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Form 990

## Return of Organization Exempt From Income Tax

2014

Open to Public  
Inspection

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

## A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable	C Name of organization THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON INDIANA INC		D Employer identification number 35-0895832
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as KING'S DAUGHTERS' HEALTH		E Telephone number (812) 801-0800
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) PO BOX 447	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code MADISON, IN 47250		G Gross receipts \$ 135,501,139
<input type="checkbox"/> Application pending	F Name and address of principal officer STEVE MEACHAM PO BOX 447 MADISON, IN 47250		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

J Website: ► WWW.KDHMADISON.ORG

K Form of organization  Corporation  Trust  Association  Other ►

H(b) Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 1899 M State of legal domicile IN

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE HOSPITAL'S PATIENTS THROUGH CARE, SERVICE, AND EDUCATION	
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 11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 1,141
6 Total number of volunteers (estimate if necessary)	6 72
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 8,192
b Net unrelated business taxable income from Form 990-T, line 34	7b -6,863

8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,086,439	Current Year 66,466
9 Program service revenue (Part VIII, line 2g)	111,685,302	116,873,806
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,787,533	3,082,095
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,948,480	2,338,156
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,932,688	122,360,523

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	64,750	19,566
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)	66,191,410	62,334,347
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)	55,574,589	55,677,874
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	121,830,749	118,031,787
19 Revenue less expenses Subtract line 18 from line 12	-7,898,061	4,328,736

20 Total assets (Part X, line 16)	Beginning of Current Year 235,555,035	End of Year 241,257,319
21 Total liabilities (Part X, line 26)	115,305,835	114,823,185
22 Net assets or fund balances Subtract line 21 from line 20	120,249,200	126,434,134

## 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	*****	2015-10-27
	Signature of officer STEVE MEACHAM VP OF FINANCE	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CARRIE A MERRILL CPA	Preparer's signature CARRIE A MERRILL CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

**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

THE MISSION OF THE HOSPITAL IS TO IMPROVE THE HEALTH OF THE HOSPITAL'S PATIENTS THROUGH CARE, SERVICE, AND EDUCATION

**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 \$ 96,638,222 including grants of \$ 19,566 ) (Revenue \$ 118,728,200 )

THE KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES IS A NOT-FOR-PROFIT, ACUTE CARE HOSPITAL OWNED BY THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON, INDIANA, INC., LOCATED IN MADISON, INDIANA. THE HOSPITAL IS ORGANIZED FOR THE PURPOSE OF PROVIDING HEALTHCARE SERVICES TO THE RESIDENTS OF JEFFERSON COUNTY AND THE SURROUNDING AREA DURING THE CALENDAR YEAR 2014, THE HOSPITAL PROVIDED HEALTHCARE TO PATIENTS AT THE FOLLOWING LEVELS: 12,297 DAYS OF CARE TO ACUTE INPATIENTS, 1,170 DAYS OF CARE TO NEWBORN INFANTS, 179,924 VISITS ASSOCIATED WITH HOSPITAL OUTPATIENTS, 130,008 VISITS ASSOCIATED WITH PHYSICIAN CLINICS

**4b** (Code ) (Expenses \$ 5,896,180 including grants of \$ ) (Revenue \$ )

THE HOSPITAL'S PRIMARY SOURCES OF SUPPORT ARE FROM PATIENT REVENUES. PATIENT REVENUES INCLUDE FUNDS RECEIVED FROM MEDICARE, STATE AGENCIES, INSURANCE COMPANIES, AND THE PATIENTS THEMSELVES. IN 2014, THE KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES PROVIDED SERVICES TOTALING \$5,896,180 IN GROSS CHARGES TO PATIENTS WHO MET THE HOSPITAL'S CHARITY CARE POLICY

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

[10 blank lines for additional program service descriptions]

**4d** Other program services (Describe in Schedule O )

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

**4e** Total program service expenses ► 102,534,402

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 "Yes," complete Schedule L, Part II	26	Yes	
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	Yes	
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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	63	
<b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . .	<b>2a</b>	1,141	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	<b>3b</b>	Yes	
<b>4a</b> 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)? . . .	<b>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>5c</b>		
<b>6a</b> 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? . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes	
<b>a</b> 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? . . .	<b>7b</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7e</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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 . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	<b>14b</b>		

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	11		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	9		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes		
<b>7a</b> 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?	<b>7a</b>	Yes		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> 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				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No	
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	No	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No	
<b>b</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?	<b>16b</b>		

### Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> IN	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records DAWN NUNAN DIRECTOR OF ACCOUNTING PO BOX 447 MADISON, IN 47250 (812) 801-0193	

**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	Former			
(1) MAUREEN GETZ	1 00			X					250	0
BOARD CHAIRWOMAN	1 00				X					0
(2) PAULA HEIDERMAN	1 00			X					500	0
BOARD VICE CHAIRWOMAN	1 00				X					0
(3) PAM KIMMEL	1 00			X					0	0
BOARD SECRETARY	0 00				X					0
(4) MARY BETTE VOYLES	1 00			X					250	0
BOARD ASSN'T SECRETARY	0 00				X					0
(5) LINDA SLOFFER	1 00			X					250	0
BOARD TREASURER	1 00				X					0
(6) ANDREA FORRESTER	1 00			X					750	0
BOARD ASSN'T TREASURER	0 00				X					0
(7) MARJORIE HARE	1 00			X					500	0
BOARD MEMBER	0 00				X					0
(8) JONATHAN HANSON MD	40 00			X					422,855	0
BOARD MEMBER/PHYSICIAN	0 00				X					39,930
(9) PAT STACK MD	40 00			X					288,730	0
BOARD MEMBER/PHYSICIAN	0 00				X					41,101
(10) JOE CRAIG	1 00			X					0	0
BOARD MEMBER	0 00				X					0
(11) KEVIN TURNER	1 00			X					0	0
BOARD MEMBER	0 00				X					0
(12) CAROL DOZIER	40 00			X					341,543	0
PRESIDENT/CEO	1 00				X					14,393
(13) STEVE MEACHAM	40 00			X					209,028	0
VP FINANCE	0 00				X					28,939
(14) LISA MORGAN	40 00			X					160,911	0
VP PATIENT SERVICES	0 00				X					30,809

**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	Instrumental Trustee	Officer	Key employee or director	Highest compensated employee			
(15) DENINE FALLIS-HALLGARTH	40.00			X			140,671	0	17,669
VP PHYSICIAN PRACTICES	0.00								
(16) HOLLY ROBINSON	40.00			X			297,370	0	39,978
VP QUALITY	0.00								
(17) THOMAS ECKERT MD	40.00				X		741,006	0	29,232
EMPLOYED PHYSICIAN	0.00								
(18) TRAVIS CLEGG MD	40.00				X		1,377,711	0	39,713
EMPLOYED PHYSICIAN	0.00								
(19) WILLIAM SKILES MD	40.00				X		627,693	0	26,773
EMPLOYED PHYSICIAN	0.00								
(20) MICHAEL SCHMIDT MD	40.00				X		643,742	0	40,959
EMPLOYED PHYSICIAN	0.00								
(21) GEORGE ALCORN MD	40.00				X		555,879	0	23,165
EMPLOYED PHYSICIAN	0.00								
(22) ROGER ALLMAN	40.00					X	298,536	0	0
FORMER PRESIDENT/ CEO	1.00								
(23) LARRY KEITH	40.00					X	159,311	0	0
FORMER VP CLINICAL SERVICES	0.00								

<b>1b Sub-Total . . . . .</b>			
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d Total (add lines 1b and 1c) . . . . .</b>	6,267,486	0	372,661

**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 **61**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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
WEHR CONSTRUCTORS INC 2517 PLANTSIDE DRIVE LOUISVILLE, KY 40299	CONTRACTOR SERVICES FOR THE CONSTRUCTION	4,630,691
MEDASSETS INC PO BOX 405652 ATLANTA, GA 303845652	REVENUE CYCLE CONSULTING SERVICES & SOFT	804,565
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 554809146	LABORATORY SERVICES	610,397
FIRST UROLOGY PSC PO BOX 1087 JEFFERSONVILLE, IN 47131	CONTRACTED PHYSICIAN MEDICAL SERVICES	473,203
EMCARE 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693	CONTRACTED PHYSICIAN AND MID-LEVEL PROV	400,411
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>34</b>		

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	64,175			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,291			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		66,466			
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT SERVICE REVENUE	Business Code 621110	116,873,806	116,865,614	8,192	
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		116,873,806			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,460,679			1,460,679
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties . . . . .						
<b>6a</b> Gross rents	(I) Real 69,459					
<b>b</b> Less rental expenses	15,833					
<b>c</b> Rental income or (loss)	53,626					
<b>d</b> Net rental income or (loss) . . . . .		53,626	53,626			
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities 14,329,743	(II) Other 416,456				
<b>b</b> Less cost or other basis and sales expenses	12,330,309	794,474				
<b>c</b> Gain or (loss)	1,999,434	-378,018				
<b>d</b> Net gain or (loss) . . . . .		1,621,416		1,621,416		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances	a					
<b>b</b> Less cost of goods sold . . . . .	b					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	Business Code					
<b>11a</b> EHR REVENUE	621110	1,659,533	1,659,533			
<b>b</b> CAFETERIA REVENUE	722210	300,556			300,556	
<b>c</b> GIFT SHOP	453220	175,014			175,014	
<b>d</b> All other revenue . . . . .		149,427	149,427			
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		2,284,530				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		122,360,523	118,728,200	8,192	3,557,665	

