



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable	C Name of organization COMMUNITY UNITED METHODIST HOSPITAL INC		D Employer identification number 61-0461753
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as METHODIST HOSPITAL		E Telephone number (270) 827-7517
<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 48	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code HENDERSON, KY 424190048		G Gross receipts \$ 144,690,804
<input type="checkbox"/> Application pending	F Name and address of principal officer GARY R COLBERG PO BOX 48 HENDERSON, KY 424190048		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: ► METHODISTHOSPITAL.NET

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 1948 M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities IN LINE WITH ITS CHRISTIAN HERITAGE, TO PROVIDE A BROAD BASED HEALTHCARE DELIVERY SYSTEM FOCUSING ON THE COMPASSIONATE, HIGH QUALITY AND COST EFFECTIVE SERVICES THAT ADDRESS MENTAL, SPIRITUAL AND PHYSICAL NEEDS AND WORK TO IMPROVE THE HEALTH STATUS OF THE PEOPLE IN THE COMMUNITIES SERVED		
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	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,571
6 Total number of volunteers (estimate if necessary)	6	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,854
b Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	349,498	57,617
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,669,273	138,579,109
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	530,252	310,968
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,798,783	5,068,464
		161,347,806	144,016,158
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	375,282	328,380
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	80,183,423	76,071,215
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	87,172,042	62,737,345
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	167,730,747	139,136,940	
19 Revenue less expenses Subtract line 18 from line 12	-6,382,941	4,879,218	
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	148,058,367	146,577,684	
21 Total liabilities (Part X, line 26)	75,395,389	69,133,572	
22 Net assets or fund balances Subtract line 21 from line 20	72,662,978	77,444,112	

Part II Signature Block

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

Sign Here	***** Signature of officer DAVID MASSENGALE CFO Type or print name and title	2016-05-13 Date

Paid Preparer Use Only	Print/Type preparer's name S MARTIN MCELROY JR CPA	Preparer's signature S MARTIN MCELROY JR CPA	Date 2016-05-16	Check <input type="checkbox"/> if self-employed	PTIN P01250724
	Firm's name ► MCELROY MITCHELL & ASSOCIATES LLP	Firm's EIN ► 61-1457054			
	Firm's address ► PO BOX 528 MORGANFIELD, KY 424370528	Phone no (270) 389-1239			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

IN LINE WITH ITS CHRISTIAN HERITAGE, TO PROVIDE A BROAD BASED HEALTHCARE DELIVERY SYSTEM FOCUSING ON THE COMPASSIONATE, HIGH QUALITY AND COST EFFECTIVE SERVICES THAT ADDRESS MENTAL, SPIRITUAL AND PHYSICAL NEEDS AND WORK TO IMPROVE THE HEALTH STATUS OF THE PEOPLE IN THE COMMUNITIES SERVED

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 C

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 C.

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 \$ 110,677,123 including grants of \$ 328,380) (Revenue \$ 142,798,908)

COMMUNITY UNITED METHODIST HOSPITAL, INC OFFERS A BROAD RANGE OF INPATIENT AND OUTPATIENT MEDICAL SERVICES INCLUDING EMERGENCY CARE, SURGICAL SERVICES, AMBULATORY CARE, RADIOLOGY SERVICES, PHYSICAL THERAPY, SLEEP DISORDERS, ORTHOPEDIC SERVICES, PEDIATRIC CARE, NICU, SWING BED, DIAGNOSTIC AND THERAPEUTIC SERVICES, WOUND CARE AND PAIN CLINIC. THE COMMUNITIES WE SERVE INCLUDE HENDERSON, UNION AND WEBSTER COUNTIES. METHODIST HOSPITAL IS AN ACUTE CARE HOSPITAL IN HENDERSON, KY WITH 192 LICENSED BEDS. IN FISCAL YEAR 2015, MH SERVED 4,355 INPATIENTS FOR A TOTAL OF 18,729 INPATIENT DAYS OF SERVICE. MH ALSO PROVIDED 323,171 OUTPATIENT VISITS WHICH INCLUDED 28,409 EMERGENCY ROOM VISITS. (CONTINUED ON SCHEDULE O) UNION COUNTY METHODIST HOSPITAL IS A CRITICAL CARE HOSPITAL IN UNION COUNTY, KY IN FISCAL YEAR 2015, UCMH SERVED 653 INPATIENTS FOR A TOTAL OF 4,618 INPATIENT DAYS. UCMH ALSO PROVIDED 23,021 OUTPATIENT VISITS WHICH INCLUDED 7,772 EMERGENCY ROOM VISITS.

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 110,677,121

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		No
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	Yes	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	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	34	Yes	
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	35a	No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
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	36	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	254	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	1,571	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a		No
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a		No
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c		No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h		No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
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 . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26	
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No	
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9	No	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Yes
a	The organization's CEO, Executive Director, or top management official	15b	Yes
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed KY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
DAVID MASSENGALE
1305 NORTH ELM STREET
PO BOX 48
HENDERSON, KY 424190048 (270) 827-7598

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	4,357,524		334,231

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 **►56**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GENESIS EMERGENCY MEDICINE SERVICES PO BOX 6773 SHREVEPORT, LA 71136	ER PHYSICIANS	1,485,019
INFINITY HIT LLC PO BOX 27 SPRING LAKE, MI 49456	CONSULTANTS	1,155,631
HENDERSON ACUTE CARE SPECIALIST LLC 1762 YELVINGTON-KNOTTSVILLE RD MACEO, KY 42355	HOSPITALIST SVC	679,328
BILL DUNBAR & ASSOCIATES LLC 2601 FORTUNE CIRCLE EAST INDIANAPOLIS, IN 46241	CONSULTANTS	617,534
DOCUCOMP LLC PO BOX 190 CAPE CHARLES, VA 23310	CONSULTANTS	541,151

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **►34**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 29,842			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 27,775			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		57,617		
Program Service Revenue	2a NET PATIENT SERVICES	Business Code 621110	138,334,844	138,334,844	
	b GROUP PURCHASING PROGRAM SVCS		244,265	244,265	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		138,579,109		
	3 Investment income (including dividends, interest, and other similar amounts)		211,749		211,749
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real 33,324				
b Less rental expenses					
c Rental income or (loss)	33,324				
d Net rental income or (loss)		33,324		33,324	
7a Gross amount from sales of assets other than inventory	(I) Securities 773,865				
b Less cost or other basis and sales expenses	674,646				
c Gain or (loss)	99,219				
d Net gain or (loss)		99,219	99,219		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a PHARMACY REVENUE	561000	1,653,783	1,653,783		
b MISCELLANEOUS REVENUE	722210	1,509,010	1,509,010		
c UNREALIZED GAIN ON SWAP	621110	911,352	911,352		
d All other revenue		960,995	46,435	3,854	910,706
e Total. Add lines 11a-11d		5,035,140			
12 Total revenue. See Instructions		144,016,158	142,798,908	3,854	1,155,779

