-17
Signature of officer | Date

BUD WETHINGTON CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CARRIE A MERRILL CPA				P00832283

Firm's name ▶ BLUE & CO LLC | Firm's EIN ▶ 35-1178661

Firm's address ▶ ONE AMERICAN SQUARE 2200
INDIANAPOLIS, IN 46282 | Phone no (317) 633-4705

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TJ SAMSON COMMUNITY HOSPITAL PROVIDES HEALTHCARE SERVICES TO BARREN AND SURROUNDING COUNTIES IN KENTUCKY

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 $ 127,379,735 including grants of $ 15,648,651) (Revenue $ 133,651,897)

TJ SAMSON COMMUNITY HOSPITAL PROVIDES HEALTHCARE SERVICES TO BARREN AND SURROUNDING COUNTIES IN KENTUCKY ACUTE HOSPITAL AND EMERGENCY ROOM CARE PATIENT DAYS 23,963 AND ER VISITS 29,992 IN FYE 9/30/14

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 127,379,735

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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		No
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		No
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		No
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part 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? *If so, complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	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 . .	1a	100		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	2a	1,248		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		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)?	4a			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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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	**1a** 10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 5		
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**		No
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**	Yes	
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**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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**	Yes	
	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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶STEPHEN FISCHER 1301 NORTH RACE STREET
GLASGOW, KY 42141 (270) 651-4112

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HENRY ROYSE CHAIRMAN (12/1 - 9/30)	2 00 2 00	X		X				0	0	13,137
(2) DAN FOUTCH CHAIRMAN (12/1 - 9/30)	2 00 2 00	X		X				0	0	78
(3) MIKE BRYANT VICE CHAIRMAN	2 00 2 00	X		X				0	0	78
(4) BUDDY UNDERWOOD SECRETARY	2 00 2 00	X		X				0	0	78
(5) JOEY BOTTS TREASURER	2 00 2 00	X		X				0	0	13,966
(6) ELLEN BALE DIRECTOR	1 00 1 00	X						0	0	78
(7) KAREN SMALL MD DIRECTOR	1 00 40 00	X						0	281,748	28,385
(8) CHRIS LAWRENCE DIRECTOR	1 00 1 00	X						0	0	78
(9) FOLLIS CROW DIRECTOR	1 00 1 00	X						0	0	862
(10) JASON CAMPBELL MD DIRECTOR / CHIEF OF STAFF	1 00 1 00	X						0	105,271	7,060
(11) TODD MARION MD DIRECTOR / VICE CHIEF OF	1 00 1 00	X						0	906,833	33,773
(12) WALTER DAVIS EMERITUS STATUS	1 00 1 00	X						0	0	427
(13) WILLIAM KINDRED CHIEF EXECUTIVE OFFICER	5 00 40 00			X				0	317,338	48,424
(14) STEVE FISCHER CHIEF FINANCIAL OFFICER (8/13-9/30)	5 00 40 00			X				0	84,699	493
(15) ANTHONY SUDDUTH CHIEF FINANCIAL OFFICER (10/1-8/13/14)	5 00 40 00			X				0	324,376	36,254
(16) NEIL THORNBURY CHIEF OPERATING OFFICER	40 00 1 00			X				0	259,679	46,135
(17) MARGARET BILLINGSLEY CHIEF OF NURSING SERVICES	40 00 1 00				X			172,474	0	27,590

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEVIN ADAMS DIRECTOR OF PHARMACY	40 00 0 00					X		142,771	0	30,454
(19) KENNETH JOHNSON PHARMACIST	40 00 0 00					X		142,899	0	29,101
(20) LEE ELLIS PHARMACIST	40 00 0 00					X		123,436	0	30,597
(21) MARY ANDERSON DIRECTOR OF CASE MANAGEMENT	40 00 0 00					X		111,447	0	45,602
(22) DENISE BILLINGSLEY NURSE PRACTIONER	40 00 0 00					X		126,858	0	17,270

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	819,885	2,279,944	409,920

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 20

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
SE EMERGENCY PHYSICIANS PO BOX 634850 CINCINNATI OH 45263	URGENT CARE	1,210,468
ALLIANCE CORPORATION PO BOX 1480 GLASGOW KY 42141	CONSTRUCTION	930,448
SURGICAL SOLUTIONS 702 A BARRETT BLVD HENDERSON KY 42420	SURGERY	879,952
ASSOCIATED PATHOLOGY SUITE 350 3 MARYLAND FARMS BRENTWOOD TN 37244	PATHOLOGY	561,145
UNIDINE ONE GATEWAY CENTER SUITE 751 NEWTON MA 02458	DINING SERVICES	528,438

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 ▶ 25

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	33,681			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		33,681			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	900099	132,948,148	132,948,148		
	b	OUTSIDE LAB	621500	1,078		1,078	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		132,949,226			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		815,799			815,799
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	122,991				
	b	Less rental expenses	36,022				
	c	Rental income or (loss)	86,969				
	d	Net rental income or (loss) . . . . . ▶		86,969	86,969		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	18,445				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	18,445				
	d	Net gain or (loss) . . . . . ▶		18,445	18,445		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	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					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	PREMIER PARTNERSHIP INCOME	541900	156,901	162,826	-5,925	
	b	CHILD CARE SERVICES	624410	41,941		41,941	
	c	LAUNDRY	812300	6,675		6,675	
	d	All other revenue		435,509	435,509		
	e	**Total.** Add lines 11a–11d . . . . . ▶		641,026			
	12	**Total revenue.** See Instructions . . . . . ▶		134,545,146	133,651,897	43,769	815,799

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	15,648,651	15,648,651		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
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	1,073,867		1,073,867	
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	44,546,368	39,646,268	4,900,100	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,400,026	3,026,023	374,003	
9 Other employee benefits	8,152,200	7,255,458	896,742	
10 Payroll taxes	3,133,795	2,789,078	344,717	
11 Fees for services (non-employees)				
a Management				
b Legal	45,017		45,017	
c Accounting	80,157		80,157	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,748,333	13,748,333		
12 Advertising and promotion	619,557	619,557		
13 Office expenses	1,046,067	930,999	115,068	
14 Information technology				
15 Royalties . .				
16 Occupancy	4,600,131	4,094,117	506,014	
17 Travel	363,352	323,383	39,969	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,998		1,998	
20 Interest	1,978,928	1,978,928		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,973,911	8,973,911		
23 Insurance	57,483	51,160	6,323	
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	16,096,263	14,325,674	1,770,589	
b DRUGS	5,950,208	5,295,685	654,523	
c REPAIRS AND MAINTENANCE	5,553,746	4,942,833	610,913	
d PROVIDER TAX & OTHER TA	2,848,692	2,848,692		
e All other expenses	914,749	880,985	33,764	
25 **Total functional expenses.** Add lines 1 through 24e	138,833,499	127,379,735	11,453,764	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		736,339	1	761,459
	2	Savings and temporary cash investments		31,159,975	2	31,295,576
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		24,514,643	4	29,831,706
	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		78,558	7	59,852
	8	Inventories for sale or use		3,096,937	8	3,115,906
	9	Prepaid expenses and deferred charges		1,296,989	9	1,298,110
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 187,706,658			
	b	Less accumulated depreciation	10b 106,981,601	86,614,493	10c	80,725,057
	11	Investments—publicly traded securities		2,212,853	11	2,212,853
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		2,676,434	13	2,750,667
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		18,135,414	15	17,984,448
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		170,522,635	16	170,035,634
Liabilities	17	Accounts payable and accrued expenses		15,434,834	17	18,236,461
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		35,018,070	20	33,489,674
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		26,135,892	25	30,265,798
	26	**Total liabilities.** Add lines 17 through 25		76,588,796	26	81,991,933
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		93,933,839	27	88,043,701
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		93,933,839	33	88,043,701
	34	Total liabilities and net assets/fund balances		170,522,635	34	170,035,634

Part XI Reconcilliation 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	134,545,146
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,833,499
3	Revenue less expenses Subtract line 2 from line 1	3	-4,288,353
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,933,839
5	Net unrealized gains (losses) on investments	5	826,496
6	Donated services and use of facilities	6	
7	Investment expenses	7	-43,939
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,384,342
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	88,043,701

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

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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

Name of the organization
TJ SAMSON COMMUNITY HOSPITAL

Employer identification number
61-0461767

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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	

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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	Employer identification number
TJ SAMSON COMMUNITY HOSPITAL	61-0461767

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		8,477
j	Total Add lines 1c through 1i			8,477
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE HOSPITAL PAYS MEMBERSHIP DUES TO THE KENTUCKY HOSPITAL ASSOCIATION OF WHICH A PORTION OF THE DUES ARE USED FOR LOBBYING PURPOSES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TJ SAMSON COMMUNITY HOSPITAL

Employer identification number
61-0461767

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ 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

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

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

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

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

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

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
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		3,091,573		3,091,573
b Buildings		54,416,199	21,759,392	32,656,807
c Leasehold improvements		1,974,258	1,554,659	419,599
d Equipment		126,923,681	83,667,550	43,256,131
e Other		1,300,947		1,300,947
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				80,725,057

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER CURRENT ASSETS	92,302
(2) DEPOSITS	6,579,212
(3) PHYSICIAN CONTRACTS	1,085,061
(4) DUE FROM SUBSIDIARY	3,610,976
(5) INVESTMENTS IN PREMIER LLP	4,246,761
(6) ESTIMATED DUE FROM GOVERNMENT PROGR	2,370,136
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	17,984,448

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
PROVIDER TAX PAYABLE	177,819
ESTIMATED DUE TO GOVERNMENT PROGRAM	525,444
ACCRUED PENSION COSTS	28,920,800
WESTLAKE REG HOSP SECURITY DEP	58,750
CAPITAL LEASES FIRST AMERICAN	582,985
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	30,265,798

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

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

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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
TJ SAMSON COMMUNITY HOSPITAL

Employer identification number
61-0461767

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 ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	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 eligibile 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)			959,613		959,613	0 690 %
b Medicaid (from Worksheet 3, column a)			32,233,139	20,221,129	12,012,010	8 650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			33,192,752	20,221,129	12,971,623	9 340 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		13,914	123,761		123,761	0 090 %
f Health professions education (from Worksheet 5)			727,745	530,856	196,889	0 140 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits		13,914	851,506	530,856	320,650	0 230 %
k **Total.** Add lines 7d and 7j		13,914	34,044,258	20,751,985	13,292,273	9 570 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with 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 6,640,365			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	27,690,344
6	Enter Medicare allowable costs of care relating to payments on line 5	6	35,714,652
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-8,024,308
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					
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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)

Name of hospital facility or facility reporting group TJ SAMSON COMMUNITY HOSPITAL INC

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

Part V Facility Information *(continued)*

Financial Assistance Policy		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?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☐ 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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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?	**17**	Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in 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
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

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.