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	19,566	19,566		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,149,524	919,619	229,905	
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 . . . . .	48,466,498	42,861,225	5,605,273	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,712,342	1,541,108	171,234	
9 Other employee benefits . . . . .	7,822,544	7,040,290	782,254	
10 Payroll taxes . . . . .	3,183,439	2,865,095	318,344	
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	212,605		212,605	
c Accounting . . . . .	2,080,139		2,080,139	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17				
f Investment management fees . . . . .	258,822		258,822	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
12 Advertising and promotion . . . . .	175,429	157,886	17,543	
13 Office expenses . . . . .	1,926,807	1,579,982	346,825	
14 Information technology . . . . .	436,833	393,150	43,683	
15 Royalties . . . . .				
16 Occupancy . . . . .	2,048,321	1,843,489	204,832	
17 Travel . . . . .	128,151	115,336	12,815	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .	5,481,297	4,933,167	548,130	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	11,741,231	10,567,108	1,174,123	
23 Insurance . . . . .	1,335,898	1,202,308	133,590	
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 PURCHASED SERVICES	8,679,412	7,811,471	867,941	
b DRUGS	7,468,870	7,468,870		
c SUPPLIES	6,483,286	5,510,793	972,493	
d HOSPITAL ASSESSMENT FEE	1,990,312	1,990,312		
e All other expenses	5,230,461	3,713,627	1,516,834	
25 Total functional expenses. Add lines 1 through 24e	118,031,787	102,534,402	15,497,385	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 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
1	Cash—non-interest-bearing	1	
2	Savings and temporary cash investments	7,422,970	2
3	Pledges and grants receivable, net	1,000,000	3
4	Accounts receivable, net	10,039,288	4
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
		195,049	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		
7	Notes and loans receivable, net	422,538	6
8	Inventories for sale or use	2,323,063	7
9	Prepaid expenses and deferred charges	943,738	8
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	183,712,739	
b	Less accumulated depreciation	10a	10b
		50,076,643	136,620,936
			10c
			133,636,096
11	Investments—publicly traded securities	68,718,897	11
12	Investments—other securities See Part IV, line 11		12
13	Investments—program-related See Part IV, line 11		13
14	Intangible assets		14
15	Other assets See Part IV, line 11	7,868,556	15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	235,555,035	16
17	Accounts payable and accrued expenses	13,166,714	17
18	Grants payable		18
19	Deferred revenue		19
20	Tax-exempt bond liabilities	97,975,255	20
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	1,306,836	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	2,857,030	25
26	<b>Total liabilities.</b> Add lines 17 through 25	115,305,835	26
<b>Liabilities</b>			
27	Unrestricted net assets	120,040,475	27
28	Temporarily restricted net assets	198,725	28
29	Permanently restricted net assets	10,000	29
<b>Net Assets or Fund Balances</b>			
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	120,249,200	33
34	<b>Total liabilities and net assets/fund balances</b>	235,555,035	34
		241,257,319	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	122,360,523
2	Total expenses (must equal Part IX, column (A), line 25)	2	118,031,787
3	Revenue less expenses Subtract line 2 from line 1	3	4,328,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,249,200
5	Net unrealized gains (losses) on investments	5	65,156
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,805,499
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,457
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	126,434,134

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

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

**SCHEDULE A**  
(Form 990 or 990EZ)**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service**Name of the organization**THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC**Employer identification number**

35-0895832

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 <b>Total support</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

**4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

**b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

**c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

**10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above?

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

	Yes	No
2b		

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

	Yes	No
3a		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

	Yes	No
3b		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

1 Net short-term capital gain  
 2 Recoveries of prior-year distributions  
 3 Other gross income (see instructions)  
 4 Add lines 1 through 3  
 5 Depreciation and depletion  
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  
 6 Other expenses (see instructions)  
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

**Section B - Minimum Asset Amount**

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
 a Average monthly value of securities  
 b Average monthly cash balances  
 c Fair market value of other non-exempt-use assets  
 d Total (add lines 1a, 1b, and 1c)  
 e Discount claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
 2 Acquisition indebtedness applicable to non-exempt use assets  
 3 Subtract line 2 from line 1d  
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  
 6 Multiply line 5 by 035  
 7 Recoveries of prior-year distributions  
 8 Minimum Asset Amount (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

**Section C - Distributable Amount**

1 Adjusted net income for prior year (from Section A, line 8, Column A)  
 2 Enter 85% of line 1  
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  
 4 Enter greater of line 2 or line 3  
 5 Income tax imposed in prior year  
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  
 7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

**Section D - Distributions**

	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . .			
<b>b</b> From 2010. . . . .			
<b>c</b> From 2011. . . . .			
<b>d</b> From 2012. . . . .			
<b>e</b> From 2013. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . .			
<b>b</b> From 2011. . . . .			
<b>c</b> From 2012. . . . .			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

## **SCHEDULE C**

## 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

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

2014

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

**Employer identification number**

35-0895831

**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

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2011</b>	<b>(b) 2012</b>	<b>(c) 2013</b>	<b>(d) 2014</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		7,537
<b>j</b> Total Add lines 1c through 1i			7,537
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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	
<b>5</b> 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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	PORTION OF INDIANA HOSPITAL ASSOCIATION DUES AND AMERICAN HOSPITAL ASSOCIATION DUES ATTRIBUTABLE TO LOBBYING EXPENSES AS DISCLOSED ON THE DUES NOTICES OF THE RESPECTIVE ASSOCIATIONS

**Part IV** **Supplemental Information (continued)**

**Schedule C (Form 990 or 990EZ) 2014**

2014

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**Name of the organization**THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC**Employer identification number**

35-0895832

**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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d

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) Revenue 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 Revenue 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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

**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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

	<b>(a) Current year</b>	<b>(b) Prior year</b>	<b>(c) Two years back</b>	<b>(d) Three years back</b>	<b>(e) Four years back</b>
<b>1a</b> Beginning of year balance . . . . .	208,725	196,716	129,738	137,154	127,555
<b>b</b> Contributions . . . . .	50,077	48,484	86,924	40,020	62,386
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	228,744	36,475	19,946	47,436	52,787
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	30,058	208,725	196,716	129,738	137,154

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

**a** Board designated or quasi-endowment  0 %

**b** Permanent endowment  33 270 %

**c** Temporarily restricted endowment  66 730 %

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

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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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.

	<b>Description of property</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		4,924,110			4,924,110
<b>b</b> Buildings . . . . .		112,651,666	17,894,118		94,757,548
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		57,482,148	32,182,525		25,299,623
<b>e</b> Other . . . . .		8,654,815			8,654,815
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					133,636,096

**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.

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
		</td

**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.

**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.

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.)

**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		
DEFERRED COMPENSATION		88,10
THIRD PARTY PAYABLE		2,300,00
LIFE INSURANCE POLICIES		799,84
<b>Total</b>	(Column (b) must equal Form 990, Part X, col (B), line 25.)	3,187,95

**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	122,134,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	50,698
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	-8,416
e	Add lines 2a through 2d . . . . .	2e	42,282
3	Subtract line 2e from line 1 . . . . .	3	122,092,197
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	258,822
b	Other (Describe in Part XIII) . . . . .	4b	9,504
c	Add lines 4a and 4b . . . . .	4c	268,326
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	122,360,523

**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	117,755,044
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	-8,416
e	Add lines 2a through 2d . . . . .	2e	-8,416
3	Subtract line 2e from line 1 . . . . .	3	117,763,460
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	258,822
b	Other (Describe in Part XIII) . . . . .	4b	9,505
c	Add lines 4a and 4b . . . . .	4c	268,327
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	5	118,031,787

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	PERMANENT ENDOWMENT - INTENT IS TO HOLD THE INVESTMENT IN PERPETUITY PER AUDITED FINANCIAL STATEMENTS, "THE PORTION OF PERPETUAL ENDOWMENT FUNDS THAT IS REQUIRED TO BE RETAINED PERMANENTLY EITHER BY EXPLICIT DONOR STIPULATION OR UPMIFA" IS \$10,000 AT 12/31/2014 TERM ENDOWMENT - TEMPORARILY RESTRICTED NET ASSETS ARE DONOR-RESTRICTED FOR A SPECIFIC USE INCLUDING PRENATAL/POSTNATAL EDUCATION PROGRAM FUND, TEEN EVENT FUND, MAY LIBRARY FUND, FIT KIDS FUND, NATIONAL NURSES WEEK FUND, PATIENT SCALES FUND AND NICOTINE REPLACEMENT THERAPY FUND
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE HOSPITAL AND RECOGNIZE A TAX LIABILITY IF THE HOSPITAL HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE HOSPITAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2014 AND 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE HOSPITAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES -8,416
PART XI, LINE 4B - OTHER ADJUSTMENTS	GRANTS 9,504
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES -8,416 R
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS 9,504 ROUNDING 1

**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation

SCHEDULE H  
(Form 990)

## Hospitals

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014

Open to Public  
Inspection

## Name of the organization

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

## Employer identification number

35-0895832

## 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		
<input type="checkbox"/> Applied uniformly to all hospital facilities	<input type="checkbox"/> Applied uniformly to most hospital facilities	
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for <i>discounted</i> care	3b No	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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 No	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
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)			2,050,744		2,050,744	1 740 %
b Medicaid (from Worksheet 3, column a)			17,433,480	9,196,050	8,237,430	6 980 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			19,484,224	9,196,050	10,288,174	8 720 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)	7,413	148,962	50,719	98,243	0 080 %	
f Health professions education (from Worksheet 5)	203	195,027	33,425	161,602	0 140 %	
g Subsidized health services (from Worksheet 6)	4,835	4,506,764	3,824,519	682,245	0 580 %	
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		19,806		19,806	0 020 %	
j Total. Other Benefits	12,451	4,870,559	3,908,663	961,896	0 820 %	
k Total. Add lines 7d and 7j	12,451	24,354,783	13,104,713	11,250,070	9 540 %	

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development		300	306		306	0 %
<b>3</b> Community support		2,400	1,171		1,171	0 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy		1,100	176,000		176,000	0 150 %
<b>8</b> Workforce development		881	1,037		1,037	0 %
<b>9</b> Other						
<b>10 Total</b>		4,681	178,514		178,514	0 150 %

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

**Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? **1** Yes **No**

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** 14,667,665

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 0

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) **5** 23,681,108

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 24,189,675

7 Subtract line 6 from line 5 This is the surplus (or shortfall) **7** -508,567

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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

## 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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

**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)

KING'S DAUGHTERS' HEALTH

**Name of hospital facility or letter of facility reporting group****Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

1

	<b>Yes</b>	<b>No</b>
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	No
3 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 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13	5	Yes
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .		
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW KDHMADISON.ORG/ABOUT_NEEDSASSESSMENT.ASPX</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	Yes
a If "Yes" (list url) <u>WWW KDHMADISON.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)? . . . . .	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
c If "Yes" to line 12b, 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)**