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	111,623	111,623		
2 Grants and other assistance to domestic individuals See Part IV, line 22	216,757	216,757		
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	1,630,256	371,482	1,258,774	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	226,508		226,508	
7 Other salaries and wages	56,158,380	46,719,724	9,438,656	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,764,394	2,289,267	475,127	
9 Other employee benefits	11,024,891	9,097,392	1,927,499	
10 Payroll taxes	4,266,786	3,413,429	853,357	
11 Fees for services (non-employees)				
a Management				
b Legal	275,833		275,833	
c Accounting	448,742		448,742	
d Lobbying	11,103		11,103	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	229,454		229,454	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,824,216	16,139,104	2,685,112	
12 Advertising and promotion	710,083	52,113	657,970	
13 Office expenses	18,664,341	17,596,179	1,068,162	
14 Information technology	2,249,326	654,036	1,595,290	
15 Royalties				
16 Occupancy	2,665,652	618,538	2,047,114	
17 Travel	238,810	195,401	43,409	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,221,164		2,221,164	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,845,803	7,825,661	20,142	
23 Insurance	1,214,663	861,423	353,240	
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 REPAIRS & MAINT	2,411,908	1,763,518	648,390	
b KY PROVIDER TAX	2,279,568	2,279,568		
c DIETARY/ FOOD	977,584	122,824	854,760	
d RECRUITMENT	600,074	4,868	595,206	
e All other expenses	869,021	344,216	524,805	
25 Total functional expenses. Add lines 1 through 24e	139,136,940	110,677,123	28,459,817	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	10,034,795	1 15,997,470
	2 Savings and temporary cash investments	16,756,451	2 16,582,695
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	25,525,552	4 25,084,276
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	279,974	7 325,973
	8 Inventories for sale or use	2,339,336	8 2,241,739
	9 Prepaid expenses and deferred charges	1,865,479	9 1,826,848
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 190,033,181	
	b Less accumulated depreciation	10b 111,239,746	10c 83,008,968 78,793,435
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	210,073	13 776,331
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	8,037,739	15 4,948,917
	16 Total assets. Add lines 1 through 15 (must equal line 34)	148,058,367	16 146,577,684
Liabilities	17 Accounts payable and accrued expenses	19,919,799	17 16,135,127
	18 Grants payable	18	
	19 Deferred revenue	270,237	19 4,629
	20 Tax-exempt bond liabilities	39,068,126	20 35,334,861
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	16,137,227	25 17,658,955
	26 Total liabilities. Add lines 17 through 25	75,395,389	26 69,133,572
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	71,415,604	27 76,152,267
	28 Temporarily restricted net assets	1,247,374	28 1,291,845
	29 Permanently restricted net assets	29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	72,662,978	33 77,444,112
	34 Total liabilities and net assets/fund balances	148,058,367	34 146,577,684

Part XI Reconciliation of Net AssetsCheck 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	144,016,158
2	Total expenses (must equal Part IX, column (A), line 25)	2	139,136,940
3	Revenue less expenses Subtract line 2 from line 1	3	4,879,218
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,662,978
5	Net unrealized gains (losses) on investments	5	22,634
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-120,718
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	77,444,112

Part XII Financial Statements and ReportingCheck 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	

Additional Data

Software ID:
Software Version:
EIN: 61-0461753
Name: COMMUNITY UNITED METHODIST
 HOSPITAL INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) CERTAIN GARLAND	2 00						0	0	0
CHAIRMAN	0 00	X		X					
(1) EBLIN JOHN	2 00						0	0	0
DIRECTOR	0 00	X							
(2) FELLOWS DR JAMES	10 00						75,000	0	0
DIRECTOR	0 00	X							
(3) GIBBONS REV MARK	2 00						0	0	0
DIRECTOR	0 00	X							
(4) GIVENS SUSIE	2 00						0	0	0
DIRECTOR	0 00	X							
(5) HARGIS STEVE	2 00			X			0	0	0
TREASURER	0 00			X					
(6) HAZELWOOD MIKE	2 00						0	0	0
DIRECTOR	0 00	X							
(7) HENDRICKSON PAUL	2 00						0	0	0
DIRECTOR	0 00	X							
(8) HUMBERT DR VERNON	10 00						50,576	0	0
DIRECTOR	0 00	X							
(9) JENKINS JEREMY	2 00						0	0	0
DIRECTOR	0 00	X							
(10) JENKINS JODY	2 00						0	0	0
DIRECTOR	0 00	X							
(11) JENKINS WAYNE	2 00						0	0	0
DIRECTOR	0 00	X							
(12) LATHAM REV DAVID	2 00						0	0	0
DIRECTOR	0 00	X							
(13) LUTZ TIM	2 00						0	0	0
VICE-CHAIR	0 00	X		X					
(14) ROBERT JR WILLIAM	2 00						0	0	0
DIRECTOR	0 00	X							
(15) SHANNON LIN	2 00						0	0	0
SECRETARY	0 00	X		X					
(16) SHIELDS DANE	2 00						0	0	0
DIRECTOR	0 00	X							
(17) SIDES JOHN	2 00						0	0	0
DIRECTOR	0 00	X							
(18) STEINWACHSLYNN RENEE	2 00						0	0	0
DIRECTOR	0 00	X							
(19) SUGG SALLY	2 00						0	0	0
DIRECTOR	0 00	X							
(20) SWEENEY REV C MICHAEL	2 00						0	0	0
DIRECTOR	0 00	X							
(21) WILLIAMS CHIP	2 00						0	0	0
DIRECTOR	0 00	X							
(22) WILLIAMS CYNTHIA	2 00						0	0	0
DIRECTOR	0 00	X							
(23) WOFFORD PASTOR JIM	2 00						0	0	0
DIRECTOR	0 00	X							
(24) WOODRING BRUCE	2 00						0	0	0
DIRECTOR	0 00	X							

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(26) DAVIS BISHOP LINDSEY DIRECTOR	2 00 0 00	X					0	0	0
(1) LOGAN JOHN A III FMR MED DIR/	10 00 0 00					X	150,000	0	0
(2) BEGLEY BRUCE D CHEIF EXECUT	50 00 0 00			X			422,810	0	30,305
(3) PARK DAVID B CHIEF OPERAT	50 00 0 00				X		210,985	0	19,158
(4) DONAHUE PATRICK S VP ADMIN- MH	50 00 0 00				X		160,147	0	102,924
(5) HEBBLER GREG FORMER CFO	32 00 0 00					X	227,710	0	2,591
(6) MORGAN LOIS VP CHIEF NUR	50 00 0 00			X			160,066	0	21,712
(7) SPRAGUE DR ARNOLD III FMR VP EMPLO	40 00 0 00					X	205,590	0	11,313
(8) BRIDGES BRENT VP OPERATION	50 00 0 00			X			158,178	0	29,080
(9) JAMES YELTON MD ORTHOPEDIC S	50 00 0 00				X		563,495	0	35,980
(10) KAREN CANLAS MD GASTROENTERO	50 00 0 00				X		534,534	0	6,750
(11) VINOD SONI MD GENERAL SURG	50 00 0 00				X		401,449	0	27,459
(12) ARSHAD I HUSAIN MD ONCOLOGIST	50 00 0 00				X		577,390	0	21,403
(13) NOEL CANLAS MD GASTROENTERO	50 00 0 00				X		459,594	0	25,556

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.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**Name of the organization**COMMUNITY UNITED METHODIST
HOSPITAL INC**Employer identification number**

61-0461753

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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 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 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 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
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	

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

Part IV 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
11a		
11b		
11c		

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		
3b		

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.**

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
 7 Other expenses (see instructions)
 8 **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

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

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

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at 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
COMMUNITY UNITED METHODIST
HOSPITAL INC

Employer identification number

61-0461751

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

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

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

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

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

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?	Yes		11,103	
j	Total Add lines 1c through 1i			11,103	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES THAT ARE PAID TO HOSPITAL ASSOCIATIONS THAT ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES

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.Department of the Treasury
Internal Revenue Service**Name of the organization**
COMMUNITY UNITED METHODIST
HOSPITAL INC**Employer identification number**

61-0461753

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)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

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

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

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

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

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

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

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

(i) 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)

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

	Amount
1c	
1d	
1e	
1f	

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.