Form and Line Reference	Explanation
See Additional Data Table	

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? **4**

	Name and address	Type of Facility (describe)
1	TJ HEALTH PAVILION 310 N L ROGERS WELLS BLVD GLASGOW,KY 42141	OUTPATIENT SERVICES
2	CAVE CITY CLINIC 400 N DIXIE HIGHWAY CAVE CITY,KY 42127	PRIMARY CARE
3	GLASGOW CLINIC 2345 HAPPY VALLEY ROAD GLASGOW,KY 42141	OUTPATIENT SERVICES
4	GREENSBURG CLINIC 603 COLUMBIANA AVE GREENSBURG,KY 42743	PRIMARY CARE
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 7	COST IS CALCULATED BY APPLYING THE TOTAL COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE THE HOSPITAL MAINTAINS ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS AND FOR ESTIMATED LOSSES RESULTING FROM A PAYOR'S INABILITY TO PAY MANAGEMENT ESTIMATES THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON THEIR ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL AND CURRENT BUSINESS AND ECONOMIC FACTORS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE

Form and Line Reference	Explanation
PART III, LINE 8	THE HOSPITAL BELIEVES THAT 100% OF THE SHORTFALL IS COMMUNITY BENEFIT AND IT IS AN UNREIMBURSED COST TO THE HOSPITAL FOR PROVIDING THE GOVERNMENT PROGRAM

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL PROVIDES ASSISTANCE TO PATIENTS THAT QUALIFY UNDER THE GUIDELINES

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT- TJSCH HAS AN ORGANIZATIONAL COMMITMENT TO IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THAT WE SERVE THE HEALTH NEEDS OF OUR COMMUNITY ARE ASSESSED IN A NUMBER OF WAYS QUARTERLY MARKET SHARE REPORTS ARE UTILIZED TO IDENTIFY INPATIENT AND OUTPATIENT TRENDS AND MIGRATION OF PATIENTS THIS METHOD IS USED TO IDENTIFY SERVICES THAT ARE CURRENTLY NEEDED OR IN HIGH DEMAND FOR EXPANSION IN ADDITION, BY STUDYING COMMUNITY HEALTH REPORTING CONDUCTED BY IOWA DEPARTMENT OF PUBLIC HEALTH, WE ARE ABLE TO IDENTIFY AREAS THAT NEED TO BE ADDRESSED WITHIN OUR COMMUNITY CURRENTLY, PLANS ARE DEVELOPED UTILIZING HOSPITAL COMMUNITY HEALTH EDUCATORS TO SCREEN AND EDUCATE THE COMMUNITY AND TARGET THOSE SPECIFIC DEMOGRAPHICS IN NEEDS A DEDICATED LOCATION IN THE COMMUNITY HAS BEEN DESIGNATED TO HOUSE THE EDUCATORS IT WAS DETERMINED THAT A SEPARATE LOCATION AWAY FROM THE HOSPITAL WAS APPEALING TO OUR CONSUMERS AND ALLOWED THE COMMUNITY EDUCATORS PLENTY OF SPACE TO PROVIDE SERVICES OUR COMMUNITY HEALTH EDUCATORS PARTNER WITH LOCAL BUSINESSES AND INDUSTRIES TO CONDUCT HEALTH EVENTS SOME EXAMPLES OF SERVICES PROVIDED TO THE COMMUNITY ARE, HEALTH FAIRS, PROSTATE SCREENINGS, GLUCOSE CHECKS, CPR, CHOLESTEROL TESTS, BLOOD PRESSURE SCREENINGS, BMI CHECK, CANCER SUPPORT, DIABETIC SUPPORT, BEREAVEMENT SUPPORT, CHILD BIRTH CLASSES, CHILD SAFETY SEAT TRAINING, AND COMMUNITY SUPPORT GROUPS TJSCH PROUDLY SPONSORS EVENTS CONDUCTED BY AREA SCHOOL SYSTEMS OUR VISION IS TO INVEST IN THE YOUTH BY PROVIDING INFORMATION AND EDUCATION AT AN EARLY AGE CAUSING STUDENTS TO BE PROACTIVE ABOUT THEIR HEALTH EXAMPLES OF EVENTS INCLUDE SPORTS BOWLS, CAREER FAIRS, AND SCHOOL HEALTH EVENTS FOR THE LAST SEVEN YEARS, TJSCH HAS JOINED WITH TEACH KENTUCKY (A STATE FUNDED PROGRAM DESIGNED TO HELP KENTUCKY SCHOOL TEACHERS BETTER UNDERSTAND HEALTHCARE RELATED CAREERS) TJSCH INVITES PROGRAM ATTENDEES TO ROUND THROUGHOUT THE FACILITY TO MEET WITH STAFF IN ALL AREAS WE PROVIDE TEACHERS WITH KNOWLEDGE TO EDUCATED STUDENTS WHO ARE INTERESTED IN HEALTHCARE CAREERS, REALIZING THAT OPPORTUNITIES EXIST OUTSIDE THE CAREERS OF A DOCTOR OR A NURSE IN 2011, TJSCH ALONG WITH BUSINESS, EDUCATIONAL, COMMUNITY AND OTHER HEALTHCARE LEADERS JOINED ALONGSIDE THE BARREN RIVER DISTRICT HEALTH DEPARTMENT TO FACILITATE AN EVIDENCED-BASED COMMUNITY HEALTH ASSESSMENT PROCESS CALLED MAPP (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) EVIDENCE SUPPORTS THAT THE POOR HEALTH STATUS OF KENTUCKY IMPACTS THE CURRENT/FUTURE WORKFORCE, OUR LOCAL ECONOMY AND OUR QUALITY OF LIFE THE COALITION OVER OF THE NEXT FEW YEARS WILL WORK TO ADDRESS THE ISSUES AT HAND THE OUTCOME OF THE COLLABORATION WILL PRODUCE A REGIONAL COMMUNITY HEALTH PLAN THAT WILL INVOLVE COMMITMENTS FROM STAKEHOLDERS THE HOSPITAL ALSO UTILIZES COMMUNITY MEMBERS TO FORM THE PATIENT ADVISORY COUNCIL TO WORK AS A SOUNDING BOARD FOR NEW AND EXPANDING SERVICES AS WELL AS TO IDENTIFY PATIENT EXPERIENCES THAT NEED IMPROVEMENT ANNUALLY, T J SAMSON COMMUNITY HOSPITAL WORKS THROUGH STRATEGIC PLANNING AND CONSUMER PREFERENCE DATA (AN ONLINE SERVICING TOOL) TO HELP IDENTIFY AND PRIORITIZE SERVICES THAT NEED TO BE IMPROVED OR CREATED IN ORDER TO BETTER MEET THE HEALTH NEEDS OF THE COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE T J SAMSON COMMUNITY HOSPITAL IN AN EFFORT TO PROVIDE SUPERIOR PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE INFORMS EACH PERSON BILLED FOR SERVICES ON THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, AND LOCAL GOVERNMENT UPON ADMISSION EACH PATIENT IS PROVIDED WITH A PACKET THAT INCLUDES A BROCHURE THAT IS A GUIDE TO THEIR HOSPITAL BILL THIS GUIDE EDUCATES THAT PATIENT ON INSURANCE BILLING INFORMATION AS WELL AS PAYMENT ARRANGEMENTS OFFERED BY T J SAMSON OPTIONS INCLUDE A DISPROPORTIONATE SHARE HOSPITAL PROGRAM (DSH), FIRST SOURCE WHICH PROVIDES INFORMATION AND EDUCATION ON FEDERAL ASSISTANCE PROGRAMS, CHARITY AND FINANCIAL AID ASSISTANCE APPLICATIONS, AND PAYMENT SCHEDULE ARRANGEMENTS

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION SERVICE AREA AND DEMOGRAPHICS OVERVIEW TJSCH'S 196 BEDS ARE LOCATED IN GLASGOW, KENTUCKY, THE COUNTY SEAT OF BARREN COUNTY BARREN COUNTY IS ONE OF THE MAIN HUBS FOR THE BARREN RIVER AREA DEVELOPMENT DISTRICT (BRADD), WITH DIRECT ACCESS TO INTERSTATE 65, RAILWAY SERVICE AND AN AIRPORT TJSCH IS CONVENIENTLY SITUATED HALFWAY BETWEEN LOUISVILLE, KENTUCKY AND NASHVILLE, TENNESSEE THE PRIMARY SERVICE AREA (PSA) INCLUDES BARREN, HART AND METCALFE COUNTIES WITH 70,470 RESIDENTS IN A 1,200 SQUARE MILE AREA THE SECONDARY SERVICE AREA (SSA) INCLUDES ADAIR, ALLEN, CLINTON, CUMBERLAND, EDMONSON, GREEN, MONROE, RUSSELL AND WARREN COUNTIES WITH 221,480 RESIDENTS IN 3,000 SQUARE MILES IN TOTAL, TJSCH'S TWELVE-COUNTY SERVICE AREA OF APPROXIMATELY 4,200 SQUARE MILES EXTENDS BEYOND THE BRADD COUNTIES- PROVIDING HEALTH CARE SERVICES TO OVER 290,000 RESIDENTS

