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Form 990

Return of Organization Exempt From Income Tax

2014

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable	C Name of organization PIKEVILLE MEDICAL CENTER INC		D Employer identification number 61-0458376
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (606) 218-3501
<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) 911 BYPASS ROAD	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code PIKEVILLE, KY 41501		G Gross receipts \$ 402,492,789
F Name and address of principal officer WALTER E MAY 911 BYPASS ROAD PIKEVILLE, KY 41501		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW.PIKEVILLEHOSPITAL.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1923 M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities <u>THE CENTER'S MISSION IS TO PROVIDE QUALITY REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT</u>	
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 14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 5
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 2,953
6 Total number of volunteers (estimate if necessary)	6 179
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 801,381
b Net unrelated business taxable income from Form 990-T, line 34	7b -521,357

8 Contributions and grants (Part VIII, line 1h)	Prior Year 273,497	Current Year 75,150
9 Program service revenue (Part VIII, line 2g)	357,449,724	381,107,493
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	341,933	550,780
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,137,046	11,852,478
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	367,202,200	393,585,901

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	117,013	90,351
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	204,156,292	217,429,086
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	154,055,988	166,348,221
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	358,329,293	383,867,658
19 Revenue less expenses Subtract line 18 from line 12	8,872,907	9,718,243

20 Total assets (Part X, line 16)	Beginning of Current Year 492,097,198	End of Year 500,349,042
21 Total liabilities (Part X, line 26)	228,545,529	227,164,767
22 Net assets or fund balances Subtract line 21 from line 20	263,551,669	273,184,275

Part II Signature Block

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

Sign Here	***** Signature of officer MICHELLE HAGY CFO Type or print name and title	2016-08-15 Date
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	<input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►		Phone no		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission**PIKEVILLE MEDICAL CENTER'S MISSION IS TO PROVIDE QUALITY REGIONAL HEALTHCARE IN A CHRISTIAN ENVIRONMENT****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 79,203,513 including grants of \$) (Revenue \$ 47,230,745)