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

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

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

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

(i) unrelated organizations

(ii) related organizations

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		800,816			800,816
b Buildings		109,284,945	46,735,393		62,549,552
c Leasehold improvements		1,861,628	1,406,348		455,280
d Equipment		77,434,924	63,098,005		14,336,919
e Other		650,868			650,868
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					78,793,435

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

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

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	143,940,957
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	22,634
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	25,603
e	Add lines 2a through 2d	2e	48,237
3	Subtract line 2e from line 1	3	143,892,720
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	123,438
c	Add lines 4a and 4b	4c	123,438
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	144,016,158

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	139,322,328
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	185,388
e	Add lines 2a through 2d	2e	185,388
3	Subtract line 2e from line 1	3	139,136,940
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	139,136,940

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
SCHEDULE D, PAGE 3, PART X	THE HOSPITAL APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOLLOWING FOOTNOTE APPEARS IN THE HOSPITAL'S AUDIT REPORT. THE HOSPITAL APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN, SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE HOSPITAL MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED IN EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE HOSPITAL AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEAR 2015 AND 2014.
SCHEDULE D, PAGE 4, PART XI, LINE 2D	CHANGE IN UNFUNDED PENSION LIABILITY (FASB 158 ADJUST) 25,603
SCHEDULE D, PAGE 4, PART XI, LINE 4B	UNRELATED FEDERAL BUSINESS LOSS FROM PREMIER PURCH K-1 3,854 NET INVEST GAIN/LOSS FROM GENESIS HEALTH ALLIANCE K-1 1,824 NET INVEST GAIN/LOSS FROM KY HOMECARE OF HENDERSON K-1 -4,475 NET INVEST GAIN/LOSS FROM PREMIER HEALTHCARE K-1 123,219 NET INVEST GAIN/LOSS FROM MULTICARE ASSOC K-1 -984
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EXPENSES FROM ENTITIES FILING SEPERATE RETURNS INCLUDED 0 IN CONSOLIDATED AUDITED FINANCIAL STATEMENTS 185,388

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.

2014

Open to Public
Inspection

Name of the organization

COMMUNITY UNITED METHODIST
HOSPITAL INC

Employer identification number

61-0461753

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

b If "Yes," was it a written policy?

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities
 Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care

100% 150% 200% Other _____ %

b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

200% 250% 300% 350% 400% Other _____ %

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"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

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?

6a Did the organization prepare a community benefit report during the tax year?

b If "Yes," did the organization make it available to the public?

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)			979,151	655,200	323,951	0 230 %
b Medicaid (from Worksheet 3, column a)			31,405,775	25,414,081	5,991,694	4 310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			32,384,926	26,069,281	6,315,645	4 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			412,964	32,388	380,576	0 270 %
f Health professions education (from Worksheet 5)			1,651,158	423,484	1,227,674	0 880 %
g Subsidized health services (from Worksheet 6)			219,564	129,161	90,403	0 060 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			142,455		142,455	0 100 %
j Total Other Benefits			2,426,141	585,033	1,841,108	1 320 %
k Total Add lines 7d and 7j			34,811,067	26,654,314	8,156,753	5 860 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			1,194		1,194	
3 Community support			9,850		9,850	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			11,044		11,044	0 010 %

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

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** 5,384,401

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** 950,694

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** 25,707,356

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 26,631,533

7 Subtract line 6 from line 5 This is the surplus (or shortfall) **7** -924,177

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

Cost accounting system

Cost to charge ratio

Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? **9a** Yes

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

2

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)

See Additional Data Table

Other (describe)

Facility reporting group

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)

A

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):** _____

	Yes	No
Community Health Needs Assessment		
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 12	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	Yes
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	Yes
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>METHODISTHOSPITAL NET</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>GRRHC WILDAPRICOT ORG</u>		
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 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>METHODISTHOSPITAL NET</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)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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	13	Yes
a	<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>400 000000000000%</u>		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	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)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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)	16	Yes
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input 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
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		
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)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19 Yes	
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)		
20 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 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 checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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? If "No," indicate why	21 Yes	
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)

22 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)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23 No	
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24 Yes	

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16l, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **24**

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

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION	THE HOSPITAL'S OUTPATIENT PSYCHIATRIC CLINIC IS REPORTED AS SUBSIDIZED HEALTH SERVICE AS A COMMUNITY BENEFIT AS WE PROVIDE THIS SERVICE AT A LOSS AND IS NOT PROVIDED BY OTHER PROVIDERS AND IS NEEDED BY THE COMMUNITY

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE COST-TO-CHARGE RATIO WAS USED IN THE TABLE TO CALCULATE COST ASSOCIATED WITH BAD DEBT AND CHARITY CARE. THE RATIO WAS CALCULATED FROM WORKSHEET 2 RATIO OF PATIENT CARE COST-TO-CHARGES

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES INCLUDE THE HOSPITAL'S PARTICIPATION WITH GREEN RIVER AREA DISTRICT DEVELOPMENT, A LOCAL GROUP DEDICATED TO ADDRESSING THE HEALTHCARE NEEDS OF COMMUNITIES SERVED ALSO, AS PART OF COMMUNITY BUILDING ACTIVITIES, VARIOUS HOSPITAL ADMINISTRATION STAFF VOLUNTEER TIME AS BOARD MEMBERS OR MEMBERS OF COMMUNITY ORGANIZATIONS AND COALITIONS TO KEEP ABREAST OF HEALTHCARE NEEDS, CONCERNS AND ISSUES WITHIN THE AREA

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	<p>THE HOSPITAL HAS AGREEMENTS WITH THIRD PARTY PAYORS THAT PROVIDE FOR PAYMENTS TO THE HOSPITAL AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES PAYMENT ARRANGEMENTS INCLUDE PROSPECTIVELY DETERMINED RATES PER DISCHARGE, REIMBURSED COSTS, DISCOUNTED CHARGES, AND PER DIEM PAYMENTS NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD PARTY PAYORS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED THE HOSPITAL ESTIMATES AN ALLOWANCE FOR UNCOLLECTIBLE PATIENT ACCOUNTS RECEIVABLE BASED ON EVALUATION OF THE AGING OF THE ACCOUNTS, HISTORICAL LOSSES, CURRENT ECONOMIC CONDITIONS AND OTHER FACTORS UNIQUE TO THE SERVICE AREA AND THE HEALTHCARE INDUSTRY. THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED ON LINE 2 IS USING THE COST-TO-CHARGE RATIO. THE RATIO WAS CALCULATED FROM WORKSHEET A, ESTIMATED BAD DEBT EXPENSE (AT COST)</p>

Form and Line Reference	Explanation
PART III, LINE 3 BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE	THE AMOUNT OF BAD DEBT ESTIMATED TO HAVE BEEN ELIGIBLE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY WAS DETERMINED BY USING THE POVERTY RATE FOR HENDERSON COUNTY

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	THE FOOTNOTE DESCRIBING THE HOSPITAL'S BAD DEBT EXPENSE CAN BE FOUND ON PAGES 18-19 OF THE MOST RECENT AUDITED FINANCIAL STATEMENTS WHICH ARE ATTACHED WITH THIS SCHEDULE H

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	MEDICARE ALLOWABLE COSTS WAS TAKEN DIRECTLY OFF MEDICARE COST REPORT FILED FOR 6/30/15 THE CALCULATION INCLUDED MEDICARE INPATIENT AND OUTPATIENT CHARGES LESS MEDICARE REIMBURSEMENT LESS GME RECEIVED THE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT AS THE REIMBURSEMENT RECEIVED DID NOT COVER THE COST OF PROVIDING SERVICES

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	HOSPITAL POLICY ON CHARITY CARE PROVIDES GUIDANCE ON HOW TO PROVIDE FINANCIAL ASSISTANCE FOR PATIENTS IN NEED. HOSPITAL POLICY ON INDIGENT CARE OUTLINES THE DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM THROUGH THE STATE OF KENTUCKY TO SERVE THE INDIGENT CARE NEEDS OF ALL PATIENTS WITHOUT ANY TYPE OF HEALTH INSURANCE. PATIENTS MUST COMPLETE A DSH APPLICATION AND MEET THE KENTUCKY DEPARTMENT OF MEDICAID SERVICES DSH PROGRAM MANUAL GUIDELINES.