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH OUR MISSION TJSCH WILL PROMOTE AND PROVIDE FOR THE HEALTH A ND WELL BEING OF THOSE WE SERVE OUR VISION AS A REGIONAL PROVIDER, TJSCH TAKES PRIDE IN BEING GOOD STEWARDS OF OUR AVAILABLE RESOURCES AND UTILIZING THEM TO ANTICIPATE AND MEET T HE HEALTH NEEDS OF THE REGION BY PROMOTING HEALTH IN OUR COMMUNITIES AND DELIVERING QUALIT Y, APPROPRIATE AND COMPASSIONATE CARE OUR GOALS * CLINICAL QUALITY * CUSTOMER SERVICE * QUALITY WORK-LIFE * FINANCIAL PERFORMANCE ORGANIZATIONAL VALUES * SERVICE * EXCELLENCE * RESOURCES * VALUE * INNOVATION * COMPASSIONATE CARE * ETHICS STATEMENT OF COMMUNITY COMMIT MENT TJSCH IS A NONPROFIT, CHARITABLE CORPORATION OPERATED FOR THE SOLE PURPOSE OF PROMOT ING AND PROVIDING FOR THE HEALTH OF THE PEOPLE IN ITS SERVICE AREA IT DOES SO BY MAKING S URE THAT NECESSARY HOSPITAL AND HEALTH SERVICES, APPROPRIATE FOR THE SIZE OF THE COMMUNITY , ARE AVAILABLE TO ALL ON A COST-EFFECTIVE BASIS, WITHOUT REGARD TO THEIR ABILITY TO PAY THESE INCLUDE SUCH ESSENTIAL SERVICES SUCH AS A 24-HOUR EMERGENCY ROOM, OBSTETRICS, CRITIC AL CARE CAPABILITIES, AND DISASTER PREPAREDNESS TO BE ABLE TO CONTINUE TO OFFER THESE SER VICES AT A LEVEL OF SAFETY THE COMMUNITY HAS A RIGHT TO EXPECT, THIS ORGANIZATION MUST BE ABLE TO GENERATE SUFFICIENT VOLUME AND SUFFICIENT REVENUE TO SUPPORT THOSE ESSENTIAL SERVI CES WHICH, DUE TO INSUFFICIENT REIMBURSEMENT OR HIGH EXPENSES ASSOCIATED WITH THE TYPE OF SERVICE OR PATIENT INVOLVED, CANNOT SUSTAIN THEMSELVES IT MUST ALSO RELY ON THE SUPPORT O F A HIGH QUALITY STAFF OF PHYSICIANS, NURSES AND OTHER PROFESSIONALS WHO NOT ONLY DELIVER CARE, BUT ALSO MONITOR AND WORK TO IMPROVE THE QUALITY AND EFFECTIVENESS OF THE SERVICES P ROVIDED TO THE COMMUNITY ALL POLICIES AND ACTIONS OF TJSCH SHALL BE IN FURTHERANCE OF IDE NTIFYING AND MEETING THE HEALTH NEEDS OF THOSE THAT WE SERVE WITH DEDICATED STAFF POSITIO NED LOCALLY, THE COMMUNITY CAN BE ASSURED ACCESS TO PRIMARY CARE PHYSICIANS STRATEGICALLY ALIGNED WITH THE RURAL PROVIDER CAN SUCCESSFULLY MANAGE THEIR PRACTICE AND THE HEALTH OF THE LOCAL COMMUNITY PAST STRATEGIES RECOMMENDED THAT RURAL HOSPITALS AFFILIATE WITH LARGE R, URBAN HOSPITALS OR HEALTH SYSTEMS TO INCREASE THE FACILITY'S ACCESS TO CAPITAL, ADVANCE D HEALTH CARE AND IMPROVED COMMUNITY HEALTH OPTIONS TO DIRECTLY INFLUENCE ITS OWN OPERATI ONS, THE DEVELOPMENT OF STRONG SPECIALTY CLINICS SHOULD INCREASE ANCILLARY UTILIZATION AND IMPROVE LOCAL CONFIDENCE IN THE HOSPITAL'S ABILITY TO MEET THE LOCAL COMMUNITY'S HEALTH D EMANDS IN ORDER TO MEET INCREASED DEMAND FOR ANCILLARY SERVICES, RURAL HOSPITALS NEED TO EXPAND AND GROW OUTPATIENT BUSINESS THIS IS DONE SO BY PURCHASING THE TECHNOLOGY AND LABO RATORY EQUIPMENT TO KEEP TESTING IN- HOUSE BY EXPANDING THE OUTPATIENT SERVICES OFFERED T O THE COMMUNITY AND INVESTING IN THE EQUIPMENT TO PROVIDE THOSE SERVICES, A RURAL HOSPITAL IS ABLE TO TAKE FULL ADVANTAGE OF THE BUSINESS DRIVEN BY THE SPECIALTY CLINICS MARKETING A SITUATION WHERE YOUR CARE CAN BE MANAGED LOCALLY DRIVES FACILITY CONFIDENCE LOCALLY TH E COMMUNITY WILL BE AWARE OF THE MANY SERVICES AVAILABLE THROUGH THE HOSPITAL, ITS OUTPATI ENT CENTERS AND ITS SPECIALTY CLINICS THE AGING COMMUNITY OPENS THE DOOR TO INCREASED DEM AND FOR SUB-ACUTE HEALTHCARE HOME HEALTH, SKILLED NURSING, AND REHABILITATION SERVICES PR OVIDE AN INPATIENT HOSPITAL WITH A CONTINUUM OF CARE TO SERVE THE COMMUNITY BEYOND THE ACU TE ENVIRONMENT EVEN IF A RESIDENT NEEDS TO SEEK SPECIALTY CARE OUT OF MARKET, EXTENSIVE S UB-ACUTE SERVICES WILL RETURN THE PATIENT TO THEIR COMMUNITY WHERE THEY ARE COMFORTABLE AN D FAMILIAR TO THE SURROUNDINGS OTHER COMMUNITY HEALTH EFFORTS TJSCH CLINICAL STAFF COMPLE TED THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) PATIENT SAFETY CULTURE SURVEY AN NUALLY SINCE 2009 DEMONSTRATING IMPROVEMENTS EACH YEAR OUR NURSING DEPARTMENT HAS HELD ME MBERSHIP WITH THE NATIONAL DATABASE OF NURSING QUALITY INDICATORS (NDNQI) SINCE 2008 WE C URRENTLY SUBMIT NURSING QUALITY INDICATORS FOR PRESSURE ULCERS, PATIENT FALLS, CENTRAL LIN E ASSOCIATED BLOOD STREAM INFECTIONS, CATHETER RELATED URINARY TRACT INFECTIONS, AND VENTI LATOR ACQUIRED PNEUMONIA WE ALSO INITIATED PARTICIPATION IN THE RN STAFF SATISFACTION SUR VEY THE FALL OF 2010 TJSCH HAS RECEIVED BETTER THAN THE NATIONAL AVERAGE FOR HOSPITAL CON SUMER ASSESSMENT FOR HEALTHCARE PROVIDER SERVICES (HCAHPS) FOR THE PAST THREE REPORTING QU ARTERS IN ALL TEN COMPOSITE INDICATORS TJSCH IS A MEMBER OF PREMIER PURCHASING PARTNERS A ND MHA-PRIME FOR THE PURPOSE OF GROUP PURCHASING TJSCH IS VERY INVOLVED IN THE COMMUNITY AND HAS LED THE CHARGE IN BRINGING SEVERAL COALITIONS TOGETHER FOR STATE PROGRAMS SUCH AS HIGHWAY SAFETY (NOW SAFE COMMUNITIES), KY INJURY AND PREVENTION RESEARCH (FUNDING PROVIDED AS A PASS-THROUGH GRANT FROM CDC TO THE UNIVERSITY OF KENTUCKY) WHICH HAVE ALL BEEN FINAN CIALLY SUPPORTED BY GRANTS THAT TJ HAS HELPED PROCURE IN FALL 2003, BARREN, HART AND METC ALFE COUNTIES RECEIVED AN AWARD OF $175,000 IN STA

Form and Line Reference	Explanation
PART VI, LINE 5	TE FUNDING TO CREATE A COALITION TO STUDY SUBSTANCE ABUSE IN THEIR COUNTIES TJSCH SERVED AS THE LEAD ENTITY IN FORMING THE COALITION AND PROCURING THE FUNDING TO IDENTIFY AND DEVE LOP POLICIES AND TREATMENT OPTIONS FOR INDIVIDUALS IN NEED OF EDUCATION AND TREATMENT FOR SUBSTANCE ABUSE UPON RECEIPT OF THE FUNDS TJSCH HIRED A BOARD COORDINATOR TO EXECUTE THE STRATEGIC PLAN THAT WAS DEVELOPED DURING THE GRANT APPLICATION PROCESS TJSCH SERVES AS TH E FISCAL AGENT FOR THE DISTRIBUTION AND RECORD KEEPER OF THESE RESOURCES WE KNOW THE CALL TO TRULY IMPROVE HEALTH STATUS AND QUALITY OF LIFE REGULARLY TAKES US OUTSIDE OF THE HOSP ITAL WALLS AS SUCH, THE HOSPITAL IS AN ACTIVE PARTICIPANT AND SUPPORTER OF ORGANIZATIONS SUCH AS CAMP COURAGEOUS, DISCOVERY ACADEMY, COMMUNITY MEDICAL CARE AND MED SHARE INTERNATI ONAL TJSCH AND ITS ASSOCIATES PROVIDE ASSISTANCE TO SEVERAL COMMUNITY FUNDRAISERS THAT SU PPORT THE SERVICE, EDUCATION AND RESEARCH NEEDS OF HEALTH AND SOCIAL SERVICE RELATED ORGAN IZATIONS IN DONATIONS AND STAFF TIME OUR CONTRIBUTIONS FOR THESE ACTIVITIES EXCEED $64,00 0 NOT INCLUDING THE PERSONAL CONTRIBUTIONS OF OUR EMPLOYEES TOTALING OVER $30,000 * AMERI CAN CANCER SOCIETY-RELAY FOR LIFE * AMERICAN DIABETES ASSOCIATION WALK * AMERICAN HEART AS SOCIATION-HEART WALK AND WEAR RED DAY * BARREN COUNTY SAFE COMMUNITIES * BARREN COUNTY SAF E KIDS * BIG BROTHERS/BIG SISTERS * HEALTH EDUCATION THEATRE * COALITION FOR DRUG FREE COM MUNITIES * COMMUNITY ACTION ANGEL TREE * COMMUNITY OF PROMISE * CYSTIC FIBROSIS WALK * HIG HLAND GAMES * MARCH OF DIMES WALK AMERICA * SUSAN G KOMEN * UNITED WAY * YMCA