KING'S DAUGHTERS' HEALT

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

<b>Financial Assistance Policy (FAP)</b>		<b>Yes</b>	<b>No</b>
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>__%</u>			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)			

## **Billing and Collections**

17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
<p>18 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</p> <ul style="list-style-type: none"> <li>a <input type="checkbox"/> Reporting to credit agency(ies)</li> <li>b <input type="checkbox"/> Selling an individual's debt to another party</li> <li>c <input type="checkbox"/> Actions that require a legal or judicial process</li> <li>d <input type="checkbox"/> Other similar actions (describe in Section C)</li> <li>e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</li> </ul>		

**Part V Facility Information (continued)**

## KING'S DAUGHTERS' HEALTH

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
<b>19</b> Did the hospital facility or other 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . .	<b>21</b>	Yes
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	No
If "Yes," explain in Section C		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	No
If "Yes," explain in Section C		

2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16  
descriptions for each hospital facility in a  
facility line number from Part V, Section A

	<p>ISSUES SUCH AS PHYSICAL ACTIVITY, OVERWEIGHT AND OBESITY, TOBACCO USE, SUBSTANCE ABUSE/GAMBLING/ADDICTIONS, RESPONSIBLE SEXUAL BEHAVIOR, MENTAL HEALTH, INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT), ENVIRONMENTAL QUALITY, IMMUNIZATION, ACCESS TO HEALTH CARE FOR THE INSURED AND UNINSURED, MATERNAL AND CHILD HEALTH, INFECTIOUS DISEASE, OCCUPATIONAL AND SAFETY HEALTH, SPECIAL NEEDS/DISABLED/IMPAIRED, AND CHRONIC DISEASE</p>
KING'S DAUGHTERS' HEALTH	<p>PART V, SECTION B, LINE 5 THE FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS IN THE COMMUNITY BY UTILIZING THE FOLLOWING COMPONENTS - ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW COMPARISONS WITH STATE AND NATIONAL DATA, - IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDH INCLUDING BOARD, STAFF AND MEDICAL STAFF, - IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 44 COMMUNITY LEADERS INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP POSITIONS IN ALL FIVE COUNTIES, - IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS, - IN-PERSON DISCUSSIONS WITH 19 SENIOR</p>

	<p>INCLUDED DR ADAMU AND DR ECKERT FOR COLONOSCOPY AND COLON HEALTH, DR VICTORIA SHIRLEY (OB), DR DIAMOND HARRIS (PEDIATRICS), DR DAWN MEACHAM (FAMILY PRACTICE), AND DR MICHAEL WILLHITE AND LAUREN DUBBERLY, PA (VERSAILLES) WE ALSO FEATURED PRINT ADS IN VARIOUS SPORTS PROGRAMS THAT OUTLINE PHYSICIAN SERVICES IN CARROLLTON, TRIMBLE COUNTY, AND MADISON, IN PARTICULAR VERSAILLES CAMPAIGN - WE FEATURED A FOUR-MONTH CAMPAIGN IN VERSAILLES (PSA) TO PROMOTE THE PHYSICIAN SERVICES AVAILABLE THROUGH DR MICHAEL WILLHITE AND LAUREN DUBBERLY, PA - WHO HAD MOVED FROM NEUROLOGY AT THE TIME THIS EXTENSIVE CAMPAIGN INCLUDED WEEKLY PRINT ADS, ALONG WITH A BILLBOARD IN THE VERSAILLES MARKET, AND RADIO ADS TO RUN IN THAT SPECIFIC AREA (INCLUDING MILAN AND LAWRENCEBURG) CANCER CENTER - PROMOTION ABOUT THE ARRIVAL (IN FEBRUARY 2015) OF THE NEW CANCER TREATMENT CENTER THIS INCLUDED WORKING WITH THE FOUNDATION'S HOPE AND HEALING CAMPAIGN WE STARTED THE CAMPAIGN LATE IN 2014 (NOVEMBER - DECEMBER) IN PREPARATION FOR THE FULL CAMPAIGN IN JANUARY 2015</p>
PART V, SECTION B, LINE 11 CONTINUED	<p>WE PROVIDED LOCAL MEDIA MEMBERS AN EARLY TOUR OF THE FACILITY PRIOR TO COMPLETION AND USED THE ROUNDABOUT MADISON AND RIVER TIMES TO PROMOTE THE ARRIVAL OF THE NEW CANCER CENTER MYKDH PORTAL - INTRODUCTION OF THE NEW ONLINE ELECTRONIC MEDICAL RECORDS -MYKDH WE INTEGRATED FLYERS AT ALL KDH FACILITIES, POSTERS FOR DISPLAY, BANNER ON</p>

ALL KDH FACILITIES, POSTERS FOR DISPLAY, BANNER ON THE MAIN KDH WEBSITE - INCLUDING DIRECT LINKS FOR REGISTRATION, PROMOTION AT THE 4H FAIRS AND PHYSICIAN OFFICES, PRINT ADS, RADIO SPOTS, AND NEWS RELEASES IN ALL PRIMARY MEDIA OUTLETS MEMBERS OF THE INFORMATION TECHNOLOGY TEAM ALSO HELPED

REGISTER PEOPLE AT SPECIFIC EVENTS AND THE 4H  
FAIR NEWS RELEASE - SPECIFIC NEWS RELEASES COVERED  
A WIDE RANGE OF TOPICS COLON CANCER TAKE-HOME  
KITS, DIABETES AWARENESS EVENT, DOCTOR AND THE  
DIETICIAN PROGRAM, HEART MONTH, DIRECT ACCESS  
TESTING, JOINT REPLACEMENT PROGRAM, MYKDH PORTAL,

TESTING, JOINT RELEASING PROGRAM, HYDRONYL,  
STUDER GROUP QUALITY, TO YOUR HEALTH PROGRAMS,  
VERSAILLES PHYSICIAN SERVICES, CANCER PROGRAMS,  
LUNG CANCER SCREENING, DR VICTORIA SHIRLEY, DR  
DIAMOND HARRIS, DR DAWN MEACHAMMEDICAL  
SERVICES AND PROVIDERS GAPS IN THE CURRENT  
MEDICAL SERVICE LINES AND THE MEDICAL SPECIALTIES

MEDICAL SERVICE LINES AND THE MEDICAL SPECIALTIES  
DESIRED ARE WORTH EXPLORING ACTION PLAN  
LEADERSHIP ROLE CONTINUE TO IDENTIFY AREAS WHERE  
MEDICAL SERVICES ARE LACKING, AND TO RECRUIT  
MEDICAL PROVIDERS TO MEET THE NEEDS OF THE  
COMMUNITY TARGET PRIMARY SERVICE AREA  
EVALUATION NUMBER OF PROVIDERS (PRIMARY AND

EVALUATION NUMBER OF PROVIDERS (PRIMARY AND  
SECONDARY) PLACED IN PRACTICES IN OUR PRIMARY  
SERVICE AREA 2014 UPDATE THE FOLLOWING SERVICES /  
PROVIDERS WERE ADDED IN 2014 TO SERVE OUR AREA  
MANDY WILSON, NP NOCTURNIST DR DAWN MEACHAM,  
FAMILY PRACTICE DR DIAMOND HARRIS, PEDIATRICIAN  
DR VICTORIA SHIRLEY, OB / GYN ALLISON FEIDER, NP,

PART V, SECTION B, LINE 16	<p>DR VICTORIA SHIRLEY, OB / GYN ALLISON FEIDER, NP,      ORTHOPEDICS SUSAN KIRKWOOD, CRNA DAVID BROWN,      CRNA THOMAS SEAVER, CRNA DR OLIVER DE RAET,      HOSPITALIST DR HOSSLER BECAME THE DIRECTOR OF      SILVER MEMORIES</p> <p>FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY  <a href="http://WWW.KRUMADISON.ORG/PATIENTS-FINANCIAL-ACRY">HTTP://WWW.KRUMADISON.ORG/PATIENTS-FINANCIAL-ACRY</a></p>
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KING'S DAUGHTERS' HEALTH PART V, SECTION B, LINE 16A WEBSITE	HTTP://WWW.KDHMADISON.ORG/PATIENTS_FINANCIAL.ASPX
KING'S DAUGHTERS' HEALTH PART V, SECTION B, LINE 16B WEBSITE	HTTP://WWW.KDHMADISON.ORG/PATIENTS_FINANCIAL.ASPX

WEBSITE KING'S DAUGHTERS' HEALTH PART V, SECTION B, LINE 16C WEBSITE	HTTP://WWW.KDHMADISON.ORG/PATIENTS_FINANCIAL.ASPX
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Schedule H (Form 990) 20

**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? 10

Name and address	Type of Facility (describe)
1 REHABILITATION CENTER AND HOME CARE 2670 N MICHIGAN ROAD MADISON, IN 47250	OUTPATIENT REHABILITATION CENTER AND HOME CARE SERVICES
2 CLIFTY DR MED OFFICE BLDG & CONV CARE 445 CLIFTY DRIVE MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE & CONVENIENT CARE CENTER
3 VERSAILLES MEDICAL OFFICE BLDG-MAIN ST 128 NORTH MAIN STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
4 VERSAILLES MEDICAL OFFICE BLDG-TYSON ST 206 W TYSON STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
5 TRIMBLE COUNTY MEDICAL OFFICE BLDG 10235 US HIGHWAY 421 MILTON, KY 40045	PHYSICIAN MEDICAL OFFICE
6 CARROLLTON MEDICAL OFFICE BLDG 205 MARWILL DRIVE CARROLLTON, KY 41008	PHYSICIAN MEDICAL OFFICE
7 SWITZERLAND CNTY MEDICAL OFFICE BLDG 727 STATE RD 56 VEVAY, IN 47043	PHYSICIAN MEDICAL OFFICE
8 HANOVER MEDICAL OFFICE BLDG 36 MEDICAL PLAZA HANOVER, IN 47243	PHYSICIAN MEDICAL OFFICE
9 CANCER TREATMENT CENTER 621 WEST STREET MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE
10 DOWNTOWN MEDICAL OFFICE BLDG 630 NORTH BROADWAY MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE AND HOSPITAL STAFF