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	HOSPITAL CONTINUES TO WORK WITH THE GREEN RIVER AREA DISTRICT DEVELOPMENT TO ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES SERVED THE MISSION IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE WITHIN OUR REGION THROUGH EDUCATION, MOTIVATION, EVALUATION AND AVAILABILITY

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	HOSPITAL HAS FINANCIAL COUNSELORS TO INTERVIEW PATIENTS WHO MAY HAVE FINANCIAL NEED THE PROCESS IS PART OF PATIENT REGISTRATION AN INTERVIEW CAN TAKE PLACE AT ANY TIME THE PATIENT IS IN THE HOSPITAL AFTER THE PATIENT LEAVES THE HOSPITAL, CONTACT IS MADE IN AN EFFORT TO ASSIST THE INDIVIDUAL WITH APPLYING FOR GOVERNMENT ENTITLEMENT PROGRAMS EACH PATIENT REGISTERED AS A SELF-PAY AUTOMATICALLY RECEIVES PRINTED INFORMATION TITLED, "ELIGIBILITY FOR FINANCIAL ASSISTANCE" THIS DOCUMENT EXPLAINS ABOUT THE KENTUCKY MEDICAID DISPROPORTIONATE SHARE HOSPITAL DSH PROGRAM IT CONTAINS A LIST OF INFORMATION THE PATIENT IS REQUIRED TO PROVIDE WITH THE DSH APPLICATION, ELIGIBILITY FOR THE PROGRAM IS DETERMINED FROM THE SUBMITTED DOCUMENTS IF PATIENT DOES NOT QUALIFY FOR THE DSH PROGRAM THEN THE DOCUMENTATION IS USED BY THE HOSPITAL FOR FINANCIAL ASSISTANCE DETERMINATION IN ADDITION, DISCUSSION WITH PATIENTS CONCERNING VARIOUS PROGRAMS, HOSPITAL ASSISTANCE, ETC

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	HOSPITAL IS LOCATED IN THE GREEN RIVER AREA DEVELOPMENT DISTRICT (GRADD) IN THE NORTHWESTERN PORTION OF KENTUCKY ALONG THE OHIO RIVER AND DIVIDED BY THE GREEN RIVER. THE TOTAL POPULATION OF GRADD IS APPROXIMATELY 215,217 AND IS PROJECTED TO HAVE MINOR GROWTH OF 1-2% OVER THE NEXT FIVE YEARS. METHODIST HOSPITAL'S PRIMARY SERVICE AREA COVERS PATIENTS FROM THE COUNTIES OF HENDERSON, UNION AND WEBSTER AND INCLUDES A SECONDARY MARKET OF PATIENTS FROM EACH OF THE SURROUNDING COUNTIES AND SOUTHERN INDIANA AND SOUTHERN ILLINOIS. THE TOTAL POPULATION IN THE PRIMARY AND SECONDARY SERVICE AREA IS APPROXIMATELY 75,000. THIS ORGANIZATION OWNS METHODIST HOSPITAL IN HENDERSON COUNTY AND METHODIST HOSPITAL UNION COUNTY, A CRITICAL ACCESS HOSPITAL IN UNION COUNTY, THE ONLY TWO HOSPITALS IN THE PRIMARY SERVICE AREA. THE PRIMARY SERVICE AREA INCLUDES DESIGNATED MEDICALLY UNDERSERVED COUNTIES AND METHODIST HOSPITAL HAS SUPPORTED THE MEDICAL CARE IN THOSE COMMUNITIES BY PROVIDING TWO PRIMARY CARE CLINICS IN WEBSTER COUNTY AND TWO IN UNION COUNTY AS WELL AS SIX OTHER PRIMARY CARE CLINICS IN HENDERSON COUNTY WITH PHYSICIANS AND NURSE PRACTITIONERS.