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM TJ REGIONAL HEALTH INC AS OF JANUARY 1, 2011, TJSCH BECAME A SUBSIDIARY OF A NEWLY FORMED ORGANIZATION, T J REGIONAL HEALTH, INC THIS ORGANIZATION SERVES AS THE PARENT ORGANIZATION AND WAS FORMED TO HELP FACILITATE THE ORGANIZATIONS PLANS TO BECOME MORE REGIONALLY FOCUSED AT THE SAME TIME A SECOND SUBSIDIARY OF T J REGIONAL HEALTH WAS FORMED, T J HEALTH PARTNERS, LLC T J HEALTH PARTNERS, LLC, OPERATES PHYSICIAN CLINICS THAT INCLUDE FAMILY MEDICINE, INTERNAL MEDICINE, CARDIOLOGY, UROLOGY, NEUROLOGY, GYNECOLOGY AND PAIN MANAGEMENT T J HEALTH PARTNERS, LLC IS A PHYSICIAN MULTI-SPECIALTY CLINIC THAT OFFERS PATIENTS EASY ACCESS TO CARE THE COMPREHENSIVE SERVICES ALLOW PATIENTS TO REMAIN IN THE COMMUNITY FOR THEIR HEALTHCARE NEEDS AS COMMUNITY NEEDS ARE IDENTIFIED, ONGOING EFFORTS WILL BE MADE TO EXPAND THE OFFERINGS SPECIALTIES RANGE FROM PRIMARY CARE TO INVASIVE/INTERVENTIONAL CARDIOLOGY, UROLOGY, PULMONARY, ONCOLOGY, AND NEUROLOGY EACH OFFICE IS DESIGNED TO MEET AS MANY OF THE PATIENT'S NEEDS IN THE OFFICE SETTING AS POSSIBLE T J HEALTH PAVILION IS AN OUTPATIENT SERVICE FACILITY OWNED AND OPERATED BY T J SAMSON COMMUNITY HOSPITAL AND IS DESIGNED TO MEET THE DEMAND OF RISING OUTPATIENT VOLUMES THE T J HEALTH PAVILION HOUSES THE PHYSICIAN GROUP OF T J HEALTH PARTNERS AND THE OUTPATIENT SERVICES OF T J SAMSON COMMUNITY HOSPITAL THE FACILITY ALLOWS THE COMMUNITY ACCESS TO A WIDE ARRAY OF SERVICES AND TECHNOLOGY ALL LOCATED IN ONE CONVENIENT LOCATION SERVICES AND SPECIALTIES INCLUDE, REHABILITATION, DIALYSIS, URGENT CARE SERVICES, LABORATORY, RADIOLOGY, PRIMARY CARE, ONCOLOGY, UROLOGY, PAIN MANAGEMENT, SURGERY PHYSICIANS, OBSTETRICS AND GYNECOLOGY, CARDIOLOGY, AND NEPHROLOGY BARREN-METCALFE EMS IS A MEDICAL TRANSPORT SERVICE COMPANY PROVIDING LOCAL MEDICAL TRANSPORTATION IN BARREN AND METCALFE COUNTY IT OFFERS A FULL RANGE OF MEDICAL TRANSPORTATION SERVICES THE HOSPITAL HAS TWO REPRESENTATIVES THAT SERVE ON THE AMBULANCE BOARD AND PROVIDES FINANCIAL SUPPORT TO COVER 20% OF THE DEFICIT INCURRED AT MONTH END TJSCH IS HOME TO THE LOUISVILLE MEDICAL CENTER'S AIR METHODS AIR METHODS IS A COMPREHENSIVE MEDICAL TRANSPORTATION SYSTEM THAT INCLUDES EMERGENCY HELICOPTER, FIXED-WING (AIRPLANE) AIRCRAFT, AND GROUND MOBILE INTENSIVE CARE VEHICLES AIR METHODS IS NOT A REPLACEMENT FOR EXISTING GROUND EMERGENCY MEDICAL SERVICES THE GOAL IS TO COMPLIMENT THE CARE GIVEN BY THE TEAM ON THE GROUND AIR METHODS IS VERY ACTIVE WITH PUBLIC SAFETY EDUCATION THIS INCLUDES GOING TO HIGH SCHOOLS TO DISCOURAGE DRINKING AND DRIVING BY PARTICIPATING IN MOCK MOTOR VEHICLE CRASH DEMONSTRATIONS FOR LOCAL SADD CHAPTERS AIR METHODS ALSO PARTICIPATES IN PROM PROMISE ACTIVITIES AND VICTIM IMPACT PANELS AIR METHODS FREQUENTLY PROVIDES ASSISTANCE TO LOCAL EMS, FIRE DEPARTMENTS, AND POLICE AGENCIES WITH MOCK MOTOR VEHICLE CRASHES, DISASTER SCENARIOS, AND OTHER TRAINING TJSCH HAS ON ITS CAMPUS THE UNIVERSITY OF LOUISVILLE FAMILY MEDICINE RESIDENCY PROGRAM THIS THREE-YEAR PROGRAM TRAINS RESIDENTS TO BECOME FAMILY PRACTITIONERS UNDER THE GUIDANCE OF LOCAL PHYSICIANS THE RESIDENCY PROGRAM AT TJSCH IS 1 OF ONLY 7 IN KENTUCKY AND TREATS SOME 12,000 PATIENTS ANNUALLY THE BARREN RIVER REGIONAL CANCER CENTER IS A JOINT VENTURE BETWEEN TJSCH AND THE MEDICAL CENTER THIS CENTER HAS ALLOWED CANCER SPECIALISTS TO CREATE A CARING AND PERSONAL ENVIRONMENT FOR THOSE PATIENTS WHO REQUIRE RADIATION ONCOLOGY CANCER TREATMENT IS INDIVIDUALIZED, INNOVATIVE, COMPREHENSIVE, AND DELIVERED WITH CARE AND OPTIMISM ALL TREATMENT TEAM MEMBERS ARE SPECIALLY CERTIFIED AND STRIVE TO CREATE A RELAXING, COMFORTABLE PLACE IN WHICH TO SEEK TREATMENT THE CENTER IS STAFFED WITH FULL-TIME ONCOLOGISTS, THERAPISTS AND TECHNICIANS USING THE NEWEST EQUIPMENT TO EFFECTIVELY DIAGNOSE CANCERS AND PLAN THE MOST EFFECTIVE COURSE OF TREATMENT COMMUNITY MEDICAL CARE, INC IS A LOCAL CHARITY ASSISTING BARREN COUNTY'S LOW-INCOME SENIORS WITH PRESCRIPTION MEDICATION, PRESCRIPTION GLASSES, AND HEARING AIDS COMMUNITY MEDICAL CARE ALSO ASSISTS LOW-INCOME, WORKING UNINSURED ADULTS OF BARREN COUNTY BY PROVIDING PRIMARY HEALTH CARE, PRESCRIPTION MEDICATION, EMERGENCY DENTAL, OPTOMETRIC AND HOSPITAL CARE, AND SPECIALIST CONSULTATION THE PRIMARY HEALTH CARE IS MADE POSSIBLE THROUGH THE RESIDENCY PROGRAM AT T J SAMSON COMMUNITY HOSPITAL

Additional Data

Software ID:
Software Version:
EIN: 61-0461767
Name: TJ SAMSON COMMUNITY HOSPITAL

990 Schedule H, Supplemental Information

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
TJ SAMSON COMMUNITY HOSPITAL INC	
TJ SAMSON COMMUNITY HOSPITAL INC	PART V, SECTION B, LINE 4 THE CHNA WAS CONDUCTED WITH THE FOLLOWING ORGANIZATIONS BARREN RIVER DISTRICT HEALTH DEPARTMENT, CAVERNA MEMORIAL HOSPITAL, THE MEDICAL CENTER AT BOWLIN G GREEN, THE MEDICAL CENTER AT FRANKLIN, THE MEDICAL CENTER AT SCOTTSVILLE, AND THE MONROE COUNTY MEDICAL CENTER
TJ SAMSON COMMUNITY HOSPITAL INC	PART V, SECTION B, LINE 5D SOCIAL MEDIA
TJ SAMSON COMMUNITY HOSPITAL INC	PART V, SECTION B, LINE 7 DO NOT HAVE ADEQUATE RESOURCES FOR MENTAL HEALTH AND SUBSTANCE ABUSE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TJ SAMSON COMMUNITY HOSPITAL

Employer identification number
61-0461767

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) TJ REGIONAL HEALTH INC 1301 N RACE STREET GLASGOW, KY 42141	27-3988336	501C3	15,615,826				TO PROVIDE SUPPORT
(2) BOYS & GIRLS CLUB OF GLASGOWBARREN CO 301 BUNCHE AVENUE GLASGOW, KY 42141	45-4693954	501C3	20,000				TO PROVIDE SUPPORT

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

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

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 TJ SAMSON COMMUNITY HOSPITAL DOES NOT MONITOR THE USE OF THESE FUNDS BY THESE CHARITIES

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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*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TJ SAMSON COMMUNITY HOSPITAL

Employer identification number
61-0461767

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 6	THE CHIEFS OF THE HOSPITAL RECEIVE BONUSES IN WHICH PARTS ARE CALCULATED BASED ON THE NET EARNINGS OF TJ SAMSON COMMUNITY HOSPITAL AND TJ HEALTH PARTNERS LLC

Additional Data

Software ID:
Software Version:
EIN: 61-0461767
Name: TJ SAMSON COMMUNITY HOSPITAL

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				
KAREN SMALL MD DIRECTOR	(I) (II)	0 281,748	0 0	0 0	0 10,200	0 18,185	0 310,133	0 0
TODD MARION MD DIRECTOR / VICE CHIEF OF	(I) (II)	0 587,190	0 319,643	0 0	0 10,200	0 23,573	0 940,606	0 0
WILLIAM KINDRED CHIEF EXECUTIVE OFFICER	(I) (II)	0 295,288	0 22,050	0 0	0 31,294	0 17,130	0 365,762	0 0
ANTHONY SUDDUTH CHIEF FINANCIAL OFFICER (10/1-8/13/1	(I) (II)	0 277,501	0 46,875	0 0	0 26,194	0 10,060	0 360,630	0 0
NEIL THORNBURY CHIEF OPERATING OFFICER	(I) (II)	0 242,377	0 17,302	0 0	0 29,474	0 16,661	0 305,814	0 0
MARGARET BILLINGSLEY CHIEF OF NURSING SERVICES	(I) (II)	155,813 0	16,661 0	0 0	21,604 0	5,986 0	200,064 0	0 0
KEVIN ADAMS DIRECTOR OF PHARMACY	(I) (II)	142,771 0	0 0	0 0	15,264 0	15,190 0	173,225 0	0 0
KENNETH JOHNSON PHARMACIST	(I) (II)	142,899 0	0 0	0 0	18,221 0	10,880 0	172,000 0	0 0
LEE ELLIS PHARMACIST	(I) (II)	123,436 0	0 0	0 0	15,776 0	14,821 0	154,033 0	0 0
MARY ANDERSON DIRECTOR OF CASE MANAGEMENT	(I) (II)	111,447 0	0 0	0 0	11,915 0	14,904 18,783	138,266 18,783	0 0