**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 CHNA's 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 3C	THE HOSPITAL USED FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR DISCOUNTED CARE. A PATIENT CAN APPLY FOR THE HOSPITAL'S CATASTROPHIC DISCOUNT PROGRAM. THIS POLICY WILL LIMIT THE PATIENT'S TOTAL FINANCIAL OBLIGATION TO 20% OF THE PATIENT'S TOTAL ANNUAL FAMILY INCOME

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES PROMOTED THE HEALTH OF THE COMMUNITY IN THE FOLLOWING WAYS - PROMOTING HEALTHCARE CAREERS TO POTENTIAL "FUTURE EMPLOYEES" THROUGH CAREER DAYS AT LOCAL SCHOOLS AND JOB FAIRS AT THE LOCAL COMMUNITY COLLEGE- PARTICIPATION ON LOCAL COMMUNITY COLLEGE BOARD- ASSISTING COMMUNITY MEMBERS WITH MEDICAID PROGRAM ENROLLMENT VIA A FORMAL MEDICAID ENROLLMENT ASSISTANCE PROGRAM OFFERED BY THE HOSPITAL THIS PROGRAM HELPS COMMUNITY MEMBERS ENROLL TO RECEIVE ALL TYPES OF MEDICAID ASSISTANCE (FOOD, HEALTHCARE, ETC )- SUPPORTING THE LOCAL AMERICAN CANCER SOCIETY RELAY FOR LIFE EVENT ALONG WITH A CANCER SURVIVORS DINNER

Form and Line Reference	Explanation
PART III, LINE 2	AS REPORTED ON THE FINANCIAL STATEMENTS PAGE 5

Form and Line Reference	Explanation
PART III, LINE 3	THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE, CANDIDATES MUST COOPERATE FULLY IN ADDITION, THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE FOR THESE REASONS, THE HOSPITAL BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY, AND THE AMOUNT OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE

Form and Line Reference	Explanation
PART III, LINE 4	SEE PAGES 10 AND 11 ON THE ATTACHED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8	THIS SHOULD BE TREATED AS COMMUNITY BENEFIT AS MORE SERVICES WERE PROVIDED TO THE ELDERLY POPULATION THAN WERE REIMBURSED THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED 12/31/2014 REPORT HOSPITAL STATEMENT OF REIMBURSABLE COST

Form and Line Reference	Explanation
PART III, LINE 9B	ALL UNINSURED PATIENTS RECEIVE AN AUTOMATIC 20% DISCOUNT FROM GROSS CHARGES AT REGISTRATION, PATIENTS ARE NOTIFIED OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM THEY ARE PROVIDED PAMPHLETS DETAILING THE PROGRAM IF THE PATIENT IS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AND IS APPROVED FOR FINANCIAL ASSISTANCE, THE PATIENT WILL RECEIVE A DISCOUNT UP TO 100% ON THE OUTSTANDING ACCOUNT BALANCE THE HOSPITAL WILL ATTEMPT TO COLLECT ANY BALANCE REMAINING ON THE UNINSURED ACCOUNT AFTER ALL FINANCIAL ASSISTANCE DISCOUNTS HAVE BEEN APPLIED USING A SERIES OF STATEMENTS, LETTERS, AND TELEPHONE CALLS THE HOSPITAL WILL ALSO OFFER PATIENTS INTEREST-FREE EXTENDED PAYMENT PLANS IF THE ACCOUNT REMAINS UNPAID, THE ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY

Form and Line Reference	Explanation
PART VI, LINE 2	<p>KING'S DAUGHTERS' HEALTH, (KDH), CONDUCTED A COMMUNITY NEEDS ANALYSIS IN 2013 THAT INVOLVED BOTH ITS PRIMARY SERVICE AREA (JEFFERSON COUNTY, RIPLEY COUNTY, AND SWITZERLAND COUNTY, INDIANA) AND ITS SECONDARY SERVICE AREA (TRIMBLE COUNTY AND CARROLL COUNTY, KENTUCKY) PRIOR TO THIS A COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED IN 2010 THE FOCUS OF THIS ASSESSMENT WAS ON THE HEALTH NEEDS THAT COULD BE ADDRESSED BY KDH AND CAN BE USED BY KDH IN PLANNING FUTURE SERVICES, APPLYING FOR GRANTS AND PLANNING OUTREACH EFFORTS THE STUDY INCLUDED THE FOLLOWING COMPONENTS - ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW COMPARISONS WITH STATE AND NATIONAL DATA,- IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDH INCLUDING BOARD, STAFF AND MEDICAL STAFF,- IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 44 COMMUNITY LEADERS INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP POSITIONS IN ALL FIVE COUNTIES,- IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS,- IN-PERSON DISCUSSIONS WITH 19 SENIOR CITIZENS,- A WEB-BASED SURVEY WAS OPEN TO THE GENERAL PUBLIC WHICH RESULTED IN 184 COMPLETED INTERVIEWS THIS ASSESSMENT ALLOWED ALL INDIVIDUALS TO PROVIDE RESPONSES ON ANY COMMUNITY NEEDS NOT LISTED IN THE QUESTIONS AND ALLOWED INDIVIDUALS TO MAKE COMMENTS ON COMMUNITY HEALTH ISSUES ON WHICH KDH COULD HAVE AN IMPACT KEY HEALTH ISSUES EXPLORED WERE THE FOLLOWING - PHYSICAL ACTIVITY- OVERWEIGHT AND OBESITY- TOBACCO USE- SUBSTANCE ABUSE/GAMBLING/ADDICTIONS- RESPONSIBLE SEXUAL BEHAVIOR- MENTAL HEALTH- INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT)- ENVIRONMENTAL QUALITY- IMMUNIZATION- ACCESS TO HEALTH CARE FOR THE INSURED AND UNINSURED- MATERNAL AND CHILD HEALTH- INFECTIOUS DISEASE- OCCUPATIONAL AND SAFETY HEALTH- SPECIAL NEEDS/DISABLED/IMPAIRED- CHRONIC DISEASE RESULTS OF THE NEEDS ASSESSMENT HAVE BEEN MADE AVAILABLE THROUGH A VARIETY OF SOURCES NEWSPAPER AND RADIO RELEASES, DISTRIBUTION OF INFORMATION IN THE COMMUNITY NEWSLETTER, VITAL SIGNS, AND IS ALSO AVAILABLE ON OUR WEB SITE</p>

Form and Line Reference	Explanation
PART VI, LINE 3	AT THE TIME OF REGISTRATION, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS DISCUSSED WITH EACH PATIENT. THE PATIENT IS PROVIDED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS. THE PATIENT MUST SIGN A FORM INDICATING THAT HE/SHE RECEIVED THIS INFORMATION. THE HOSPITAL ALSO HAS A REPRESENTATIVE ON SITE TO ASSIST PATIENTS WITH THE FINANCIAL AID APPLICATION PROCESS. PATIENTS ARE REMINDED TO CONTACT CUSTOMER SERVICE REGARDING FINANCIAL AID AND FEDERAL/STATE ASSISTANCE DIRECTLY ON THE PATIENT BILL ITSELF. THE HOSPITAL'S WEBSITE HAS A LINK TO THE FINANCIAL AID APPLICATION. IN ADDITION TO THE ACTIONS PREVIOUSLY LISTED, A FINANCIAL AID COUNSELOR WILL MEET WITH ANY UNINSURED INPATIENT PRIOR TO DISCHARGE TO DISCUSS THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