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>METHODIST HOSPITAL, IN KEEPING WITH ITS CHRISTIAN HERITAGE, EXISTS TO PROVIDE A BROAD BASED HEALTHCARE DELIVERY SYSTEM IN PARTNERSHIP WITH OUR MEDICAL STAFF, THE FOCUS WILL BE ON THE COMPASSIONATE, HIGH QUALITY, AND COST EFFECTIVE SERVICES THAT ADDRESS MENTAL, SPIRITUAL, AND PHYSICAL NEEDS, AND WORKS TO IMPROVE THE HEALTH STATUS OF THE PEOPLE IN THE COMMUNITIES. THE MAJORITY OF COMMUNITY UNITED METHODIST HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF INDIVIDUALS WHO LIVE AND WORK IN THE HOSPITAL SERVICES AREA. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY DURING THE FISCAL YEAR ENDED JUNE 30, 2015, COMMUNITY UNITED METHODIST HOSPITAL, INC., AS PART OF ITS MISSION CONTINUES TO PROVIDE UNCOMPENSATED CARE TO THE RESIDENTS OF THE AREA. EXAMPLES OF SERVICES PROVIDED FOR THE BENEFIT OF THE COMMUNITY ARE AS FOLLOWS -ADULT AND PEDIATRIC CPR COURSES OFFERED FREE OR AT A NOMINAL COST -SMOKING CESSATION PROGRAM OFFERED AT NOMINAL COST TO PARTICIPANTS -CHILDBIRTH EDUCATION CLASSES (INCLUDING PREPARED CHILDBIRTH, BREAST FEEDING, ETC.) OFFERED TO THE PUBLIC AT A NOMINAL COST -OUTREACH PROGRAMS AT LOCAL ELEMENTARY AND JUNIOR HIGH SCHOOLS TO EDUCATE YOUNG PEOPLE ON A VARIETY OF TOPICS, INCLUDING CHEMICAL DEPENDENCY AND CHILDBIRTH -PROVIDE EDUCATION TO WOMEN'S ADDICTION RECOVERY MANOR CENTER 3-4 TIMES PER YEAR FOR EDUCATIONAL SESSIONS UPON REQUEST - BROCHURES ON A WIDE VARIETY OF MEDICAL TOPICS ARE AVAILABLE TO THE PUBLIC AT NO CHARGE -MULTI-DISCIPLINARY CONTINUING EDUCATION PROGRAMS FOR OTHER MEDICAL PROFESSIONALS AND ANCILLARY PERSONNEL -COMMUNITY EDUCATION PROGRAMS PROVIDED FREE TO THE PUBLIC ON VARIOUS HEALTHCARE TOPICS CANCER, STROKE, HEART ATTACK, DIABETES, STRESS, LIFESTYLE, ETC - PROMOTION OF HEALTHCARE PROFESSIONALS THROUGH ASSOCIATION WITH HENDERSON COMMUNITY COLLEGE, ITT TECHNICAL INSTITUTE, AND WITH INTERNSHIPS AND CLINICAL AFFILIATIONS WITH OTHER UNIVERSITIES FOR PHARMACY, PHYSICAL THERAPY, RADIOLOGY, HEALTHCARE ADMINISTRATION AND DIETETICS -FREE CHOLESTEROL SCREENINGS PROVIDED THE FIRST THURSDAY OF EVERY MONTH TO THE GENERAL PUBLIC -BLOOD PRESSURE SCREENINGS DONE MONTHLY AT PLEASANT POINT AND TWICE A YEAR AT SENIOR CITIZEN COMPLEXES -BLOOD SUGAR SCREENING PROVIDED MONTHLY AT PLEASANT POINT AND COLONIAL ASSISTED LIVING -HEALTH FAIRS ARE HELD FOR LOCAL INDUSTRY AS WELL AS THE GENERAL PUBLIC, PROVIDING A WIDE RANGE OF SCREENING TESTS AND EDUCATIONAL MATERIALS IN HENDERSON, UNION AND WEBSTER COUNTIES -SPEAKERS PROVIDED TO COMMUNITY ORGANIZATIONS FOR PRESENTATIONS ON SUCH HEALTHCARE TOPICS AS CANCER, ALZHEIMER'S DISEASE, BLOOD PRESSURE, CHOLESTEROL, ETC -WELLNESS PROGRAM OFFERED TO LOCAL BUSINESSES INCLUDES ONSITE HEALTH FAIRS, RISK APPRAISAL, NURSE VISITS, DIABETES, WEIGHT LOSS, AND EDUCATIONAL PROGRAMS -FLU SHOTS PROVIDED TO INDUSTRY AND SCHOOLS -DISCOUNT OF 50% OFFERED ON FIRST MAMMOGRAPHY SCREENING DURING BREAST CANCER AWARENESS MONTH -A DISCOUNT AGREEMENT WITH THE HEALTH DEPARTMENT ON MAMMOGRAPHY REFERRALS -NEONATAL SERVICES PROVIDED A REDUCED RATE FOR LOW-INCOME WOMEN -OUTPATIENT LACTATION CONSULTING FEES WAIVED FOR LOW-INCOME MOTHERS -METHODIST HOSPITAL ALSO PROVIDES FOR ADULTS WHO HAVE CHRONIC HEALTH CARE NEEDS THROUGH THE CONTINUITY CARE CLINIC. THIS CLINIC OPERATES 4 DAYS PER WEEK WITH MEDICAL RESIDENTS AND THEIR SUPERVISORS -METHODIST HOSPITAL SERVES AS A PRECEPTOR SITE FOR VARIOUS UNIVERSITIES AND COLLEGES FOR ADMINISTRATIVE, PHYSICAL AND OCCUPATIONAL THERAPIES, AND NURSING STUDENTS -HOSPITAL MANAGEMENT PARTICIPATES IN AND ROUTINELY DONATES USE OF THE HOSPITAL FACILITY TO VARIOUS NON-PROFIT COMMUNITY ORGANIZATIONS SUCH AS YMCA, SALVATION ARMY, UNITED WAY, JUNIOR PRO-BALL, ETC -EMPLOYEES ARE MEMBERS OF VARIOUS COMMUNITY ORGANIZATIONS AND REGULARLY ATTEND MEETINGS TO KEEP THEM ACTIVELY INVOLVED IN THE COMMUNITY. AMERICAN HEART ASSOCIATION, KENTUCKY CANCER PROGRAM, DIABETES COALITION, HEALTHY HENDERSON FOR EXAMPLE -ASSISTED IN PLANNING AND ORGANIZING OF VARIOUS ACTIVITIES FOR COMMUNITY ORGANIZATIONS RELAY FOR LIFE (AMERICAN CANCER SOCIETY), RACE FOR THE CURE (BREAST CANCER), REGIONAL SENIOR GAMES, HUNTING DOWN DIABETES -BUILDING, MAINTENANCE, COMPUTER EQUIPMENT, AND SOME MEDICAL EQUIPMENT PROVIDED TO THE HENDERSON CITY/COUNTY AMBULANCE SERVICE AT NO CHARGE -PROVIDE FOR TRANSPORTATION COSTS FOR PATIENTS NEEDING ASSISTANCE TO THEIR HOMES FROM THE HOSPITAL -CASH AND IN-KIND CONTRIBUTIONS TO SUPPORT VARIOUS OTHER NON-PROFITS LOCATED IN HENDERSON, WEBSTER AND UNION COUNTIES -CASH DONATION TO ECONOMIC DEVELOPMENT ENTITY TO FOSTER DEVELOPMENT IN THE AREA -PLEDGE SUPPORT OF NURSING PROGRAM AT LOCAL COLLEGE -SCHOLARSHIPS OFFERED TO NURSING, PHYSICAL THERAPY, RADIOLOGY AND PHARMACY STUDENTS -PARTICIPATION IN LOCAL CAREER DAYS TO PROVIDE INFORMATION ON HEALTH CAREERS TO HIGH SCHOOL, COLLEGE, AND TECHNICAL SCHOOL STUDENTS -HIGH SCHOOL AND COLLEGE STUDENTS GAIN VALUABLE EXPERIENCE THROUGH THE HEALTH CAREERS PROGRAM THAT PUTS THEM IN A HOSPITAL</p>

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	TAL SETTING WHILE EXPLORING HEALTHCARE CAREERS -PRESENTATIONS MADE TO LOCAL HIGH SCHOOLS TO PROMOTE HEALTH CAREERS AND LECTURE ON HEALTHCARE TOPICS -HOSTED BI-ANNUAL BLOOD DRIVES FOR THE AMERICAN RED CROSS

Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	KENTUCKY

Additional Data

Software ID:
Software Version:
EIN: 61-0461753
Name: COMMUNITY UNITED METHODIST HOSPITAL INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, METHODIST HOSPITAL - PART V, LINE 5	
GROUP A, FACILITY 1, METHODIST HOSPITAL - PART V, LINE 6A	METHODIST HOSPITAL AND METHODIST HOSPITAL UNION COUNTY CONDUCTED THEIR OWN CHNAS, BUT ALSO PARTNERED WITH THE GREEN RIVER AREA DEVELOPMENT DISTRICT WHICH INCLUDES THE OWENSBORO HEA LTH SYSTEM AND OHIO COUNTY HOSPITAL
GROUP A, FACILITY 1, METHODIST HOSPITAL - PART V, LINE 6B	METHODIST HOSPITAL AND METHODIST HOSPITAL UNION COUNTY CONDUCTED THEIR OWN CHNAS, BUT ALSO PARTNERED WITH THE GREEN RIVER AREA DEVELOPMENT DISTRICT WHICH INCLUDES THE OWENSBORO HEA LTH SYSTEM AND OHIO COUNTY HOSPITAL
GROUP A, FACILITY 1, METHODIST HOSPITAL - PART V, LINE 7D	METHODIST HOSPITAL PRESENTED ITS CHNA TO THE HENDERSON REGIONAL HOSPITAL FOUNDATION, THE HENDERSON HEALTH COALITION AND THE GREEN RIVER AREA HEALTH COUNCIL METHODIST HOSPITAL UNION COUNTY PRESENTED ITS CHNA TO THE UNION COUNTY HEALTH COALITION
GROUP A, FACILITY 1, METHODIST HOSPITAL - PART V, LINE 11	HENDERSON COUNTY HEALTHY HENDERSON COALITION SERVES AS THE ACCOUNTABILITY GROUP FOR THE COMMUNITY HEALTH IMPROVEMENT INITIATIVES, USING A STRONG NETWORK OF COMMUNITY PARTNERS WITH IN THE COMMUNITY TO AFFECT CHANGE SELECTED NEEDS IDENTIFIED THROUGH OUR CHNA WERE TEEN IS SUES, REDUCING OBESITY AND DIABETES, AND REDUCING SUBSTANCE ABUSE METHODIST HOSPITAL AND THE HEALTHY HENDERSON COALITION HAVE CONDUCTED ANNUAL WALK/RUN EVENTS FOR DIABETES AS WELL AS A KIDS ADVENTURE CAMP FOR DIABETES, HAVE IMPLEMENTED A FOOD NUTRITION CHOICE OPTION AT OUR LOCAL COMMUNITY BALL PARK, EXPANDED A FARMERS MARKET PROGRAM AND CSA PROGRAM, PARTNERED WITH LOCAL PROGRAMS TO OFFER CHRONIC DISEASE MANAGEMENT (DIABETES IN PARTICULAR) THROUGH THE COMMUNITY IN ADDITION WE HAVE WORKED WITH THE SCHOOL SYSTEM IN COLLABORATION WITH A FOOD EDUCATION AND EXERCISE PROGRAM (CATCH) AND PARTNERED TO PROVIDE PROGRAMS ON BULLYING AND CHALLENGE DIFFERENCES WE HAVE PROVIDED SMOKING CESSATION PROGRAMS IN OUR FACILITIES FOR EMPLOYEES OF THE HOSPITAL AND ALSO THE COMMUNITY, PARTICIPATED IN OUR PHYSICIAN RESEARCH PROGRAM FOR EDUCATION AND RESEARCH WITH SMOKING CESSATION WE ALSO HAVE OFFERED FREE PROSTATE SCREENING, FREE AIC TESTING, AND FREE COLONOSCOPES TO PARTICIPANTS IN A WALK/RUN EVENT UNION COUNTY FOCUSED ON ACCESS TO HEALTHCARE BY EDUCATING THE PUBLIC ABOUT SERVICES ARE AVAILABLE IN THE COUNTY, REDUCED SMOKING VIA EDUCATION AND SMOKE-FREE INITIATIVES ALONG WITH E-CIG EDUCATION, AND FOCUS ON REDUCING OBESITY AND INCREASE PHYSICAL ACTIVITY VIA GARDEN PROGRAM AND CURRICULUM, BEST BITES CAMPAIGN FOR HEALTHY FOOD CHOICES DIABETES SUPPORT CLASSES, ACTIVE HEALTHY KIDS DAY AND A GRANT TO EXTEND THE CITY WALKING PATH IN CONNECTION WITH THE CITY OF MORGANFIELD FREE INSULIN TESTING GIVEN AT THE HOSPITAL
GROUP A, FACILITY 1, METHODIST HOSPITAL - PART V, LINE 22D	EVERYONE USING THE HOSPITAL SERVICES ARE CHARGED THE STANDARD RATES
GROUP A, FACILITY 1, METHODIST HOSPITAL - PART V, LINE 24	ALL PAYERS, INCLUDING ENTITLEMENT PROGRAMS, INSURANCE COMPANIES AND PATIENTS WITHOUT INSURANCE ARE BILLED AT HOSPITAL'S STANDARD RATE REIMBURSEMENT AND DISCOUNTS ARE BASED ON ENTITLEMENT ALLOWABLE CONTRACTUALLY MUTUALLY AGREEABLE REDUCTIONS OF CHARGES WITH INSURANCE COMPANIES AND MUTUALLY AGREEABLE REDUCTIONS OF CHARGES WITH PATIENTS

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

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

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

Name and address	Type of Facility (describe)
METHODIST PEDIATRICS- IMPERIAL 110 THIRD STREET SUITE 180 HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST GASTROENTEROLOGY 1413 N ELM STREET SUITE 105 HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST FAMILY PRACTICE 1284 US HWY 60 WEST MORGANFIELD, KY 42437	PEDIATRIC PHYSICIAN SVCS
WOMEN'S HEALTH SERVICES- HENDERSON 736 N ELM STREET HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST COMPREHENSIVE SERVICES 471 KLUTEY PARK PLAZA HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST SURGICAL SERVICES 110 THIRD STREET SUITE 105 HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST PEDIATRICS- ELM 2000 N ELM STREET SUITE 1B HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST FAMILY MEDICINE- STURGIS 9064 US HWY 60 STURGIS, KY 42459	PEDIATRIC PHYSICIAN SVCS
METHODIST FAMILY MEDICINE- IMPERIAL 110 THIRD STREET SUITE 250 HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST FAMILY MEDICINE- ATKINSON 1413 N ELM ST SUITE 204 HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST FAMILY MED- PROVIDENCE 121 EAST MAIN STREET PROVIDENCE, KY 42450	PEDIATRIC PHYSICIAN SVCS
WOMENS HEALTH SERVICES-MADISONVILLE 44 MCCOY AVENUE MADISONVILLE, KY 42431	PEDIATRIC PHYSICIAN SVCS
METHODIST FAMILY MEDICINE-NORTH ELM 2000 NORTH ELM ST SUITE 1A HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST FAMILY MEDICINE- 8TH ST 319 EIGHTH STREET SUITE 1 HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST FAMILY MEDICINE- SEBREE 47 W WEBSTER STREET SEBREE, KY 42455	PEDIATRIC PHYSICIAN SVCS

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

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

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

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

Name and address	Type of Facility (describe)
CONTINUITY CARE CLINIC 1305 N ELM STREET HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST HEMATOLOGYONCOLOGY 110 WATER STREET HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
WEBSTER COUNTY FAMILY MEDICINE 1355 HWY 41-A SOUTH DIXON, KY 42409	PEDIATRIC PHYSICIAN SVCS
MH HOME MEDICAL EQUIPMENT 426 N ELM STREET HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST FAMILY MEDICINE- ELM ST 1413 N ELM STREET SUITE 204 HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
MH PRIMARY CARE CENTER 700 MARTIN LUTHER KING BLVD HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST HOSPITAL AUXILIARY 1305 N ELM STREET HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
METHODIST OCCUPATIONAL MEDICINE 110 THIRD ST SUITE 120 HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS
KENTUCKY HOMECARE OF HENDERSON LLC 110 2ND STREET HENDERSON, KY 42420	PEDIATRIC PHYSICIAN SVCS

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.

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY UNITED METHODIST
HOSPITAL INC

Employer identification number

61-0461753

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
(1) COLLEGE FOUNDATION INC 2660 S GREEN STREET HENDERSON, KY 42420	61-6035281	3	70,000				SEE PART IV
(2) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 550 S JACKSON STREET ACB-3 LOUISVILLE, KY 40202	23-7078461	3	41,623				SEE PART IV

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

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

Part III Grants and Other Assistance to 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
(1) HEALTHCARE SCHOLARSHIP	3	5,413			
(2) EDUCATIONAL ASSISTANCE	68	204,164			
(3) RETROACTIVE SCHOLARSHIP	2	7,180			