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Schedule K (Form 990)

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.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TJ SAMSON COMMUNITY HOSPITAL

Employer identification number
61-0461767

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 GLASGOW KENTUCKY	61-6001831	376844AT3	08-24-2011	30,007,455	FOR CONSTRUCTION		X		X		X
B	CITY OF EDMONTON KENTUCKY	61-6012870		04-04-2012	7,650,000	TO REFINANCE 1998 BOND ISSUE		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	30,007,455	7,650,000		
4	Gross proceeds in reserve funds	2,212,852			
5	Capitalized interest from proceeds	1,940,080			
6	Proceeds in refunding escrows	221,767			
7	Issuance costs from proceeds	596,767	130,000		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	25,035,989			
11	Other spent proceeds		7,520,000		
12	Other unspent proceeds				
13	Year of substantial completion	2013			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		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	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		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?								
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 ▶	0 %		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 ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		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)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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

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

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TJ SAMSON COMMUNITY HOSPITAL

Employer identification number
61-0461767

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED BY THE CEO AND CFO BEFORE FILED
FORM 990, PART VI, SECTION B, LINE 12C	YEARLY THE BOARD REVIEWS THE POLICY AND ENSURES COMPLIANCE BY ALL MEMBERS EACH MEMBER MUST ANNUALLY DISCLOSE COMPLIANCE
FORM 990, PART VI, SECTION B, LINE 15	THE HOSPITAL USES AN OUTSIDE THIRD PARTY AGENCY TO HELP DETERMINE COMPENSATION LEVELS
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FROM THE ORGANIZATION
FORM 990, PART XI, LINE 9	CHANGE IN FUNDED STATUS OF PENSION -7,844,000 PENSION CURTAILMENT 5,459,658
FORM 990, PART XII, LINE 2C, OVERSIGHT OF AUDIT	THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR

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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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TJ SAMSON COMMUNITY HOSPITAL

Employer identification number
61-0461767

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	(g) No
(1) TJ REGIONAL HEALTH INC 1301 NORTH RACE STREET GLASGOW, KY 42141 27-3988336	PARENT ORGANIZATION OF HEALTHCARE FACILITY	KY	501(C)(3)	LINE 11B, II			No
(2) TJ HEALTH PARTNERS LLC 1301 NORTH RACE STREET GLASGOW, KY 42141 27-3988456	PHYSICIAN CLINICS	KY	501(C)(3)	LINE 9			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) Disproprtionate 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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

T. J. REGIONAL HEALTH, INC.

FINANCIAL STATEMENTS

SEPTEMBER 30, 2014 AND 2013

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TAYLOR, POLSON & COMPANY, PSC

CERTIFIED PUBLIC ACCOUNTANTS
101 McKENNA STREET, P. O. BOX 1804
GLASGOW, KENTUCKY 42142-1804

TELEPHONE 270-651-8877
FAX 270-651-8879

JOHN M. TAYLOR, CPA
FREDDIE C. POLSON, CPA
BELINDA E. COULTER, CPA

JANET M. WILEY, CPA
JOHN M. TAYLOR III, CPA
JEFF P. CARTER, CPA

BRANCH OFFICE
108 WEST THIRD STREET
P.O. BOX 778
TOMPKINSVILLE, KENTUCKY 42167
TELEPHONE 270-487-6515
FAX 270-487-6515

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
T. J. Regional Health, Inc.
Glasgow, Kentucky

We have audited the accompanying group financial statements of T. J. Regional Health, Inc., (a nonprofit organization) and its subsidiaries, which comprise the consolidated statements of financial position as of September 30, 2014 and 2013, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the 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 misstatement, 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the 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 entity'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 financial statements.

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

To the Board of Trustees
T. J. Regional Health, Inc.

Opinion

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

Other Matters

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The debt service coverage ratio on Page 26 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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.

Furthermore, we have obtained no knowledge of any default by any member of the Obligated Group in fulfillment of any terms, covenants, provisions, or conditions of the Master Trust Indenture dated July 1, 2011, or any Related Supplemental Indenture.

Taylor, Polson + Company, PSC
Certified Public Accountants

December 30, 2014

CONSOLIDATED FINANCIAL STATEMENTS

T. J. REGIONAL HEALTH, INC.
STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2014 AND 2013

ASSETS

	9-30-14	9-30-13
CURRENT ASSETS		
Cash and Cash Equivalents	4,035,881	5,073,409
Investments	844,955	706,344
Patient Accounts Receivable, Net of Allowance for Doubtful Accounts of $13,593,540 and $12,471,041	28,599,416	27,349,434
Estimated Third-Party Payor Settlements	2,394,661	3,511,867
Other Receivables	51,065	82,659
Inventories	3,115,906	3,296,666
Prepaid Expenses	1,443,076	1,620,430
Notes and Interest Receivable	59,852	78,558
Total Current Assets	**40,544,812**	**41,719,367**
ASSETS WHOSE USE IS LIMITED		
Internally Designated - Depreciation Funds	27,469,581	26,732,617
Held by Trustee - Bond Funds	2,212,852	2,212,852
Total Assets Whose Use is Limited	**29,682,433**	**28,945,469**
PROPERTY, PLANT, AND EQUIPMENT		
Land	3,091,573	3,091,573
Land Improvements	1,974,258	1,974,258
Buildings	38,746,296	38,775,465
Building Improvements	15,669,903	15,557,868
Fixed Equipment	43,071,756	43,024,530
Movable Equipment	84,300,976	82,113,619
Construction in Progress	1,300,947	524,690
	188,155,709	**185,062,003**
Accumulated Depreciation	(107,371,383)	(98,348,164)
Net Property, Plant, and Equipment	**80,784,326**	**86,713,839**
OTHER ASSETS		
Equity Interests		
Barren River Regional Cancer Center, Inc.	2,750,667	2,676,434
Premier LLP	4,246,761	4,113,596
Intangibles	207,092	207,092
Deposits and Advances	6,605,244	3,643,861
Physician Contracts	1,085,608	1,449,323
Total Other Assets	**14,895,372**	**12,090,306**
TOTAL ASSETS	**165,906,943**	**169,468,981**

LIABILITIES AND NET ASSETS

	9-30-14	9-30-13
CURRENT LIABILITIES		
Accounts Payable	11,708,210	10,578,319
Wages Payable	7,093,432	6,570,151
Accrued Health Insurance	1,274,169	1,154,461
Payroll Withholdings	697,753	411,224
Provider Tax Payable	177,819	178,089
Estimated Third-Party Payor Settlements	712,111	1,079,599
Other Liabilities	104,539	549,387
Current Portion of Capital Lease	165,315	-
Current Portion of Bonds Payable	1,705,000	1,666,000
Accrued Interest on Bonds	286,944	290,144
Total Current Liabilities	**23,925,292**	**22,477,374**
NON-CURRENT LIABILITIES		
Capital Lease Payable, Net of Current Portion	417,670	-
Bonds Payable, Net of Current Portion	31,497,730	33,061,926
Accrued Pension Costs	28,920,800	25,056,293
Total Non-Current Liabilities	**60,836,200**	**58,118,219**
TOTAL LIABILITIES	**84,761,492**	**80,595,593**
NET ASSETS		
Unrestricted		
Internally Designated for Capital Acquisition and Debt Retirement	29,682,433	28,945,469
Undesignated	51,463,018	59,927,919
TOTAL NET ASSETS	**81,145,451**	**88,873,388**
TOTAL LIABILITIES AND NET ASSETS	**165,906,943**	**169,468,981**

See accompanying notes to financial statements.

T. J. REGIONAL HEALTH, INC.
STATEMENTS OF ACTIVITIES
SEPTEMBER 30, 2014 AND 2013

	9-30-14	9-30-13
REVENUES AND OTHER SUPPORT		
Net Patient Service Revenue	149,664,179	142,948,066
Other Revenue	1,114,956	1,587,748
Total Revenues and Other Support	**150,779,135**	**144,535,814**
OPERATING EXPENSES		
Salaries and Wages	66,449,972	68,274,078
Benefits	13,643,029	18,547,761
Contract Labor	176,748	59,807
Medical Supplies	9,864,595	8,898,374
Drugs	7,838,170	8,340,027
Food	574,800	494,397
Professional Services	6,803,789	5,149,376
Contract Services	10,708,568	10,542,665
Rents and Leases	2,788,083	2,136,919
Repairs and Maintenance	5,840,100	5,252,959
Utilities	2,760,690	2,676,178
Other Supplies	6,880,679	7,412,534
Travel	500,185	785,019
Dues and Subscriptions	506,704	426,668
Taxes	2,883,941	2,254,221
Hospital Insurance	1,718,910	1,523,074
Depreciation	9,056,440	7,174,532
Miscellaneous	1,315,539	1,463,557
Total Operating Expenses	**150,310,942**	**151,412,146**
INCOME (LOSS) FROM OPERATIONS	**468,193**	**(6,876,332)**
OTHER INCOME (EXPENSE)		
Investment Income	844,828	2,162,526
Interest Expense	(2,023,454)	(930,415)
Net Other Income (Expense)	**(1,178,626)**	**1,232,111**
REVENUES OVER (UNDER) EXPENSES	**(710,433)**	**(5,644,221)**
Change in Funded Status of Pension Plan	(7,844,000)	11,966,200
Unrealized Gain on Investments	826,496	2,177,568
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	**(7,727,937)**	**8,499,547**
NET ASSETS - BEGINNING OF YEAR	88,873,388	80,373,841
NET ASSETS - END OF YEAR	**81,145,451**	**88,873,388**

See accompanying notes to financial statements.