Form and Line Reference	Explanation
PART VI, LINE 4	<p>JEFFERSON COUNTY- JEFFERSON COUNTY IS EXPERIENCING A SLOW GROWTH IN TOTAL POPULATION, CURRENTLY AT 32,554. BY 2020, THE POPULATION IS EXPECTED TO BE ABOUT 38,811. IT HAS A MEDIAN AGE OF 37.1, NEARLY IDENTICAL TO THE STATE AVERAGE OF 37.0. THE UNEMPLOYMENT RATE OF 8.4% IS SLIGHTLY ABOVE THE INDIANA RATE OF 8.2%. THE POPULATION IS FAIRLY HOMOGENEOUS WITH A LARGELY CAUCASIAN POPULATION, 96%. THE MEDIAN AVERAGE HOUSEHOLD INCOME, OF \$40,386, IS LOWER THAN THAT FOR INDIANA AND THE NATION. IN JEFFERSON COUNTY, ABOUT 14.3% OF THE INDIVIDUALS, OR ABOUT 4,326, LIVE BELOW THE POVERTY LEVEL, BELOW THE 15.8% POVERTY RATE OF INDIVIDUALS IN INDIANA AND THE 15.9% RATE FOR THE ENTIRE U.S. - 35% OF ALL FAMILIES IN JEFFERSON COUNTY ARE SINGLE PARENT FAMILIES WITH 28.3% OF THESE FAMILIES IN POVERTY. IN INDIANA, 32.9% OF ALL FAMILIES ARE SINGLE PARENT FAMILIES WITH 27.4% OF THESE FAMILIES IN POVERTY. JEFFERSON COUNTY RANKS FIRST IN INDIANA IN TERMS OF THE NUMBER OF ACRES DEVOTED TO TOBACCO. WITH TOBACCO CROP SALES OF \$1.6 MILLION IN 2007, 28% OF ADULTS IN JEFFERSON COUNTY USE TOBACCO COMPARED TO 24% OF ADULTS LIVING IN THE STATE OF INDIANA. - ACCORDING TO THE INDIANA STATE DEPARTMENT OF HEALTH 2012 REPORT, JEFFERSON COUNTY WAS NOT LISTED AS A COUNTY THAT HAD A SHORTAGE OF HEALTHCARE PROFESSIONALS OR OF MENTAL HEALTH PROFESSIONALS. HOWEVER, THE 2012 REPORT LISTS MILTON, SHELBY AND SMYRNA TOWNSHIPS AS MEDICALLY UNDERSERVED. - THE RATE OF ALL CANCER INCIDENCE IS HIGHER IN JEFFERSON COUNTY, AT 502 PER 100,000 POPULATION, THAN FOR INDIANA, AT 476 PER 100,000 POPULATION. THE RATE OF LUNG CANCER IS HIGHER IN JEFFERSON, AT 96 PER 100,000 POPULATION, THAN FOR INDIANA AT 80 PER 100,000. THE RATE OF PROSTATE CANCER IS HIGHER IN JEFFERSON, AT 152 PER 100,000 POPULATION, THAN FOR INDIANA AT 136 PER 100,000. THE RATE OF BREAST CANCER IN JEFFERSON IS SLIGHTLY LOWER, AT 115 PER 100,000 POPULATION, THAN FOR INDIANA AT 116 PER 100,000 POPULATION. THE RATE OF COLORECTAL CANCER IS LOWER IN JEFFERSON, AT 48 PER 100,000, THAN THE RATE FOR INDIANA, AT 51 PER 100,000. - THE RATE OF ADULT ASTHMA IN JEFFERSON COUNTY, AT 7.3%, IS SLIGHTLY HIGHER THAN THE RATE FOR INDIANA, AT 7.2%, AS IS THE RATE OF CHRONIC BRONCHITIS (3.4% FOR JEFFERSON, 3.3% FOR INDIANA) AND FOR EMPHYSEMA (1.6% FOR JEFFERSON, 1.4% FOR INDIANA). - THE PERCENT OF MOTHERS WHO SMOKED DURING PREGNANCY IN JEFFERSON COUNTY IS 25.8%, SIGNIFICANTLY HIGHER THAN THE STATE OF INDIANA AVERAGE OF 17.1%. IN 2010, THE PERCENT OF LOW-WEIGHT BIRTHS FOR JEFFERSON COUNTY WAS 9.6%, ABOVE THE 8.0% FOR INDIANA. - THE NUMBER OF TEEN PREGNANCIES AMONG WOMEN 15 TO 19 YEARS OLD HAS SLIGHTLY DECREASED IN JEFFERSON COUNTY FROM 2007 TO THE MOST RECENT MEASUREMENT IN 2010. IN JEFFERSON COUNTY, THERE WERE 46 TEEN PREGNANCIES IN 2007 AND 44 TEEN PREGNANCIES IN 2010. IN INDIANA, A SIGNIFICANT DECREASE TOOK PLACE. - THERE WERE 11,683 TEEN PREGNANCIES IN 2007 AND 8,654 IN 2010. - JEFFERSON COUNTY REPORTED 97 NEWLY DIAGNOSED CASES OF CHLAMYDIA IN 2011, AN INCREASE FROM THE 82 REPORTED IN 2009. THERE WERE 12 CASES OF GONORRHEA IN 2011, AN INCREASE FROM THE LESS THAN FIVE REPORTED IN JEFFERSON COUNTY IN 2009. - THE MOST RECENT INFORMATION FROM THE INDIANA FAMILY AND SOCIAL SERVICE ADMINISTRATION IN 2008 SHOWS 1,324 ADULTS IN JEFFERSON COUNTY WITH SERIOUS MENTAL ILLNESS AND 247 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN. - THE RATE OF DEATHS RELATED TO MAJOR CARDIOVASCULAR DISEASES IN JEFFERSON COUNTY INCREASED FROM 2008 - 249.8 PER 100,000 POPULATION TO 2010 - 372.1 PER 100,000 POPULATION. THE OPPOSITE TREND OCCURRED IN INDIANA WITH 214.3 PER 100,000 DEATHS REPORTED IN 2008, FALLING TO 206.5 PER 100,000 IN 2010. - THE STROKE DEATH RATE IN JEFFERSON, AT 79.4 PER 100,000 POPULATION IN 2010, WAS SIGNIFICANTLY HIGHER THAN THE 47.5 PER 100,000 POPULATION FOR INDIANA AND THE 41.9 PER 100,000 FOR THE NATION. - THE INCIDENCE OF CANCER RATE (ALL SITES) WAS HIGHER IN JEFFERSON COUNTY - 502 PER 100,000 POPULATION COMPARED TO INDIANA'S RATE OF 476 PER 100,000. RIPLEY COUNTY- RIPLEY COUNTY HAS A CURRENT POPULATION OF 28,583. THERE IS A NET OUTWARD MIGRATION. BY THE YEAR 2020, THE POPULATION WILL BE ABOUT 30,754. - THE POPULATION IS 97.8% CAUCASIAN. - THE MEDIAN HOUSEHOLD INCOME IN RIPLEY IS \$47,900, LOWER THAN THE NATIONAL AVERAGE OF \$50,502, BUT HIGHER THAN THE INDIANA AVERAGE OF \$46,438. - THE PERCENT OF FAMILIES BELOW POVERTY IN RIPLEY IS 15.4%, LOWER THAN THE INDIANA AVERAGE OF 20.6% AND THE NATIONAL AVERAGE OF 20.8%. - 29.8% OF ALL FAMILIES IN RIPLEY COUNTY ARE SINGLE PARENT FAMILIES. WITH 27% OF THESE FAMILIES IN POVERTY. IN INDIANA, 32.9% OF ALL FAMILIES ARE SINGLE PARENT FAMILIES. WITH 27.4% OF THESE FAMILIES IN POVERTY. - THE PERCENT OF MOTHERS IN RIPLEY COUNTY WHO SMOKED DURING PREGNANCY IS 22.8%, COMPARED TO 17.1% IN INDIANA. - THE PERCENT OF LOW-BIRTH-WEIGHT IN RIPLEY COUNTY IS 7%, COMPARED TO 8% IN INDIANA. - THE MOST RECENT INFORMATION FROM THE INDIANA FAMILY AND SOCIAL SERVICE ADMINISTRATION IN 2008 SHOWS 1,071 ADULTS IN RIPLEY COUNTY WITH SERIOUS</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>MENTAL ILLNESS AND 250 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN - RIPLEY COUNTY DOES NOT HAVE A SHORTAGE OF HEALTH CARE PROFESSIONALS THE TOWNSHIPS OF DELAWARE, CENTER AND BROWN ARE CONSIDERED MEDICALLY UNDERSERVED RIPLEY HAS A SHORTAGE OF MENTAL HEALTH PROFESSIONALS - THE RATE OF INDIVIDUALS WITH PROSTATE CANCER IN RIPLEY WAS 146 PER 100,000 POPULATION COMPARED TO 136 FOR INDIANA IN 2008 - THE DEATH RATE FROM MAJOR CARDIOVASCULAR DISEASE WAS 246.6 PER 100,000 POPULATION FOR RIPLEY COUNTY IN 2010 THIS IS HIGHER THAN INDIANA'S 206.5 AND THE NATION'S 193.6 PER 100,000 DURING THE SAME PERIOD - THE INCIDENCE OF CANCER RATE (ALL SITES) WAS HIGHER IN RIPLEY COUNTY - 518 PER 100,000 POPULATION COMPARED TO INDIANA'S RATE OF 476 PER 100,000 SWITZERLAND COUNTY- SWITZERLAND COUNTY HAS A POPULATION OF 10,424 AND HAS A SLOW GROWTH RATE OF 0.5 WHICH MIRRORS THAT FOR INDIANA THERE IS A NET MIGRATION INTO THE COUNTY BY 2020, THE POPULATION WILL BE 11,950 - THE ETHNICITY IS 98.1% WHITE - THE UNEMPLOYMENT RATE IS 6.9% IN SWITZERLAND COUNTY, LOWER THAN THE INDIANA RATE OF 8.4% - THE MEDIAN HOUSEHOLD INCOME IS \$42,285, COMPARED TO \$46,438 FOR INDIANA AND \$50,502 FOR THE NATION IN SWITZERLAND, 28% OF THE FAMILIES ARE BELOW THE POVERTY LEVEL, COMPARED TO 20.6% OF INDIANA FAMILIES, AND 20.8% OF FAMILIES IN THE NATION 29.4% OF THE CHILDREN IN SWITZERLAND COUNTY ARE BELOW THE POVERTY LEVEL - IN 2010, 22.5% OF ALL ADULTS AGE 25+ HAD LESS THAN A HIGH SCHOOL DIPLOMA - THE TEEN BIRTH RATE FOR SWITZERLAND COUNTY IN 2009 WAS 37.8 PER 1,000 FEMALES AGE 15-17 THIS IS SIGNIFICANTLY HIGHER THAN THE RATE FOR INDIANA OF 20.8 PER 1,000 - THE RATE OF MOTHERS SMOKING DURING PREGNANCY IS 27.3% IN SWITZERLAND COUNTY, COMPARED TO 17.1% IN INDIANA IN SWITZERLAND, THERE IS A 6.8% LOW BIRTH WEIGHT, COMPARED TO 8.0% IN INDIANA - SWITZERLAND COUNTY HAS A SHORTAGE OF HEALTH CARE PROFESSIONALS ALL AREAS OF