PHYSICIAN PRACTICES CURRENTLY, OVER 260 PHYSICIANS ARE MEMBERS OF PIKEVILLE MEDICAL CENTER'S MEDICAL STAFF OF WHICH 114 ARE EMPLOYEES IN FY 2015. PMC WELCOMED 24 PHYSICIANS AND ONE PHYSICIAN ASSISTANT. THE PHYSICIANS RECRUITED DURING THAT TIME PERIOD CONSIST OF THREE CARDIOLOGISTS, TWO CARDIOTHORACIC SURGEONS, ONE FAMILY MEDICINE PHYSICIAN, ONE GENERAL SURGEON, SIX HOSPITALISTS, ONE INTERVENTIONAL RADIOLOGIST, ONE OBSTETRICIAN/GYNECOLOGIST, ONE ORTHOPEDIC TRAUMA SURGEON, ONE OTOLARYNGOLOGIST, ONE PATHOLOGIST, ONE PHYSIATRIST/PHYSICAL REHAB PHYSICIAN, TWO PLASTIC/RECONSTRUCTIVE SURGEONS, TWO UROLOGISTS AND ONE VASCULAR SURGEON. ONE PSYCHOLOGIST ALSO BEGAN PRACTICING AT PMC DURING THE YEAR WITH THE ADDITION OF THESE NEW PHYSICIANS, PMC OFFERS MORE THAN 400 SERVICES, INCLUDING EVERY SPECIALTY AND MANY SUBSPECIALTIES. PMC IS A PROUD MEMBER OF THE MAYO CLINIC CARE NETWORK. THIS PARTNERSHIP - THE FIRST OF ITS KIND TO BE FORMED IN THE AREA - IS A POWERFUL TOOL THAT ALLOWS PMC PHYSICIANS TO CONSULT WITH MAYO CLINIC PHYSICIANS ON COMPLEX MEDICAL CASES AS A MEMBER OF THE MAYO CLINIC CARE NETWORK, PIKEVILLE MEDICAL CENTER'S TEAM OF EXPERTS HAS ACCESS TO THE LATEST INFORMATION, TOOLS AND TECHNOLOGIES TO PROVIDE QUALITY CARE AS WELL AS IMPROVE SYSTEMS AND THE OVERALL HEALTH OF THE COMMUNITY. PMC HAS RECENTLY COMPLETED A TREMENDOUS EXPANSION. THE ADDITION OF AN 11-STORY CLINIC BUILDING AND A 10-STORY PARKING GARAGE TO THE MAIN CAMPUS HAS MADE HEALTH CARE MORE ACCESSIBLE AND EFFICIENT. THE PMC CLINIC HOUSES EIGHT ADDITIONAL OPERATING ROOMS, SIX ENDOSCOPY SUITES, 23 PRE-OP ROOMS, 27 POST-OP ROOMS AND MOST OF PMC'S PHYSICIAN PRACTICES INCLUDING CARDIOTHORACIC SURGERY, VASCULAR SURGERY, TRAUMA SURGERY, GENERAL SURGERY, INTERVENTIONAL RADIOLOGY, GASTROENTEROLOGY, UROLOGY, ORTHOPEDIC TRAUMA SURGERY, ORTHOPEDIC SURGERY, HAND SURGERY, PODIATRY, SPORTS MEDICINE, OBSTETRICS/GYNECOLOGY, PEDIATRICS, ENDOCRINOLOGY, INFECTIOUS DISEASE, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, PHYSIATRY, PULMONOLOGY, RHEUMATOLOGY, OPHTHALMOLOGY, OTOLARYNGOLOGY, AND PLASTIC SURGERY. THE 1,162-SPACE PARKING GARAGE CONNECTS TO THE PMC CLINIC ON EACH FLOOR, ALLOWING PATIENTS TO CONVENIENTLY PARK ON THE SAME FLOOR AS THEIR PHYSICIAN'S OFFICE IN ADDITION TO PHYSICIAN PRACTICES FOUND IN THE CLINIC, PMC OFFERS BARIATRIC SURGERY IN PIKEVILLE (KENTUCKY), CARDIOLOGY - GENERAL/INVASIVE/INTERVENTIONAL/ELECTROPHYSIOLOGY - IN PIKEVILLE, WHITESBURG, PRESTONSBURG, SOUTH WILLIAMSON AND LEXINGTON (KENTUCKY) AND GRUNDY (VIRGINIA), CARDIOTHORACIC SURGERY IN WHITESBURG (KENTUCKY), ONCOLOGY - MEDICAL/HEMATOLOGY/RADIATION/GYNECOLOGIC - IN PIKEVILLE, WHITESBURG AND PRESTONSBURG (KENTUCKY) AND GRUNDY (VIRGINIA), NEUROLOGY IN WHITESBURG, McDOWELL, SOUTH WILLIAMSON AND PAINTSVILLE (KENTUCKY), FAMILY MEDICINE IN HAROLD AND SHELBY VALLEY (KENTUCKY), OBSTETRICS/GYNECOLOGY IN HAROLD (KENTUCKY), OPHTHALMOLOGY IN HAZARD (KENTUCKY), PAIN MANAGEMENT, DERMATOPATHOLOGY, PATHOLOGY, PSYCHOLOGY, CARDIAC REHABILITATION AND PULMONARY REHABILITATION IN PIKEVILLE (KENTUCKY) IN ADDITION TO SPECIALIZED MEDICAL/SURGICAL SERVICES, PMC ALSO OFFERS EMERGENCY MEDICINE SERVICES AND UTILIZES AROUND-THE-CLOCK HOSPITALISTS, INTENSIVISTS AND NEONATOLOGISTS WHO DEVOTE THEIR PROFESSIONAL TIME TO THE CARE OF HOSPITALIZED PATIENTS. PMC PHYSICIANS COMPLETED 249,880 PATIENT VISITS DURING FY 2015, AN INCREASE OF 16 PERCENT FROM THE PREVIOUS YEAR. EXISTING PHYSICIAN PRACTICES WITH SIGNIFICANT GROWTH DURING THE YEAR INCLUDED INFECTIOUS DISEASE (62% VOLUME INCREASE), OPHTHALMOLOGY (60% VOLUME INCREASE) AND GENERAL SURGERY (49% VOLUME INCREASE). NEW PRACTICES IN THE SPECIALTIES OF OTOLARYNGOLOGY, NEUROLOGY, PATHOLOGY AND PSYCHOLOGY MET THE COMMUNITY'S NEED FOR ADDITIONAL SPECIALIZED SERVICES AND ENCOUNTERED MORE THAN 21,000 PATIENT VISITS DURING THE FISCAL YEAR.