T. J. REGIONAL HEALTH, INC.
STATEMENTS OF CASH FLOWS
SEPTEMBER 30, 2014 AND 2013

	9-30-14	9-30-13
CASH FLOWS FROM OPERATING ACTIVITIES		
Income (Loss) from Operations	468,193	(6,876,332)
Adjustments to Reconcile Income (Loss) from Operations to Net Cash Provided by Operating Activities		
Depreciation and Amortization	9,056,440	7,174,532
(Increase) Decrease in		
Patient Accounts Receivable	(1,249,982)	(2,321,482)
Estimated Third-Party Payor Settlements	1,117,206	(3,009,781)
Other Receivables	31,594	155,278
Inventories	180,760	(463,288)
Prepaid Expenses	177,354	120,187
Equity Interests	(207,398)	375,830
Physician Contracts	363,715	(44,047)
Increase (Decrease) in		
Accounts Payable	1,129,891	3,728,152
Wages Payable	523,281	1,065,668
Accrued Health Insurance	119,708	99,687
Payroll Withholdings	286,529	121,199
Provider Tax Payable	(270)	(2,681)
Estimated Third-Party Payor Settlements	(367,488)	362,298
Other Liabilities	(444,848)	507,406
Accrued Pension Costs	(3,979,493)	2,524,200
Net Cash Provided by Operating Activities	**7,205,192**	**3,516,826**
CASH FLOWS FROM INVESTING ACTIVITIES		
Investment Income	844,828	2,162,526
Property and Equipment Purchases and Deposits	(5,312,854)	(34,180,792)
(Increase) Decrease in		
Investments	(3,226,386)	17,568,159
Interest Receivable	3,487	89,491
Notes and Interest Receivable	18,706	(75,228)
Net Cash Used by Investing Activities	**(7,672,219)**	**(14,435,844)**
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on Bonds	(1,525,196)	(1,602,123)
Interest Paid on Bonds	(2,026,654)	(2,100,193)
Payments on Capital Lease	(195,958)	(1,470,560)
Net Cash Used by Financing Activities	**(3,747,808)**	**(5,172,876)**
NET DECREASE IN CASH	**(4,214,835)**	**(16,091,894)**
CASH - BEGINNING OF YEAR	11,556,751	27,648,645
CASH - END OF YEAR	**7,341,916**	**11,556,751**

See accompanying notes to financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

T. J. Samson Community Hospital (the Hospital) was established in 1929, as a not-for-profit corporation under Section 501(c)(3) of the Internal Revenue Code. The Hospital serves the city of Glasgow, Barren County, and surrounding counties.

To facilitate the implementation of its strategic plan of becoming a regional provider and increased participation in physician practice ownership, the Organization was reorganized on January 1, 2011.

As part of this reorganization, two new entities were formed: T. J. Regional Health, Inc., (TJRH) and T. J. Health Partners, LLC. TJRH was formed as a 501(c)(3) not-for-profit organization and serves as the parent organization of the Hospital and the LLC. T. J. Health Partners, LLC (Partners) is also a 501(c)(3) organization and a pass-through entity to TJRH, the sole member of the LLC. Partners is the company that operates all physician-related practices.

Basis of Consolidation

The consolidated financial statements include the accounts of T. J. Regional Health, Inc., and its wholly-owned subsidiaries, T. J. Samson Community Hospital (a not-for-profit corporation) and T. J. Health Partners, LLC (a not-for-profit limited liability company). All significant intercompany transactions and account balances have been eliminated in consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles 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, as well as reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investments

Certificates of deposit, demand deposits, money market funds, and similar negotiable instruments that are not reported as cash and cash equivalents are reported as investments at contract value, which approximates fair value.

Mutual funds are reported at fair value based on the fund's market price. Other investments are generally reported at fair value. See Note 6 for fair value information.

Investment income, including changes in the fair value of investments, is reported as nonoperating income in the consolidated statement of activities. Due to the nature of these investments, substantially all of the investment income is interest income.

Patient Accounts Receivable

Patient accounts receivable are stated at net realizable value. The Hospital and Partners maintain allowances for uncollectible accounts and for estimated losses resulting from a payor's inability to make payments on accounts. Management estimates the allowance for uncollectible accounts based on their assessment of historical and expected net collections considering historical and

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Patient Accounts Receivable - Concluded

current business and economic conditions, trends in healthcare coverage, and other collection indicators. Accounts receivable are charged to the allowance for uncollectible accounts when they are deemed uncollectible.

Inventory

Inventory is valued at the lower of cost or market with cost being determined on the first-in, first-out (FIFO) method. Inventory consists of medical supplies and pharmaceuticals.

Property, Plant, and Equipment

Property, plant, and equipment are stated at cost, or donor's basis if donated. The assets are depreciated on the straight-line method over the estimated useful lives of the related assets, in accordance with American Hospital Association guidelines. The useful lives are as follows:

Buildings	10-50 Years
Improvements	10-20 Years
Equipment and Fixtures	5-10 Years

Costs for repairs and maintenance that do not add to an asset's value or estimated useful life are expensed as incurred. When items are disposed of, the cost and accumulated depreciation are removed, and any gain or loss is included in the results of operations.

Intangibles

All intangibles are indefinite-lived assets. No amortization is recorded.

Asset Impairment

Management considers whether indicators of impairment are present and performs the necessary tests to determine if the carrying value of an asset is appropriate. Impairment write-downs are recognized in operating income at the time the impairment is identified. There was no impairment of long-lived assets recognized in 2014 or 2013.

Bond Issuance Cost and Bond Discount

Management provides for the amortization of costs incurred for the issuance of bonds over the life of the bonds. Management also amortizes the bond discounts using the effective interest method over the life of the related debt.

Income Taxes

T. J. Regional Health, Inc., is a not-for-profit corporation, determined as exempt under Section 501(c)(3) of the Internal Revenue Code.

T. J. Samson Community Hospital is also a not-for-profit corporation and has been recognized as tax-exempt pursuant to Section 501(c)(3).

T. J. Health Partners, LLC, also a not-for-profit, is a single member limited liability company organized in Kentucky. The sole member is T. J. Regional Health, Inc.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONCLUDED

Net Patient Service Revenue

The Hospital and Partners have agreements with third-party payors that provide for payments at amounts different from their established rates. Payment arrangements include prospectively determined rates per admission or visit, reimbursed costs, discounted charges, and per diem rates. Net patient service revenue is reported at the estimated net amount due from patients and third-party payors for services rendered, including estimated adjustments under reimbursement agreements with third-party payors, certain of which are subject to audit by administering agencies. These adjustments are accrued on an estimated basis and are adjusted, as needed, in future periods.

Advertising

The Organization's advertising consists of media promotion and human resource opportunities. The expense is recognized as incurred, or the first time the advertising takes place. Total advertising costs expensed for years ended September 30, 2014 and 2013, was $619,557 and $652,643.

Consolidated Statements of Cash Flows

For the purpose of consolidated statements of cash flows, cash and cash equivalents include demand deposits and highly liquid short-term investments with maturities of ninety days or less from date of purchase.

Charity Care

T. J. Samson Community Hospital provides care to patients regardless of their ability to pay. The Hospital developed a Charity Care Policy for both the uninsured and the underinsured. Under the policy, patients are offered discounts of up to 100% of charges on a sliding scale, which is based on income as a percentage of the Federal Poverty Level guidelines (up to 200%). Since the Hospital does not pursue collection of these amounts, they are not reported as net patient revenue, and the cost of providing such care is recognized within operating expenses.

The Hospital estimates the direct and indirect cost of providing charity care by applying a cost to charge ratio to the gross uncompensated charges associated with providing charity care to patients. The cost of providing charity care was $1,360,202 and $1,866,143 for the years ended September 30, 2014 and 2013.

2. NET PATIENT SERVICE REVENUE

The Organization provides care to patients under payment arrangements with Medicare, Medicaid, Anthem, other managed care programs, and other third-party payors. Services provided under those arrangements are paid at predetermined rates and/or reimbursable costs, as defined. Reported costs and/or services provided under certain of the arrangements are subject to retroactive audit and adjustment. Changes in Medicare and Medicaid programs and reduction of funding levels could have an adverse effect on the Organization.

Provision has been made in the accompanying consolidated financial statements for contractual adjustments, which represent the difference between the standard charges for services and the actual or estimated payment.

2. NET PATIENT SERVICE REVENUE - CONCLUDED

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix by payor source of patient accounts receivable, before deducting estimated uncollectibles, for 2014 and 2013, was as follows:

	9-30-14	9-30-13
Medicare	30%	29%
Medicaid	31%	17%
Anthem/Blue Cross	6%	9%
Other Third-Party Payors	16%	15%
Self-Pay	17%	30%
	100%	**100%**

The following is a summary of net patient service revenue for the years ended September 30, 2014 and 2013:

	9-30-14	9-30-13
Inpatient Routine Services	26,324,700	25,116,001
Inpatient Ancillary Services	79,601,613	74,037,603
Outpatient Ancillary Services	229,064,684	199,901,355
Physician Clinics	33,668,960	32,970,408
Gross Patient Service Revenues	**368,659,957**	**332,025,367**
Contractual Allowances	(200,690,908)	(166,712,522)
Provision for Bad Debts	(16,156,606)	(16,066,815)
Charity Care	(614,440)	(1,294,842)
Other Adjustments	(1,533,824)	(5,003,122)
Net Patient Service Revenue	**149,664,179**	**142,948,066**

3. INVESTMENTS

Undesignated investments are recorded at fair value and consist of the following:

	9-30-14	9-30-13
Cash and Cash Equivalents	4,948	5,535
Fixed Income	840,007	700,809
Current Asset - Investments	**844,955**	**706,344**

Investment income is reported net of fees of $43,939 and $63,596.

4. ASSETS WHOSE USE IS LIMITED

The classification of assets whose use is limited includes:

- **Internally Designated** - Amounts designated by the Organization's Board of Trustees for future capital improvements over which the Board retains control and may, at its discretion, subsequently use for other purposes.
- **Funds Held by Trustee** - Organization funds deposited with a trustee and limited as to use in accordance with the requirements of a trust indenture for debt service and capital construction.

Assets whose use is limited that are required for obligations classified as current liabilities are reported in current assets. The composition of assets limited as to use includes the following:

	9-30-14	9-30-13
Internally Designated		
Cash and Cash Equivalents	1,088,228	4,156,510
Equities	5,108,622	1,504,387
Fixed Income	21,180,429	20,975,931
Interest Receivable	92,302	95,789
	27,469,581	**26,732,617**
Held by Trustee		
Cash and Cash Equivalents	2,212,852	2,212,852
Total Assets Whose Use is Limited	**29,682,433**	**28,945,469**

5. DEPOSITS AND INVESTMENTS

Deposits and investments consist of the following:

	9-30-14	9-30-13
Carrying Amount		
Deposits	7,341,916	11,556,751
Fixed Income	22,105,993	21,664,084
Equity Securities	5,115,360	1,504,387
	34,563,269	**34,725,222**
Included in the Statement of Financial Position		
Cash and Cash Equivalents	4,035,881	5,073,409
Investments	844,955	706,344
Internally Designated	27,469,581	26,732,617
Held by Trustee	2,212,852	2,212,852
	34,563,269	**34,725,222**

See Note 6 for related fair value disclosures.