SWITZERLAND COUNTY ARE CONSIDERED MEDICALLY UNDERSERVED SWITZERLAND COUNTY ALSO HAS A SHORTAGE OF MENTAL HEALTH PROFESSIONALS - THE RATE OF CHRONIC BRONCHITIS IN SWITZERLAND COUNTY AND IN INDIANA IS 3.0% THE RATE OF EMPHYSEMA IN SWITZERLAND IS 1.5%, SLIGHTLY HIGHER THAN THE INDIANA RATE OF 1.4% - THERE ARE 379 ADULTS WITH SERIOUS MENTAL ILLNESS IN SWITZERLAND COUNTY AND 78 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN - THE DEATH RATE FROM MAJOR CARDIOVASCULAR DISEASE WAS 347.0 PER 100,000 POPULATION FOR SWITZERLAND COUNTY IN 2010 THIS IS SIGNIFICANTLY HIGHER THAN INDIANA'S 206.5 AND THE NATION'S 193.6 PER 100,000 DURING THE SAME PERIOD - THE INCIDENCE OF CANCER RATE (ALL SITES) WAS HIGHER IN SWITZERLAND COUNTY - 562 PER 100,000 POPULATION COMPARED TO INDIANA'S RATE OF 476 PER 100,000 THE ONLY TYPE OF CANCER IN WHICH SWITZERLAND COUNTY RECORDED AN INCIDENCE RATE LOWER THAN INDIANA WAS BREAST CANCER - SWITZERLAND COUNTY'S 82 PER 100,000 VERSUS INDIANA'S 116 PER 100,000 POPULATION CARROLL COUNTY, KENTUCKY- CARROLL COUNTY KENTUCKY CURRENTLY HAS A POPULATION OF 11,013 WITH A TOTAL OF 4,195 HOUSEHOLDS THE POPULATION IS PROJECTED TO BE ABOUT 11,440 BY 2020 - THE POPULATION IS 95.1% CAUCASIAN - THE AVERAGE MEDIAN HOUSEHOLD INCOME IN 2011 WAS \$40,685 - LOWER THAN THE \$41,141 FOR KENTUCKY, AND THE \$50,512 FOR THE NATION - THE AVERAGE PERCENT OF MOTHERS WHO SMOKE DURING PREGNANCY FOR CARROLL COUNTY IS 30%, COMPARED TO 24% FOR KENTUCKY - AS FAR AS SMOKING PREVALENCE IS CONCERNED, 30% OF THE ADULTS IN CARROLL SMOKE, COMPARED TO 29% OF KENTUCKY AND 21% OF THE NATION THE PERCENT OF HIGH SCHOOL STUDENTS IN CARROLL WHO SMOKE IS 31%, COMPARED TO 25% FOR KENTUCKY AND 19% FOR THE NATION - CARROLL COUNTY KENTUCKY HAS 25% OF THE POPULATION OBESE, COMPARED TO 29% OF KENTUCKY AND 24% OF THE NATION - IN CARROLL, 43% OF THE POPULATION LACK PHYSICAL ACTIVITY, COMPARED TO 32% IN KENTUCKY AND 24% IN THE NATION</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>THE MAJORITY OF KING'S DAUGHTERS' HEALTH BOARD OF MANAGERS IS COMPRISED OF INDIVIDUALS WHO LIVE AND WORK IN THE HOSPITAL SERVICES AREA. THE MAJORITY OF THESE INDIVIDUALS ARE NEITHER EMPLOYEES, NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS. THE ORGANIZATION ALSO APPLIES A PORTION OF SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE. HISTORICALLY, KDH HAS EMPLOYED A FULL TIME COMMUNITY WELLNESS COORDINATOR. THIS POSITION PROVIDES OUTREACH SERVICES IN AREAS OF NEED TO THE COMMUNITIES WE SERVE. IN ADDITION TO THESE SERVICES, KDH ALSO SERVES AS THE FISCAL AGENT FOR SEVERAL STATE AND FEDERAL GRANTS. ALL OF THESE SERVICES HELP US MEET THE IDENTIFIED NEEDS OF THE COMMUNITIES WE SERVE. PARTICIPATION IN THE BELOW COMMUNITY ORGANIZATIONS IS PART OF THE HOSPITAL'S INDIANA STATE DEPARTMENT OF HEALTH COMMUNITY BENEFIT PLAN AND GOALS 2014.</p> <p>KING'S DAUGHTERS' HEALTH OVERVIEW OF COMMUNITY BENEFIT ACTIVITIES:</p> <ul style="list-style-type: none"> <li>1. HEALTH SCREENS A CORPORATE HEALTH SCREENS / FAIRS CLIFTY ENGINEERING SCREEN: 18 ARVIN SANGO HEALTH FAIR: APX 150 EMPLOYEES IN ATTENDANCE.</li> <li>2. SKIN CANCER SCREENING HELD IN MAY, 101 PEOPLE SCREENED.</li> <li>3. BREAST CANCER SCREENINGS HELD IN OCTOBER, 12 PEOPLE SCREENED.</li> <li>4. COLON CANCER SCREENING KITS: 42 RETURNS.</li> <li>5. E CHOLESTEROL/BLOOD PRESSURE SCREEN HELD IN FEBRUARY, 10 PEOPLE SCREENED.</li> <li>6. F CORPORATE FLU SHOTS MADISON ANIMAL CLINIC: 5 AGS LAW OFFICE: 11 SET ENTERPRISES: 13 CLIFTY ENGINEERING: 14 140 SOLD TO IVY TECH FOR SELF-ADMINISTRATION.</li> <li>7. 2. COMMUNITY HEALTH FAIRS (PARTICIPATED BY OFFERING A BOOTH WITH HEALTH EDUCATION): A RIPLEY COUNTY 4H FAIR: B JEFFERSON COUNTY 4H FAIR: C REMC HEALTH FAIR IN VERSAILLES (INCLUDING FREE GLUCOSE CHECKS FOR 100).</li> <li>8. D HISPANIC CULTURAL AWARENESS DAY: E WAL-MART CANCER AWARENESS EVENT: F HEALTHY KIDS DAY AT SWITZERLAND CO YMCA: G BACK TO SCHOOL HEALTH FAIR: 3. COMMUNITY EDUCATION OPPORTUNITIES/CLASSES/SPECIAL EVENTS: A SPEAKERS BUREAU: HEATHER (WELLNESS): 17 SPEAKING ENGAGEMENTS: ELIZABETH/STEPHANIE (TOBACCO): 5 SPEAKING ENGAGEMENTS: B FIT KIDS PROGRAM (7 WK PROGRAM FOR AREA 5TH GRADE CLASSROOMS): 8 SCHOOLS / 13 CLASSROOMS / 340 KIDS + TEACHERS: C TOBACCO CESSATION &amp; EDUCATION PROVIDED OUTREACH TO 8 BUSINESSES: 25 PHYSICIAN OFFICES: 5 SCHOOL VISITS: D CPR AND FIRST AID CLASSES: COMMUNITY CLASSES HELD WITH 453 GRADUATES: SCHOOL-BASED CLASSES HELD WITH 183 STUDENTS.</li> <li>9. PARTICIPATING E PRENATAL EDUCATION: OB PREP PROGRAM - 405 PEOPLE SERVED.</li> <li>10. PREPARED CHILDCARE ESSENTIAL CLASSES - 46 PEOPLE SERVED: LAMAZE CLASSES - 12 PEOPLE SERVED.</li> <li>11. SIBLING CLASSES - 9 PEOPLE SERVED: F GIRLS ON THE RUN FALL SEASON: 41 GIRLS / 5 SITES / 16 TRAINED COACHES / 10 WEEK PROGRAM: FALL 5K: 157 PARTICIPANTS AND 50 VOLUNTEERS: G HOUSE OF HEALTH (OFFERED JULY-DEC FOR 2014): MONTHLY EDUCATION OPPORTUNITY PROVIDED AT THE HOUSE OF HOPE FOOD PANTRY APPROXIMATELY 25-70 PEOPLE ATTEND EACH MONTH TOPICS FOR 2014 INCLUDE SUN SAFETY, DIABETES, HAND WASHING &amp; FLU PREVENTION, BREAST CANCER, TOBACCO, AND MEDICATION Q&amp;A &amp; SAFE DRUG DROP OFF: H SPEAKING OF WOMEN'S HEALTH: 308 WOMEN IN ATTENDANCE: KDH PROVIDED STEERING COMMITTEE SUPPORT FINANCIAL SPONSORSHIP AND IN-KIND SUPPORT: F FREE CHOLESTEROL TESTING FOR ALL PARTICIPANTS: 80% OF ALL BREAKOUT SESSIONS: SPEAKERS WERE IN-KIND KDH STAFF GIFT FOR PARTICIPANT GIFT BAG: I HEART HEALTH EDUCATION OFFERED IN FEBRUARY: 4 EMPLOYEE HEALTH OPPORTUNITIES FOR KDH STAFF: WELLNESS NEWSLETTERS (ON-LINE AND PAPER VERSIONS AVAILABLE): WELLNESS COLUMN IN THE MONTHLY MONITOR NEWSLETTER: WELLNESS CALENDAR DISTRIBUTION TO ALL STAFF: EMPLOYEE HEALTH SCREEN AVAILABLE FOR ALL STAFF WITH INSURANCE: PREMIUM REDUCTION INCENTIVE PROGRAM AVAILABLE FOR EMPLOYEES WITH HEALTH INSURANCE: 3 WELLNESS CHALLENGES: TRIPLE THREAT WEIGHT LOSS CHALLENGE: GET IN SHAPE IN INDIANA CHALLENGE: STRESS LESS: 5 ON-SITE EMPLOYEE WELLNESS CLASSES: HEART MONTH ACTIVITIES: WEIGHT WATCHERS AT WORK PROGRAM HELD THE FIRST QUARTER OF 2014: THREE STRIVE FOR 5 WEIGHT LOSS CLASSES HELD (5 WEEK SERIES): 5 COMMUNITY SERVICE ACTIVITIES: A CANCER SURVIVORS DAY HELD IN CONJUNCTION WITH THE RELAY FOR LIFE SERVED ABOUT 200 PEOPLE: B SUPPORT GROUPS: BREAST CANCER SUPPORT GROUP: C ACTIVE ATTENDANCE AND PARTICIPATION IN CASA (COALITION AGAINST SUBSTANCE ABUSE): JEFFERSON COUNTY: SCAT (SWITZERLAND COUNTY AWARENESS TEAM): TPCC (TOBACCO PREVENTION &amp; CESSATION COMMISSION): D KDH RUN THE FALLS 5K WALK/RUN HELD AT CLIFTY FALLS STATE PARK: 208 PEOPLE PARTICIPATED: E PEP WALK PROGRAM: 12-WEEK FREE COMMUNITY WALKING PROGRAM: F EMS STAND-BY AT ALL COMMUNITY ACTIVITIES: EMS PROVIDES STAND-BY COVERAGE AT ALL JEFFERSON COUNTY ACTIVITIES: G SUPPORT TO VARIOUS AREA SCHOOLS WITH INTERNSHIPS: SUPPORT MANY LOCAL AND AREA HIGH SCHOOLS AND COLLEGES WITH INTERNSHIPS AND JOB SHADOW EXPERIENCES: INCLUDES NURSING AND MEDICAL STUDENTS AMONG OTHERS: 6 SUCCESSFUL GRANT ACTIVITY: A TPCC TOBACCO PREVENTION AND CESSATION COMMISSION FUNDING TO HIRE FULL TIME COO.</li> </ul>