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
SCHEDULE I, PAGE 4, PART IV	COLLEGE FOUNDATION, INC (PART II)- TO MEET THE COMMUNITY NEED FOR ADDITIONAL NURSING STUDENTS, THE HOSPITAL PLEDGED FUNDING OF 70,000 TO EXPAND THE NURSING PROGRAM AT THE LOCAL COMMUNITY COLLEGE UL RESEARCH FOUNDATION (PART II)- TO HELP MEET THE SIGNIFICANT NEED FOR GASTROENTEROLOGY SERVICES, THE HOSPITAL PLEDGED FUNDING FOR INCREASE IN THE FELLOWSHIP PROGRAM AT U OF L HEALTHCARE SCHOLARSHIPS- A RECIPIENT MUST FILL OUT AN APPLICATION AND THEN IT IS SENT TO A COMMITTEE TO BE APPROVED OR DENIED THE RECIPIENT MUST BE ACCEPTED INTO A DEGREE PROGRAM THAT IS CRITICAL AND NECESSARY TO THE OPERATION OF THE HOSPITAL RECIPIENTS MUST MAINTAIN A CUMMULATIVE GPA OF 2.5 AND A FULL TIME COURSE STUDY (12 OR MORE CREDIT HOURS) THEY MUST SEND VERIFICATION OF GPA EACH SEMESTER SCHOLARSHIP RECIPIENTS ARE OBLIGATED TO EMPLOYMENT WITH METHODIST HOSPITAL AFTER GRADUATION ACCORDING TO THE NUMBER OF SEMESTERS FUNDED FAILURE TO MEET THE SCHOLARSHIP REQUIREMENTS MAY RESULT IN REPAYMENT OF SCHOLARSHIP DOLLARS EDUCATIONAL ASSISTANCE- EACH RECIPIENT MUST FILL OUT AN APPLICATION FOR EDUCATIONAL ASSISTANCE AND IT IS SENT TO A COMMITTEE TO BE APPROVED OR DENIED ONCE THE APPLICATION IS APPROVED THE EMPLOYEE IS NOTIFIED ONCE THE APPLICANT FINISHES HIS/HER CLASS WITH A PASSING GRADE OF A C OR BETTER, THE HOSPITAL WILL REIMBURSE THE EMPLOYEE FOR THE COST OF BOOKS, TUITION AND LAB FEES UP TO 3,000 FOR ASSOCIATES AND 4,000 FOR BACHELORS OR MASTERS PER CALENDAR YEAR IF THE EMPLOYEE LEAVES EMPLOYMENT THEY ARE REQUIRED TO PAY BACK ANY FUNDS REIMBURSED WITHIN THE LAST YEAR RETROACTIVE SCHOLARSHIP- SCHOLARSHIP IS APPROVED AFTER DISCUSSION BETWEEN RECRUITERS, DEPARTMENT DIRECTORS AND HR DIRECTOR BASED ON THE POSITION- HOW HARD IT WAS TO FILL AND THAT THE APPLICANT WOULD NOT ACCEPT OFFER IF THEY DID NOT GET THE RETRO PAYMENT MUST COMPLETE A 2 YEAR WORK AGREEMENT WITH METHODIST HOSPITAL OR FUNDS ARE REQUIRED TO BE REPAYED

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.Name of the organization
COMMUNITY UNITED METHODIST
HOSPITAL INC

Employer identification number

61-0461753

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 checked="" 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 type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" 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?**4a** Yes**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**4b** Yes**c** Participate in, or receive payment from, an equity-based compensation arrangement?**4c** Yes

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**5a** Yes**a** The organization?**5b** Yes**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**6a** Yes**a** The organization?**6b** Yes**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**7** Yes**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**8** Yes**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**9** Yes

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
SCHEDULE J, PAGE 1, PART I, LINE 1A	SOCIAL CLUB DUES- PAID ON BEHALF OF THE HOSPITAL FOR THE CEO AND THE MHUC ADMINISTRATOR FOR THE PURPOSE OF RECRUITING PHYSICIAN SPECIALTIES TO THE HEALTHCARE ORGANIZATION, AMOUNTS WERE NOT TREATED AS TAXABLE COMPENSATION

Additional Data**Software ID:**
Software Version:**EIN:** 61-0461753**Name:** COMMUNITY UNITED METHODIST
HOSPITAL INC**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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				
LOGAN JOHN A III, FMR MED DIR/ CONSULT	(i) 150,000 (ii)					150,000	
BEGLEY BRUCE D, CHEIF EXECUTIVE OFF	(i) 418,469 (ii)			4,341	6,900	23,405	453,115
PARK DAVID B, CHIEF OPERATING OFF	(i) 195,437 (ii)			15,548	2,970	16,188	230,143
DONAHUE PATRICK S, VP ADMIN- MHUC	(i) 157,221 (ii)			2,926	80,325	22,599	263,071
HEBBLER GREG, FORMER CFO	(i) 225,922 (ii)			1,788	628	1,963	230,301
MORGAN LOIS, VP CHIEF NURSING OFF	(i) 151,181 (ii)			8,885	2,811	18,901	181,778
SPRAGUE DR ARNOLD III, FMR VP EMPLOY PHYS	(i) 197,513 (ii)			8,077	3,497	7,816	216,903
BRIDGES BRENT, VP OPERATIONS	(i) 155,100 (ii)			3,078		29,080	187,258
JAMES YELTON MD, ORTHOPEDIC SURGEON	(i) 463,162 (ii)	82,833		17,500	6,900	29,080	599,475
KAREN CANLAS MD, GASTROENTEROLOGIST	(i) 446,114 (ii)	70,920		17,500	5,250	1,500	541,284
VINOD SONI MD, GENERAL SURGEON	(i) 383,949 (ii)			17,500	6,900	20,559	428,908
ARSHAD I HUSAIN MD, ONCOLOGIST	(i) 427,371 (ii)	132,519		17,500	5,250	16,153	598,793
NOEL CANLAS MD, GASTROENTEROLOGIST	(i) 177,778 (ii)	264,316		17,500	5,927	19,629	485,150

**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.

**Open to Public
Inspection**

Name of the organization

COMMUNITY UNITED METHODIST
HOSPITAL INC

Employer identification number

61-0461753

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 COUNTY OF HENDERSON KY SERIES 2009A	61-6000814		12-30-2009	12,000,000	SEE PART V		X		X		X
B COUNTY OF HENDERSON KY SERIES 2009B	61-6000814		12-30-2009	18,000,000	SEE PART V		X		X		X
C COUNTY OF HENDERSON KY SERIES 2010	61-6000814		02-16-2010	14,210,000	SEE PART V		X		X		X
D COUNTY OF HENDERSON KY SERIES 2013	61-6000814		01-25-2013	7,000,000	REFINANCING OF SHORT-TERM DEBT, WHICH HAD BEEN USED TO FINANCE CAPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	12,000,000	18,000,000	14,210,000	7,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		102,783		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				6,914,642
11	Other spent proceeds	12,000,000	17,897,217	14,210,000	
12	Other unspent proceeds				85,358
13	Year of substantial completion	2010	2010	2010	2013
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?								
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X		X	
b Name of provider			FIFTH THIRDBANK		FIFTH THIRDBANK			
c Term of hedge			5 000000000000		5 000000000000			
d Was the hedge superintegrated?				X		X		
e Was the hedge terminated?				X		X		

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	COUNTY OF HENDERSON, KY SERIES 2009A REFINANCING OF SHORT-TERM DEBT, WHICH HAD BEEN USED TO FINANCE CAPITAL ACQUISITIONS AND CONSTRUCTION PROJECTS, TO LONG-TERM DEBT COUNTY OF HENDERSON, KY SERIES 2009B PARTIAL REFUNDING OF PORTION OF HENDERSON COUNTY SERIES 2003 B DEBT COUNTY OF HENDERSON, KY SERIES 2010A PARTIAL REFUNDING OF REMAINING PORTION OF HENDERSON COUNTY SERIES 2003 B DEBT COUNTY OF HENDERSON, KY SERIES 2013A ACQUISITIONS, AND FOR ACQUISITION OF ADDITIONAL CAPITAL ACQUISITIONS

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.