4b (Code) (Expenses \$ 55,665,307 including grants of \$) (Revenue \$ 117,510,798)

SURGICAL SERVICES PMC CONTINUES TO MAINTAIN A SOPHISTICATED, TECHNOLOGICALLY ADVANCED SURGICAL SERVICES DIVISION. THE RECRUITMENT OF NEW SURGEONS FROM VARIED SPECIALTIES HAS LED TO RAPID GROWTH IN SERVICE OFFERINGS RESULTING IN THE EXPANSION OF THE SURGICAL SERVICES DIVISION INTO THE PMC CLINIC BUILDING. THE NUMBER OF SURGICAL SERVICES CASES INCREASED BY FIVE PERCENT IN FY 2015 FROM FY 2014. CASES INCLUDED INPATIENT AND OUTPATIENT ENDOSCOPY PROCEDURES, INPATIENT AND OUTPATIENT SURGICAL PROCEDURES, AND C-SECTIONS. PMC PURCHASED THE DA VINCI XI ROBOTIC SURGICAL SYSTEM DURING FY 2015. THE SYSTEM OFFERS A MINIMALLY INVASIVE ALTERNATIVE TO BOTH OPEN SURGERY AND LAPAROSCOPY. THE DA VINCI PROVIDES THE SURGEON A HIGH DEFINITION 3D VIEW OF THE TARGET ANATOMY OFFERING GREATER VISION, PRECISION AND CONTROL DURING THE PROCEDURE, RESULTING IN A REDUCED RECOVERY TIME FOR THE PATIENT. AN ADDITIONAL SUPERDIMENSION NAVIGATIONAL SYSTEM FOR BRONCHOSCOPY WAS ALSO PURCHASED DURING THE YEAR TO MEET THE DEMAND OF THE 17% INCREASE IN VOLUME WITHIN ENDOSCOPY. A CARDIOHELP MULTI-THERAPY PORTABLE HEART-LUNG SUPPORT SYSTEM WAS PURCHASED TO TRANSPORT PATIENTS REQUIRING RESPIRATORY AND/OR CIRCULATORY SUPPORT. ADDITIONALLY, A VERSAPULSE POWERSUITE LASER SYSTEM WAS PURCHASED TO REPLACE THE EXISTING LASER SYSTEM USED IN VARIOUS UROLOGY PROCEDURES. THE CAPITAL INVESTMENT FOR SURGICAL SERVICES IN FY 2015 TOTALLED \$2,267,596.

4c (Code) (Expenses \$ 11,081,173 including grants of \$) (Revenue \$ 48,441,340)

IMAGING SERVICES PIKEVILLE MEDICAL CENTER (PMC) TAKES PRIDE IN OFFERING STATE-OF-THE-ART DIAGNOSTIC AND THERAPEUTIC RADIOLOGY SERVICES. THE CUTTING-EDGE TECHNOLOGY CURRENTLY AVAILABLE INCLUDES TWO LINEAR ACCELERATORS, ONE 32-SLICE LARGE BORE CT SCANNER, TWO 64-SLICE CT SCANNERS, TWO 320-SLICE CT SCANNERS, A PET/CT SCANNER, A SPECT/CT SCANNER, TWO 1.5T OPEN MRIS AND A 3.0T OPEN MRI. IN ADDITION, PMC COMPLETED PHASE 1 CONSTRUCTION AND INSTALLATION OF A FULLY EQUIPPED INTERVENTIONAL RADIOLOGY SUITE OCCUPYING 12,440 SQ. FT. DURING FY 2015. THE IR LAB IS COMPRISED OF AN ALLURA XPER FD 20 CARDIOVASCULAR SYSTEM WHICH INCLUDES A CEILING MOUNTED C-ARM STAND AND DIGITAL IMAGING X-RAY SYSTEM. A MAC-LAB HEMODYNAMIC RECORDING SYSTEM, WHICH ALLOWS FOR COMPREHENSIVE CORONARY, PEDIATRIC, AND VASCULAR PROCEDURE FUNCTIONALITY WITH STREAMLINED DOCUMENTATION AND REPORTING WAS ALSO PURCHASED FOR THE LAB. INTERVENTIONAL RADIOLOGY PERFORMED MORE THAN 1,211 PROCEDURES DURING THE FISCAL YEAR. THE CAPITAL INVESTMENT FOR IMAGING SERVICES DURING FY 2015 TOTALLED \$3,062,522.