Form and Line Reference	Explanation
PART VI, LINE 5	RDINATOR, STARTING IN 2009, CONTINUES FOR JEFFERSON CO B CASA / SCAT GRANTS TO FUND NICOTINE REPLACEMENT THERAPY FOR INDIVIDUALS WISHING TO QUIT TOBACCO

Form and Line Reference	Explanation
PART VI, LINE 6	NA

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IN

Form and Line Reference	Explanation
PART VI, LINE 4 CONTINUED	<p>CARROLL COUNTY, KENTUCKY (CONTINUED)- THE UNEMPLOYMENT RATE IN CARROLL COUNTY IS 9.6%, HIGHER THAN BOTH KENTUCKY'S 8.2% AND THE NATION'S 8.1% - THE DEATH RATE FROM HEART DISEASE IN CARROLL COUNTY IS 299.8 PER 100,000 COMPARED TO 205.6 PER 100,000 FOR KENTUCKY AND 173.7 PER 100,000 FOR THE NATION - THE DEATH RATE PER 100,000 DUE TO CHRONIC RESPIRATORY DISEASE IN 2011 WAS 112.1 FOR CARROLL COUNTY COMPARED TO 63.1 PER 100,000 FOR KENTUCKY AND 42.7 PER 100,000 FOR THE NATION - IN 2011, CARROLL COUNTY HAD NEARLY TWO AND A HALF TIMES THE NUMBER OF DRUG ARRESTS PER 100,000 IN COMPARISON TO KENTUCKY 2,162 VERSUS 870 TRIMBLE COUNTY, KENTUCKY- TRIMBLE COUNTY, KENTUCKY, HAS A POPULATION OF 8,725 AND A DECLINING GROWTH RATE OF -1.0 PER 1,000 POPULATION, COMPARED TO 0.6% INCREASED GROWTH FOR KENTUCKY BY 2020, THE POPULATION WILL BE 9,514 - THE POPULATION IS 97.2% WHITE - THE AVERAGE MEDIAN HOUSEHOLD INCOME IN TRIMBLE COUNTY IS \$44,141 COMPARED TO \$43,677 IN KENTUCKY AND \$50,502 IN THE NATION THE UNEMPLOYMENT RATE IS 8.2%, COMPARED TO 8.2% FOR KENTUCKY AND 8.1% FOR THE NATION - THE RATE OF SMOKING DURING PREGNANCY IN TRIMBLE COUNTY IS 44%, COMPARED TO 24% IN KENTUCKY THE LOW BIRTH WEIGHT RATE IN TRIMBLE COUNTY IS 6% WHICH IS BELOW KENTUCKY'S 9% - IN TRIMBLE COUNTY, 30% OF ADULTS SMOKE, WHICH IS HIGHER THAN THE 29% FOR KENTUCKY AND THE 19% FOR THE NATION IN TRIMBLE COUNTY, 25% OF HIGH SCHOOL STUDENTS SMOKE, THE SAME AS IN KENTUCKY, BUT HIGHER THAN THE 23% IN THE NATION - IN TRIMBLE COUNTY, 29% OF THE ADULTS ARE OBESE, THE SAME AS FOR KENTUCKY, BUT HIGHER THAN THE 24% FOR THE NATION IN TRIMBLE, 14% LACK PHYSICAL ACTIVITY, COMPARED TO 32% IN KENTUCKY AND 24% IN THE NATION - IN TRIMBLE COUNTY, THERE IS AN 9% RATE OF ADULT DIABETES, COMPARED TO 8% IN KENTUCKY AND 10% FOR THE NATION THE DEATH RATE PER 100,000 DUE TO DIABETES WAS 55.4 FOR TRIMBLE COUNTY, COMPARED TO 28.0 FOR KENTUCKY AND 25.3 FOR THE NATION - DEATHS DUE TO BREAST CANCER WERE 15 PER 100,000 FOR TRIMBLE COUNTY COMPARED TO 14 PER 100,000 FOR KENTUCKY DEATHS DUE TO PROSTATE CANCER WERE 23 PER 100,000 FOR TRIMBLE COUNTY AND 18 PER 100,000 FOR KENTUCKY</p>



Schedule I  
(Form 990)Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

► Attach to Form 990.

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

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

Employer identification number

35-0895832

**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 Domestic Organizations and Domestic Governments.** 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 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

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ► \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** 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	FUNDS ARE NOT GRANTED TO ORGANIZATIONS BUT ARE DONATED. DONATIONS ARE DETERMINED ON A DISCRETIONARY BASIS. NO ONE ENTITY OR INDIVIDUAL RECEIVED \$5,000 OR MORE DURING THE YEAR

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceFor 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.

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

Name of the organization

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

Employer identification number

35-0895832

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

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

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

**4** During the year, did any person listed 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?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?**b** Any related organization?

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?**b** Any related organization?

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**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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 in column(B) 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 II	BOARD MEMBERS PAT STACK, MD AND JONATHAN HANSON, MD LISTED ABOVE ARE EMPLOYED PHYSICIANS OF THE HOSPITAL DR STACK AND DR HANSON DO NOT RECEIVE COMPENSATION FOR SERVICES PROVIDED AS BOARD MEMBERS THE COMPENSATION LISTED ABOVE FOR DR STACK AND DR HANSON IS COMPENSATION RECEIVED FOR SERVICES PROVIDED AS EMPLOYED PHYSICIANS

**Additional Data****Software ID:**  
**Software Version:****EIN:** 35-0895832**Name:** THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

		<b>(A) Name and Title</b>	<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred in prior Form 990</b>
			<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>1</b>	JONATHAN HANSON MD, BOARD MEMBER/PHYSICIAN	(i) 273,275 (ii) 0	149,220 0	360 0	13,000 0	26,930 0	462,785 0	0 0	
<b>1</b>	PAT STACK MD, BOARD MEMBER/PHYSICIAN	(i) 169,895 (ii) 0	117,803 0	1,032 0	13,000 0	28,101 0	329,831 0	0 0	
<b>2</b>	CAROL DOZIER, PRESIDENT/CEO	(i) 340,956 (ii) 0	35 0	552 0	13,000 0	1,393 0	355,936 0	0 0	
<b>3</b>	STEVE MEACHAM, VP FINANCE	(i) 189,909 (ii) 0	35 0	19,084 0	9,767 0	19,172 0	237,967 0	0 0	
<b>4</b>	LISA MORGAN, VP PATIENT SERVICES	(i) 142,824 (ii) 0	35 0	18,052 0	7,325 0	23,484 0	191,720 0	0 0	
<b>5</b>	DENINE FALLIS-HALLGARTH, VP PHYSICIAN PRACTICES	(i) 122,584 (ii) 0	35 0	18,052 0	6,349 0	11,320 0	158,340 0	0 0	
<b>6</b>	HOLLY ROBINSON, VP QUALITY	(i) 203,349 (ii) 0	76,281 0	17,740 0	13,000 0	26,978 0	337,348 0	0 0	
<b>7</b>	THOMAS ECKERT MD, EMPLOYED PHYSICIAN	(i) 423,664 (ii) 0	315,758 0	1,584 0	13,000 0	16,232 0	770,238 0	0 0	
<b>8</b>	TRAVIS CLEGG MD, EMPLOYED PHYSICIAN	(i) 577,509 (ii) 0	720,494 0	79,708 0	13,000 0	26,713 0	1,417,424 0	0 0	
<b>9</b>	WILLIAM SKILES MD, EMPLOYED PHYSICIAN	(i) 448,532 (ii) 0	178,129 0	1,032 0	13,000 0	13,773 0	654,466 0	0 0	
<b>10</b>	MICHAEL SCHMIDT MD, EMPLOYED PHYSICIAN	(i) 445,191 (ii) 0	182,823 0	15,728 0	13,000 0	27,959 0	684,701 0	0 0	
<b>11</b>	GEORGE ALCORN MD, EMPLOYED PHYSICIAN	(i) 322,492 (ii) 0	224,503 0	8,884 0	13,000 0	10,165 0	579,044 0	0 0	
<b>12</b>	ROGER ALLMAN, FORMER PRESIDENT/ CEO	(i) 0 (ii) 0	0 0	298,536 0	0 0	0 0	298,536 0	0 0	
<b>13</b>	LARRY KEITH, FORMER VP CLINICAL SERVICES	(i) 0 (ii) 0	0 0	159,311 0	0 0	0 0	159,311 0	0 0	

**Schedule K  
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization  
 THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
 OF MADISON INDIANA INC

Employer identification number  
 35-0895832

**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 INDIANA FINANCE AUTHORITY	35-1602316	45471ACW0	11-03-2010	97,847,058	SEE PART VI		X		X		X

**Part II Proceeds**

1	Amount of bonds retired	A		B		C		D	
2	Amount of bonds legally defeased								
3	Total proceeds of issue		97,847,058						
4	Gross proceeds in reserve funds			6,756,861					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			1,749,243					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			88,974,097					
11	Other spent proceeds			366,857					
12	Other unspent proceeds								
13	Year of substantial completion		2013						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

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

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

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

**Part IV Arbitrage**

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

**Part IV Arbitrage (Continued)**

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCH K PART I LINE A - PURPOSE	THE PURPOSE OF THE BOND ISSUANCE IS TO FINANCE, REFINANCE, OR REIMBURSE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, RENOVATING AND EQUIPPING VARIOUS HEALTH CARE FACILITIES OF THE HOSPITAL, INCLUDING A REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND A MEDICAL OFFICE BUILDING

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON INDIANA INC	Employer identification number 35-0895832
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

4958 . . . . . ► \$ \_\_\_\_\_

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

**Part II****Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DR MICHAEL SCHMIDT		PRATICE COMMENCEMENT ASSISTANCE		X	75,000	9,808		No	Yes		Yes	
(2) DR TRAVIS CLEGG		PRATICE COMMENCEMENT ASSISTANCE		X	176,664	25,000		No	Yes		Yes	
(3) DR TRAVIS CLEGG		INTERIM LIVING EXPENSE ASSISTANCE		X	93,333	19,231		No	Yes		Yes	

Total	► \$	54,039		
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**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) A DATTILO FRUIT COMPANY	VICE PRESIDENT OF PATIENT SERVICES OF KDHHS HAS 51% OWNERSHIP INTEREST	37,572	LISA MORGAN, VICE PRESIDENT OF PATIENT SERVICES OF KDHHS OWNS A 51% INTEREST IN A DATILLO FRUIT COMPANY KDHHS PURCHASES PRODUCE FROM A DATTILO FRUIT COMPANY		No
(2) RIVER VALLEY FINANCIAL BANK	BOARD MEMBER IS THE SPOUSE OF PRESIDENT AND CEO OF RIVER VALLEY FIN BANK	0	ANDREA FORRESTER, BOARD ASST TREASURER, IS MARRIED TO THE PRESIDENT AND CEO OF RIVER VALLEY FINANCIAL BANK THE HOSPITAL'S OPERATING ACCOUNT IS WITH THE BANK, AND DURING 2014, THE HOSPITAL HELD RIVERVALLEY PREFERRED STOCK TOTALING 1,000,000 (THE PREFERRED STOCK WAS REDEEMED BY THE BANK BY YEAR-END) THE HOSPITAL RECORDED INTEREST INCOME OF \$145,772, DIVIDEND INCOME OF \$72,500 AND SERVICE FEES OF \$7,395 FROM ACTIVITY WITH THE BANK		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****2014****Open to Public  
Inspection**