6. FAIR VALUE MEASUREMENTS

The carrying values of cash and cash equivalents, patient accounts receivable, estimated receivables from third-party payors as well as accounts payable, accrued expenses, other current liabilities, and short-term borrowings are reasonable estimates of their fair values due to the short-term nature of these financial instruments. The estimated fair value of the long-term debt portfolio, including the current portion, approximates the carrying amount.

The methodologies used to determine fair value of assets and liabilities reflect market participant objectives and are based on the applications of a three-level valuation hierarchy that prioritizes observable market inputs over unobservable inputs. The three levels are defined as follows:

- **Level 1** - Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- **Level 2** - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- **Level 3** - Inputs to the valuation methodology are unobservable but reflect the assumptions market participants would use in pricing the asset or liability.

A financial instrument's categorization within the valuation hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The following table represents the fair value hierarchy for financial assets and liabilities measured at fair value on a recurring basis:

	September 30, 2014			
	Fair Value Measurements at Reporting Date Using			
	Carrying Amount at Fair Value	Quoted Prices In Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and Cash Equivalents	7,341,916	7,341,916	-	-
Fixed Income	22,105,993	22,105,993	-	-
Equity Securities	5,115,360	5,115,360	-	-
	34,563,269	**34,563,269**	-	-

	September 30, 2013			
	Fair Value Measurements at Reporting Date Using			
	Carrying Amount at Fair Value	Quoted Prices In Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and Cash Equivalents	11,556,751	11,556,751	-	-
Fixed Income	21,664,084	21,664,084	-	-
Equity Securities	1,504,387	1,504,387	-	-
	34,725,222	**34,725,222**	-	-

6. FAIR VALUE MEASUREMENTS - CONCLUDED

All assets have been valued using a market approach. There have been no changes in valuation techniques and related inputs. There are no significant transfers into or out of Level 1 or Level 2 that took place between October 1, 2012 and September 30, 2014.

7. LEASE AGREEMENTS

Capital Leases

The Organization has acquired some of its equipment under the provisions of long-term leases. For financial reporting purposes, minimum lease payments relating to the equipment have been capitalized and included in property, plant, and equipment on the balance sheet. The leased equipment under capital leases as of September 30, 2014, has a cost of $778,943. Current and accumulated depreciation relating to the leased equipment was $142,806. The following is a schedule of future minimum lease payments:

September 30, 2015	165,315
September 30, 2016	165,315
September 30, 2017	165,315
September 30, 2018	87,040
	582,985

Operating Leases

The Hospital has entered into lease agreements with Siemens Medical Solutions for the rental of medical equipment. The agreements require various monthly payments for the rental of these units and customer support for a term of sixty months; the customer support agreement may not be terminated early. Minimum required lease and support payments for the next five years, under current agreements, are as follows:

September 30, 2015	507,528
September 30, 2016	502,061
September 30, 2017	397,433
September 30, 2018	360,313
September 30, 2019	115,250
	1,882,585

The Hospital and Partners have lease agreements with Lanier for copiers in various departments. The leases generally are for sixty months. As of September 30, 2014, remaining minimum lease payments are as follows:

September 30, 2015	162,555
September 30, 2016	144,927
September 30, 2017	103,865
September 30, 2018	18,179
September 30, 2019	12,000
	441,526

7. LEASE AGREEMENTS - CONCLUDED

Operating Leases - Concluded

The Hospital and Partners lease other medical equipment from various suppliers. These leases range from three to five years. As of September 30, 2014, the minimum lease payments for the next five years are as follows:

September 30, 2015	1,160,691
September 30, 2016	1,099,253
September 30, 2017	990,792
September 30, 2018	458,591
September 30, 2019	238,833
Thereafter	248,013
	4,196,173

The Hospital has leased vehicles from Enterprise. The lease was for fifteen vehicles for five years. As of September 30, 2014, the remaining lease payments are as follows:

September 30, 2015	38,758
	38,758

The Hospital and Partners lease certain facilities under various noncancelable operating leases. Most terms range from three to five years, with options to renew for additional years at a renegotiated monthly rental. Following is a schedule of remaining minimum rental payments required under the current leases as of September 30, 2014:

September 30, 2015	216,021
September 30, 2016	39,405
	255,426

Total rent expense was $2,788,083 and $2,136,919 for the years ended September 30, 2014 and 2013.

8. BONDS PAYABLE

In April 2012, the Hospital refinanced its remaining Series 1998 bonds. The principal amount of $7.65 million was refinanced with JP Morgan Chase, maturing over the next four years, with a variable interest rate, currently between 1% to 2%. Closing costs in the amount of $132,000 are being amortized over the life of the indenture. As of December 30, 2014, these bonds have been refinanced with Edmonton State Bank with similar terms.

In August 2011, the Hospital issued $30 million of revenue bonds. The rates of interest vary and range from 3.85% to 6.45%. The proceeds of the bonds have been used to acquire, construct, renovate, and/or equip a healthcare facility for various outpatient services as well as a medical office building. Principal on the bonds is paid annually with interest paid semi-annually. Payment on this issue began February 1, 2013, and ends February 1, 2041.

8. BONDS PAYABLE - CONCLUDED

The bonds are collateralized by real property carried at an approximate amount of $35 million. Discount and bond issue costs in connection with the bonds in the amount of $950,004 are being amortized over the life of the bonds.

Interest during the construction period was capitalized in the amount of $1,166,711 for the year ended September 30, 2013.

Aggregate principal maturities for the next five years are as follows:

September 30, 2015	1,705,000
September 30, 2016	1,739,000
September 30, 2017	1,776,000
September 30, 2018	1,709,000
September 30, 2019	585,000
	7,514,000

9. RETIREMENT PLANS

Defined Benefit Plan

In March 2011, the Hospital approved a soft freeze for its defined benefit pension plan, effective October 2011. No new participants will be admitted to the plan; however, current participants will stay in the plan and accrue benefits. At their September 2013 board meeting, the plan sponsor's directors approved a hard freeze of the plan, effective January 1, 2014. Further accumulation of benefits ceased, as other retirement benefits are now available to employees. The Hospital's funding policy is to contribute funds to a trust as necessary to provide for current service and for any unfunded projected benefit obligation over a reasonable period. Employer contributions for the year ended September 30, 2014, were $1,258,326; benefits paid out were $4,067,454. The expected contributions for the year ending September 30, 2015, are $1,452,329. There are no expected refunds of previously made contributions.

The components of the net periodic pension cost for the years ended September 30, 2014 and 2013, are as follows:

	9-30-14	9-30-13
Service Cost	771,881	3,722,297
Interest Cost	3,819,394	3,367,313
Expected Return on Plan Assets	(3,380,733)	(3,209,539)
Amortization of Prior Service Cost (Credit)	(144,280)	(572,414)
Amortization of Net Loss	627,622	1,987,560
Effect of Curtailment	(5,459,658)	-
Special Termination Benefits	1,044,607	-
Net Periodic Pension Cost	**(2,721,167)**	**5,295,217**

9. RETIREMENT PLANS - CONTINUED

Defined Benefit Plan - Continued

The following weighted-average assumptions have been used to determine net periodic pension cost and the benefit obligation:

	9-30-14	9-30-13
Net Periodic Pension Cost		
Discount Rate	5%	4%
Plan Asset Rate	6.25%	6.25%
Compensation Increases	n/a	2%
Benefit Obligation		
Discount Rate	4.35%	4.75%
Rate of Compensation Increase	n/a	2%
Measurement Date	9/30	9/30

Basis Used to Determine Expected Long-Term Return on Plan Assets - The expected long-term return on plan assets assumption was developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The overall return for each asset class was developed by combining a long-term inflation component and the associated expected real rates. The development of the capital market assumptions utilized a variety of methodologies, including, but not limited to, historical analysis, stock valuation models such as dividend discount models and earnings yields' models, expected economic growth outlook, and market yields analysis.

The following table sets forth the change in projected benefit obligations, change in plan assets, and funded status of the plan for the years ended September 30, 2014 and 2013 (measured as of September 30):

	9-30-14	9-30-13
Change in Benefit Obligation		
Benefit Obligation, Beginning of Year	79,884,568	85,597,821
Service Cost	771,881	3,722,297
Interest Cost	3,819,394	3,367,313
Actuarial (Gain) Loss	4,653,992	(10,057,494)
Benefits Paid	(4,067,454)	(2,745,369)
Effect of Curtailment	(534,926)	-
Special Termination Benefits	1,044,607	-
Benefit Obligation, End of Year	**85,572,062**	**79,884,568**
Change in Plan Assets		
Fair Value of Plan Assets, Beginning of Year	54,828,275	51,099,528
Actual Return on Plan Assets	4,632,115	3,703,099
Employer Contributions	1,258,326	2,771,017
Benefits Paid	(4,067,454)	(2,745,369)
Fair Value of Plan Assets, End of Year	**56,651,262**	**54,828,275**
Funded Status	**(28,920,800)**	**(25,056,293)**
Net Amount Recognized as a Non-Current Liability in the Statement of Financial Position	**(28,920,800)**	**(25,056,293)**

9. RETIREMENT PLANS - CONTINUED

Defined Benefit Plan - Continued

The accumulated benefit obligations were $85,572,062 and $79,884,568 at September 30, 2014 and 2013.

	9-30-14	9-30-13
Amounts Not Yet Reflected in Net Periodic Pension Cost and Included in Change in Unrestricted Net Assets		
Prior Service Cost	-	5,603,938
Accumulated Gain (Loss)	(21,515,686)	(19,275,624)
Accumulated Amounts Recognized	**(21,515,686)**	**(13,671,686)**
Cumulative Employer Contributions in Excess of Net Periodic Pension Cost	(7,405,114)	(11,384,607)
Net Amount Recognized	**(28,920,800)**	**(25,056,293)**

	9-30-14	9-30-13
Other Amounts Recognized in Change in Net Assets		
Net (Gain) Loss Arising During Period	3,402,610	(10,551,054)
Prior Service Cost (Credit)	5,459,658	-
Amortization of Prior Service Cost	144,280	572,414
Amortization of Loss	(627,622)	(1,987,560)
Amount Recognized Due to Curtailment	(534,926)	-
Total Recognized in Change in Net Assets	**7,844,000**	**(11,966,200)**

Prior service cost has been amortized on a straight-line basis over the average remaining service period of participants expected to receive benefits under the plan.