Name of the organization
COMMUNITY UNITED METHODIST
HOSPITAL INCEmployer identification number
61-0461753**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

Total

► \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	ROGER LATHAM 88,262 RELATED BOARD COMPENSATION SHARON SHIELDS 203,304 RELATED BOARD COMPENSATION SARAH WILSON 41,108 RELATED FMR KEY COMPENSATION

Additional Data

Software ID:
Software Version:
EIN: 61-0461753
Name: COMMUNITY UNITED METHODIST
HOSPITAL INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HALEY MORGAN	RELATED KEY EMP	44,103	COMPENSATION		No
(2) AMY DAVENPORT	RELATED FMR BD	29,000	COMPENSATION		No
(3) JULIE WISCHER	RELATED FMR BD	40,832	COMPENSATION		No
(4) EM FORD & COMPANY	BOARD MBR/OWNER	330,457	INSURANCE COVERAGE		No
(5) MARTHA RIDLEY	RELATED FMR BD	103,515	COMPENSATION		No
(6) TRICIA PAGE	RELATED FMR KEY	73,139	COMPENSATION		No
(7) TAMI CLEMENTS	RELATED KEY EMP	58,435	COMPENSATION		No
(8) BETTY TEER	RELATED OFFICER	62,202	COMPENSATION		No
(9) MELANIE HUMBERT	RELATED BOARD	31,494	COMPENSATION		No
(10) KELLY JENKINS	RELATED BOARD	134,432	COMPENSATION		No
(11) ROGER LATHAM	RELATED BOARD	88,262	COMPENSATION		No
(12) SHARON SHIELDS	RELATED BOARD	203,304	COMPENSATION		No
(13) SARAH WILSON	RELATED FMR KEY	41,108	COMPENSATION		No

2014

Open to Public
Inspection**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.Name of the organization
COMMUNITY UNITED METHODIST
HOSPITAL INCEmployer identification number
61-0461753**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	
FORM 990, PAGE 2, PART III, LINE 4A	UNION COUNTY METHODIST HOSPITAL IS A CRITICAL CARE HOSPITAL IN UNION COUNTY, KY IN FISCAL YEAR 2015, UCMH SERVED 653 INPATIENTS FOR A TOTAL OF 4,618 INPATIENT DAYS UCMH ALSO PROV IDED 23,021 OUTPATIENT VISITS WHICH INCLUDED 7,772 EMERGENCY ROOM VISITS
FORM 990, PART VI	LINE 16B - JOINT VENTURE POLICY ALTHOUGH THE HOSPITAL HAS NO WRITTEN POLICY, THE AGREEMENT WITH THE JOINT VENTURE STATES THAT THE ORGANIZATION MUST ACCEPT CERTAIN RATIOS OF PATIENT S WHICH ENSURE ACCEPTANCE OF MEDICARE, MEDICAID AND INDIGENT PATIENTS SIMILAR TO RATIOS OF FERED BY THE HOSPITAL PRIOR TO THE JOINT VENTURE AGREEMENT WAS REVIEWED BY INDEPENDENT TH IRD PARTIES TO ENSURE COMPLIANCE
FORM 990, PAGE 6, PART VI, LINE 2	CHIP WILLIAMS CYNTHIA WILLIAMS DIRECTOR OFFICER FAMILY RELATIONSHIP
FORM 990, PAGE 6, PART VI, LINE 6	COMMUNITY UNITED METHODIST HOSPITAL, INC IS GOVERNED BY A BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE 7A	THE NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS CONSIDER THE APPROPRIATE BOARD MEMBER C ANDIDATES BASED ON CRITERIA THE COMMITTE MAKES BOARD MEMBER RECOMMENDATIONS TO THE BOARD WHICH VOTES AT A REGULARLY SCHEDULED MEETING
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 INFORMATION IS COMPILED BY HOSPITAL MANAGEMENT AND RETURN IS PREPARED BY AN INDEP ENDENT THIRD PARTY CERTIFIED PUBLIC ACCOUNTING FIRM FAMILIAR WITH HOSPITAL OPERATIONS, POL ICIES, AND COMMITTEE/BOARD ACTIONS FINAL RETURN IS REVIEWED BY DIRECTOR OF FINANCE & CFO RETURNS ARE REVIEWED BY THE FINANCE COMMITTEE (OF THE BOARD OF DIRECTORS) FOR RECOMMENDAT ION TO THE FULL BOARD OF DIRECTORS FOR APPROVAL THE BOARD OF DIRECTORS ARE INFORMED THAT THE FORM 990 IS AVAILABLE IN IT'S ENTIRETY
FORM 990, PAGE 6, PART VI, LINE 12C	ONGOING MONITORING BY COMPLIANCE OFFICER (MH CHEIF OPERATING OFFICER)
FORM 990, PAGE 6, PART VI, LINE 15A	EVERY YEAR, SURVEYS ARE SENT OUT TO THE BOARD MEMBERS, MEDICAL STAFF AND DIRECTORS SURVEY S ARE RETURNED AND TABULATED CONFIDENTIALLY AND THE AGGREGATED RESPONSES ARE SHARED WITH T HE COMPENSATION COMMITTEE AND THE BOARD COMPENSATION IS REVIEWED BY USING THIRD PARTY EXE CUTIVE COMPENSATION SURVEYS CURRENTLY COMPENSATION AND THIRD PARTY EXECUTIVE COMPENSATION SURVEYS ARE THEN REVIEWED BY THE ADMINISTRATIVE PERSONNEL COMMITTEE WHO THEN RECOMMENDS A PROVAL TO THE INDEPENDENT BOARD THE BOARD HAS FINAL APPROVAL ON COMPENSATION FOR THE CEO
FORM 990, PAGE 6, PART VI, LINE 15B	EVERY YEAR, HOSPITAL USES EXTERNAL THIRD PARTY COMPENSATION SURVEYS FOR ALL KEY EMPLOYEES
FORM 990, PAGE 6, PART VI, LINE 19	METHODIST HOSPITAL CONFORMS TO THE FREEDOM OF INFORMATION ACT, HOSPITAL PROVIDES DOCUMENTS REQUESTED VIA PUBLIC REQUEST
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES 16,139,104 2,685,112 0
FORM 990, PART XI, LINE 9	CHANGE IN UNFUNDED PENSION LIABILITY (FASB 158 ADJUST) 25,603 UNRELATED FEDERAL BUSINESS L OSS FROM PREMIER PURCH K-1 -3,854 NET INVEST GAIN/LOSS FROM GENESIS HEALTH ALLIANCE K-1 - 1,824 NET INVEST GAIN/LOSS FROM KY HOMECARE OF HENDERSON K-1 4,475 NET INVEST GAIN/LOSS FR OM PREMIER HEALTHCARE K-1 -123,219 NET INVEST GAIN/LOSS FROM MULTICARE ASSOC K-1 984 EXPEN SES FROM ENTITIES FILING SEPERATE RETURNS INCLUDED 0 IN CONSOLIDATED AUDITED FINANCIAL STA TEMENTS -185,388
FORM 990, PART XI, LINE 9	ADJUSTMENT FOR ACCOUNTING OF AFFILIATE ENTITIES TH 0 FILE SEPERATE TAX RETURNS 162,505

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

► 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.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
COMMUNITY UNITED METHODIST
HOSPITAL INCEmployer identification number
61-0461753**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1) HENDERSON REGIONAL HOSPITAL FNDN 1305 NORTH ELM STREET HENDERSON, KY 42420 61-0944432	FUNDRAISNG	KY	501C3	9	N/A		No
(2) UNION CO METHODIST HOSPITAL FNDN 4604 US HWY 60 WEST MORGANFIELD, KY 42437 61-1230297	FUNDRAISNG	KY	501C3	9	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	
(1) KENTUCKY HOMECARE OF HENDERSON LLC 420 WEST PINHOOK ROAD LAFAYETTE, LA 70503 26-4812417	HOMEHEALTH	KY	N/A	RELATED	45,203	256,931	No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COMMUNITY CARE NETWORK INC 220 A SECOND STREET HENDERSON, KY 42420 61-1254545	HOSP NET	KY	N/A	C CORP	181,841	13,147	100 000 %		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
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s	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) HENDERSON REGIONAL HOSPITAL FNDN	C	19,842	ACTUAL AMOUNTS USED
(2) HENDERSON REGIONAL HOSPITAL FNDN	O	53,115	ACTUAL AMOUNTS USED

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
------------------	-------------

Schedule R (Form 990) 2014