Name of the organization

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

Employer identification number

35-0895832

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PER THE BY LAWS, THE MEMBERSHIP OF THE ORGANIZATION SHALL BE NON-SECTARIAN, NON-POLITICAL AND NOT CONFINED TO ANY CHRISTIAN RELIGIOUS DENOMINATION OR SECT. ANY SUCH PERSON OF GOOD REPUTE WHO HOLDS HERSELF RESPONSIBLE TO THE KING, CHRIST, OUR LORD AND SAVIOR, MAY BECOME A MEMBER OF THE ORGANIZATION. ALL MEMBERS MUST BE AND REMAIN PERMANENT RESIDENTS OF THE SERVICE AREA OF THE HOSPITAL, AS DETERMINED FROM TIME TO TIME BY THE HOSPITAL BOARD OF MANAGERS, AS A CONTINUING REQUIREMENT FOR MEMBERSHIP. FAILURE TO MAINTAIN SUCH RESIDENCY STATUS AUTOMATICALLY TERMINATES A PERSON'S MEMBERSHIP. HOSPITAL EMPLOYEES, MEMBERS OF THE MEDICAL STAFF, AND THEIR IMMEDIATE FAMILY MEMBERS SHALL NOT BE ELIGIBLE FOR MEMBERSHIP IN THE ORGANIZATION. THE IMMEDIATE FAMILY SHALL BE DEFINED AS INCLUDING THE MOTHER, FATHER, HUSBAND, WIFE, SISTER, BROTHER, DAUGHTER, SON, AND STEPCHILDREN.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION SHALL HAVE TWO (2) CLASSES OF MEMBERS, ACTIVE AND HONORARY, AND ALL MEMBERS SHALL HAVE THE RIGHTS, PRIVILEGES, DUTIES, LIABILITIES, LIMITATIONS AND RESTRICTIONS AS SET FORTH FROM TIME TO TIME IN THE STANDING RULES ANY ACTIVE MEMBER OF THE ORGANIZATION MAY PROPOSE ANY OTHER PERSON MEETING THE ELIGIBILITY REQUIREMENTS OUTLINED IN PART VI, 7A ABOVE FOR MEMBERSHIP ONLY ACTIVE MEMBERS IN GOOD STANDING THAT HAVE BEEN A MEMBER FOR AT LEAST TWO ANNIVERSARY YEARS CAN PRESENT A PERSON'S NAME FOR MEMBERSHIP OR TO SERVE ON THE BOARD OF DIRECTORS A MAJORITY VOTE OF THOSE PRESENT AND VOTING AFFIRMATIVELY AT ANY REGULAR MEETING OF THE ORGANIZATION AT WHICH A QUORUM IS PRESENT SHALL BE SUFFICIENT TO ELECT SUCH PROPOSED PERSON TO MEMBERSHIP ONLY ACTIVE MEMBERS SHALL HAVE THE RIGHT AT EVERY MEETING OF THE MEMBERS TO CAST ONE (1) VOTE FOR HER MEMBERSHIP THIS RIGHT TO VOTE MUST BE EXERCISED IN PERSON, OR AS THE BYLAWS MAY PROVIDE FROM TIME TO TIME

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ONLY ACTIVE MEMBERS SHALL HAVE THE RIGHT AT EVERY MEETING OF THE MEMBERS TO CAST ONE (1) VOTE FOR HIS/HER MEMBERSHIP THIS RIGHT TO VOTE MUST BE EXERCISED IN PERSON, OR AS THE BYLAWS MAY PROVIDE FROM TIME TO TIME

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE ORGANIZATION'S MANAGEMENT. THE BOARD OF MANAGERS RECEIVES A DRAFT COPY OF THE FORM 990 INCLUDING REQUESTED SCHEDULES PRIOR TO FILING WITH THE IRS. CHANGES OR REVISIONS ARE SUGGESTED BY THE BOARD IF NECESSARY. THE 990 WILL BE REVIEWED AT THE NEXT BOARD MEETING.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICT. OFFICERS AND KEY EMPLOYEES ARE NOT REQUIRED TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. HOWEVER THE HR CONFLICT OF INTEREST POLICY DOES STATE THAT ANY EMPLOYEE WHO IS AN OFFICER, OWNER, PARTNER OR EMPLOYEE OF AN ORGANIZATION WITH WHICH THE HOSPITAL MAY ENTER INTO A RELATIONSHIP OR TRANSACTION (OR WHOSE SPOUSE OR CHILD IS AN OFFICER, OWNER, PARTNER OR EMPLOYEE OF AN ORGANIZATION WITH WHICH THE HOSPITAL MAY ENTER INTO A RELATIONSHIP OR TRANSACTION) MUST DISCLOSE THIS INFORMATION TO THE APPROPRIATE VICE PRESIDENT AND THE PRESIDENT/CEO. SHOULD SUCH INFORMATION BE DISCLOSED, THE EMPLOYEE WILL REFRAIN FROM ANY SUBSEQUENT DISCUSSION AND DECISIONS RELATED TO THE OUTSIDE FIRM. A CONFLICT OF INTEREST STATEMENT MUST BE COMPLETED BY EVERY BOARD MEMBER EACH YEAR. AT SUCH TIME AS ANY MATTER COMES BEFORE THE BOARD CONCERNING AN EXISTING OR CONTEMPLATED TRANSACTION OR RELATIONSHIP BETWEEN THE ORGANIZATION AND ANY PARTY IN WHICH A BOARD MEMBER OR THE SPOUSE OR MINOR CHILDREN OF SUCH BOARD MEMBER HAS AN INTEREST OR OTHERWISE MAY GIVE RISE TO A CONFLICT OF INTEREST BETWEEN THE BOARD MEMBER AND THE ORGANIZATION, THE AFFECTED BOARD MEMBER SHALL MAKE KNOWN THE POTENTIAL CONFLICT, WHETHER DISCLOSED BY HIS OR HER WRITTEN STATEMENT OR NOT, AND AFTER ANSWERING ANY QUESTIONS THAT MIGHT BE ASKED OF HIM OR HER, SHALL WITHDRAW FROM THE MEETING FOR SO LONG AS THE MATTER SHALL CONTINUE UNDER DISCUSSION. SHOULD THE MATTER BE BROUGHT TO A VOTE, THE AFFECTED BOARD MEMBER SHALL NOT VOTE ON IT.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE HOSPITAL'S BOARD EXECUTIVE COMMITTEE REVIEWS ANNUAL CEO SURVEY INFORMATION FROM THE INDIANA HOSPITAL ASSOCIATION THAT COMPARES THE HOSPITAL'S CEO'S COMPENSATION WITH OTHER HOSPITAL CEO'S IN INDIANA. COMPARISONS ARE MADE WITH HOSPITALS THAT ARE IN THE HOSPITAL'S REGION IN INDIANA, HOSPITALS SIMILAR IN SIZE TO KDHHS, AND HOSPITALS THAT MIGHT REASONABLY BE EXPECTED TO COMPETE FOR SERVICES OF THE HOSPITAL'S CEO. THE CONSUMER PRICE INDEX FOR ALL URBAN CONSUMERS (CPI-U) FOR THE PRIOR TWELVE MONTH PERIOD IS ALSO REVIEWED AND CONSIDERED. THE EXECUTIVE COMMITTEE, AFTER REVIEWING A STATUS REPORT OF THE CEO'S ANNUAL GOALS, RECOMMENDS CHANGES IN THE CEO'S COMPENSATION TO THE FULL BOARD OF MANAGERS. ANY ACTION TAKEN ON THE RECOMMENDATION IS MADE BY THE FULL BOARD. HOWEVER, PHYSICIAN BOARD MEMBERS WHO ARE HOSPITAL EMPLOYEES DO NOT PARTICIPATE IN VOTING FOR ANY CHANGE TO CEO COMPENSATION. MINUTES ARE TAKEN AT ALL BOARD EXECUTIVE COMMITTEE AND FULL BOARD MEETINGS.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST, OR FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE FOR PUBLIC INSPECTION. THE FORM 990 TAX RETURN IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN SUBSCRIBER SAVINGS CUMULATIVE ACCOUNT -14,458 ROUNDING 1

Return Reference	Explanation
FORM 990, PART XI, LINE 2C, AUDIT OVERSIGHT	THE HOSPITAL'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE SELECTION OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO PERFORM THE ANNUAL AUDIT OF THE FINANCIAL STATEMENTS. THE FINANCE COMMITTEE ALSO IS RESPONSIBLE FOR OVERSIGHT OF THAT AUDIT PROCESS. THE TREASURER OF THE HOSPITAL'S BOARD OF MANAGERS SERVES AS THE CHAIR OF THE FINANCE COMMITTEE. THE FINANCE COMMITTEE REGULARLY MEETS EVERY MONTH, AND MEETS ONCE PER YEAR WITH THE INDEPENDENT AUDITORS.

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

Name of the organization

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

Employer identification number

35-0895832

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE KING'S DAUGHTERS' HOSPITAL FOUNDATION INC PO BOX 447  MADISON, IN 47250 20-2148950	FUNDRAISING TO SUPPORT THE PROVISION OF HEALTHCARE SERVICES	IN	501(C)(3)	LINE 7	N/A		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) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	

**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.

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE KING'S DAUGHTERS' HOSPITAL FOUNDATION INCORPORATED	O	148,109	
(2) THE KING'S DAUGHTERS' HOSPITAL FOUNDATION INCORPORATED	Q	44,068	
(3) THE KING'S DAUGHTERS' HOSPITAL FOUNDATION INCORPORATED	N	29,893	

**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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes	No			Yes	No			

**Part VII Supplemental Information**

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

Return Reference	Explanation
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Schedule R (Form 990) 2014