Unrecognized gains and losses in excess of 10% of the greater of the projected benefit obligation or market-related value of plan assets are amortized on a straight-line basis over the average remaining service period of participants expected to receive benefits under the plan.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

September 30, 2015	4,050,000
September 30, 2016	3,990,000
September 30, 2017	3,960,000
September 30, 2018	3,430,000
September 30, 2019	3,000,000
September 30, 2020-2024	16,340,000
	34,770,000

9. RETIREMENT PLANS - CONTINUED

Defined Benefit Plan - Concluded

The expected net periodic benefit cost for the upcoming year ending September 30, 2015, is listed as follows:

Components of Net Periodic Benefit Cost		
Service Cost	-	3,062,354
Interest Cost	3,634,297	3,717,092
Expected Return on Plan Assets	(3,397,521)	(3,302,025)
Amortization of Net (Gain) Loss	1,100,975	954,114
Amortization of Prior Service Cost/(Credit)	-	(572,414)
Net Periodic Benefit Cost	**1,337,751**	**3,859,121**
Weighted-Average Assumptions Used to Determine Net Periodic Benefit Cost		
Discount Rate	4.35%	4.75%
Expected Long-Term Rate of Return	6.25%	6.25%
Rate of Compensation Increase	n/a	2%

These amounts represent the estimated portion of the net (gain) loss, transition (asset) obligation, and net prior service cost (credit) remaining in unrestricted net assets that is expected to be recognized as a component of net periodic benefit cost over the upcoming year.

The preceding calculations were made by the actuary for the plan, Principal Life Insurance Company, Atlanta, Georgia, and are based on assets of the T. J. Samson Community Hospital Retirement Trust. The plan is reported on using an end-of-the-year valuation date and benefit information.

Plan Assets - The Hospital's overall investment strategy for the plan is to provide a regular and reliable source of income to meet the liquidity needs of the pension plan and minimize reliance on plan sponsor contributions as a source of benefit security. The Hospital's investment policy includes various guidelines and procedures designed to ensure assets are invested in a manner necessary to meet expected future benefits earned by participants. The target allocation ranges by major asset classes are central to the investment policy. The objective of the target allocations is to ensure assets are invested with the intent to protect pension plan assets so that such assets are preserved for the provision of benefits to participants and their beneficiaries and such long-term growth as may maximize the amounts available to provide such benefits without undue risk. Also considered are the weighted average return of a capital markets model and historical returns on comparable equity, debt, and other investments. Plan assets are invested in the following major categories:

	9-30-14		9-30-13	
Large U.S. Equities	19,187,812	33.9%	18,300,676	33.4%
Small/Mid U.S. Equities	4,592,999	8.1%	4,782,041	8.7%
International Equities	5,668,270	10.0%	5,699,711	10.4%
Other	4,373,316	7.7%	-	-
Fixed Income Funds	22,828,867	40.3%	26,045,847	47.5%
	56,651,264	**100.0%**	**54,828,275**	**100.0%**

All assets are in pooled separate accounts, classified in Level 2 of the fair value hierarchy. (See Note 6.)

9. RETIREMENT PLANS - CONCLUDED

Defined Contribution Plans

The Organization also sponsors a 403(b) plan covering substantially all full-time employees of Regional and the Hospital. For the year ended September 30, 2014 and 2013, the Hospital made contributions in the amount of $619,039 and $400,036.

T.J. Health Partners sponsored a 401(k) Plan covering substantially all of its employees. The plan includes an employer matching contribution of up to 5% of compensation. Employer and employee contributions are self-directed by plan participants. Employer contributions to the plan for the years ended September 30, 2014 and 2013, were $717,825 and $343,044.

10. SELF-INSURANCE ACCRUALS

The Organization is self-insured up to certain limits for employee healthcare benefits. At September 30, 2014, the estimated liability accrued is $1,274,169. The Organization accounts for these costs through measurement of claims outstanding and projected payments. Such measurement requires the consideration of historical cost experience and judgments about the present and expected levels of cost per claim. The Organization believes the use of this method provides a consistent and effective way to measure this accrual. However, the use of any estimation technique is inherently sensitive, given the claims involved and the length of time until the ultimate cost is known. Changes in healthcare costs and other factors can materially affect the estimates for this liability.

11. FUNCTIONAL EXPENSES

The Organization provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows:

	9-30-14	9-30-13
Health Care Services	139,766,807	140,155,156
General and Administrative	12,567,588	12,187,405
	152,334,395	**152,342,561**

12. JOINT VENTURES

T.J. Samson Community Hospital, Inc., and Bowling Green-Warren County Community Hospital Corporation entered into a 50% ownership agreement in the Barren River Regional Cancer Center, Inc., on February 13, 2003. The Barren River Regional Cancer Center, Inc., is organized exclusively as a charitable organization, currently providing radiation oncology services for residents of Barren and surrounding counties.

The Ambulance Service Corporation, Inc., a non-stock, non-profit corporation, is a joint venture involving the following entities: Barren County, Kentucky; City of Glasgow, Kentucky; Metcalfe County, Kentucky; and T.J. Samson Community Hospital. A joint venture is a legal entity or other

12. JOINT VENTURES - CONCLUDED

organization that results from a contractual arrangement and that is owned, operated, or governed by two or more participants as a separate and specific activity subject to joint control in which the participants retain an ongoing financial interest or an ongoing financial responsibility. The purpose of this joint venture is to provide emergency medical care service and transportation to the citizens of Barren County, City of Glasgow, and Metcalfe County.

13. CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of temporary cash investments and accounts receivable. The Hospital places its temporary cash investments with various financial institutions and limits the amount of credit exposure to any one financial institution. Concentrations of credit risk with respect to receivables are limited due to the large number of accounts comprising the Hospital's patient base and their dispersion across different demographic and geographic groups. However, approximately 81% and 74% of inpatient days for the years ended September 30, 2014 and 2013, were for Medicare and Medicaid recipients.

14. COMMITMENTS AND CONTINGENCIES

The Hospital is named as a defendant in several court cases involving various claims. According to correspondence from the Hospital's legal counsel, the Hospital and its insurance carriers are defending the claims. It is impossible to predict if the Hospital will have any liability beyond its policy limits.

The Hospital is committed under various agreements from time to time in the normal course of business. One significant commitment at September 30, 2014, is for anesthesiology services. A contract with Anesthesiology Associates of Glasgow, PSC, requires annual payments of $300,000 for the primary term, which expired August 31, 2009, and is renewable from year-to-year.

The Center for Medicare and Medicaid Services (CMS) has contracted with four Recovery Audit Contractors (RACs) to conduct recovery audits for improper Medicare payments from healthcare providers throughout the United States. A demonstration project from 2005 - 2008 covering six states resulted in $900 million in improper payments being returned to Medicare, while $38 million in underpayments were refunded to healthcare providers. CGI is the RAC for Region B, which includes Kentucky. Healthcare providers have had some automated reviews and requests for medical records. Reviews may take place of any Medicare services paid as of October 1, 2007. At this time, there is no definitive way to estimate the potential financial risk to T. J. Regional Health, Inc.. Policies and procedures are in place to accept and respond to requests and to prepare appeals on denied claims. Various risk areas already evaluated have not revealed significant weaknesses.

The Hospital has received notification from the Office of Inspector General (OIG) of a potential civil monetary penalty following an administrative action and subsequent resolution by Centers for Medicare and Medicaid Services (CMS). The Hospital's attorneys are negotiating with OIG. The amount of any penalty is undetermined at this time; however, it is not expected to be a material amount.

14. COMMITMENTS AND CONTINGENCIES - CONCLUDED

The Hospital is actively negotiating a binding mediation settlement and mutual release agreement with Siemens Medical Solutions USA, Inc. (Siemens). Under the agreement, T.J. Samson will terminate the managed services agreement eight years early saving the Hospital significant money in the remaining years of the original manage services agreement. The Hospital expects to continue using Siemens Soarian software upon executing the final agreement. The mediation settlement and mutual release agreement will include a level of ongoing IT spending with Siemens and its successor organizations. The settlement and mutual release agreement will allow T.J. Samson to transition IT services from an outsourced model to the hiring (in-sourcing) of the existing Siemens IT staff. The Hospital is actively negotiating and expects this agreement to be finalized in the next month. No material financial commitment is expected to impact operations in the current fiscal year.

15. SUBSEQUENT EVENTS

The Hospital is a defendant in an infant child case alleging negligence in connection with the delivery of Tristan Hamilton on October 9, 2007. A jury trial of this case resulted in a verdict being rendered on November 25, 2014, in the amount of $18.3 million, against the Hospital alone. The Hospital has insurance in the amount of $11 million. Legal counsel has filed a motion for new trial and judgment notwithstanding the verdict in Barren Circuit Court on December 12, 2014, and is set to be heard on January 7, 2015. Hospital administration feels the estimated financial exposure is preliminary and cannot be estimated with any degree of accuracy. The Hospital expects the award of $18.3 million to be reduced by means of retrial or appeal. Retained legal counsel intends to defend the matter vigorously.

Management has evaluated subsequent events through December 30, 2014, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

T. J. REGIONAL HEALTH, INC.
DEBT SERVICE COVERAGE RATIO
SEPTEMBER 30, 2014

NET INCOME AVAILABLE FOR DEBT SERVICE	
Income from Operations	468,193
Add: Investment Income	844,828
Depreciation Expense	9,056,440
NET INCOME AVAILABLE FOR DEBT SERVICE	**10,369,461**
MAXIMUM ANNUAL DEBT SERVICE	
Maximum Payment on Bonds[1]	3,475,141
Payments on Capital Lease	165,315
MAXIMUM ANNUAL DEBT SERVICE	**3,640,456**
DEBT SERVICE COVERAGE RATIO	**2.85**

[1]For the 2012 Bond Issue, the weighted average annual interest rate of 1.31503% is used.