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 189,924,405 including grants of \$ 90,351) (Revenue \$ 170,990,804)**4e** Total program service expenses ► 335,874,398

Part IV Checklist of Required Schedules

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

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

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

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

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

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

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

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
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	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	129	
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	2,953	
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	Yes	
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	Yes	
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		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h		
8 Sponsoring organizations maintaining donor advised funds. 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 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 5		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 Yes		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 No		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 No		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5 No		
6 Did the organization have members or stockholders?	6 No		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a No		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b No		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a Yes		
b Each committee with authority to act on behalf of the governing body?	8b Yes		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 No		

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/>
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	
MICHELLE HAGY CFO	

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)	8,070,344	0	687,109

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 **►202**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MESSER CONSTRUCTION CO INC 5158 FISHWICK DR CINCINNATI, OH 45216	CONSTRUCTION SERVICES	3,805,646
ROSE BUILDERS 7 STACY STREET HAROLD, KY 41635	CONSTRUCTION SERVICES	2,520,298
PHILIPS HEALTHCARE INC PO BOX 100355 ATLANTA, GA 30384	PROFESSIONAL SERVICES	2,502,912
PRECYSE SOLUTIONS LLC 1275 DRUMMERS LANE WAYNE, PA 19087	HIM SERVICES	2,374,936
LABORATORY CORPORATION OF AMERICA PO BOX 12140 BURLINGTON, NC 27216	PROFESSIONAL SERVICES	2,315,561

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 **►55**

Part VIII Statement of RevenueCheck 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	15,964		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	59,186		
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		75,150		
Program Service Revenue	2a PATIENT SERVICE REVENUE	Business Code 621110	381,107,493	381,107,493	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		381,107,493		
	3 Investment income (including dividends, interest, and other similar amounts)		919,739		919,739
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		10,295		10,295	
6a Gross rents	(I) Real 203,996	(II) Personal 394,515			
b Less rental expenses	197,306	0			
c Rental income or (loss)	6,690	394,515			
d Net rental income or (loss)			401,205	-12,822	414,027
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other 341,601			
b Less cost or other basis and sales expenses		710,560			
c Gain or (loss)		-368,959			
d Net gain or (loss)			-368,959		-368,959
8a Gross income from fundraising events (not including \$ <u>15,964</u> of contributions reported on line 1c) See Part IV, line 18					
a	16,152				
b Less direct expenses	b 6,466				
c Net income or (loss) from fundraising events		9,686			9,686
9a Gross income from gaming activities See Part IV, line 19					
a					
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
a	11,943,624				
b Less cost of goods sold	b 7,992,556				
c Net income or (loss) from sales of inventory		3,951,068		92,946	3,858,122
Miscellaneous Revenue		Business Code			
11a CAFETERIA		900099	2,702,401		2,702,401
b INSURANCE SETTLEMENT		900099	2,095,465	2,095,465	
c EHR REVENUE		900099	983,551	983,551	
d All other revenue			1,698,807	294,408	1,404,399
e Total. Add lines 11a-11d			7,480,224		
12 Total revenue. See Instructions		393,585,901	384,173,687	801,381	8,535,683

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	50,546	50,546		
2 Grants and other assistance to domestic individuals See Part IV, line 22	39,805	39,805		
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	3,545,805		3,545,805	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	156,851,648	140,005,754	16,845,894	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,214,914	2,012,953	201,961	
9 Other employee benefits	45,368,462	40,023,143	5,345,319	
10 Payroll taxes	9,448,257	7,922,136	1,526,121	
11 Fees for services (non-employees)				
a Management	213,008	205,788	7,220	
b Legal	2,093,042		2,093,042	
c Accounting	63,375		63,375	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	95,404		95,404	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,264,794	9,846,181	4,418,613	
12 Advertising and promotion	2,363,381	95,686	2,267,695	
13 Office expenses	857,499	610,178	247,321	
14 Information technology	3,978,995	3,482,742	496,253	
15 Royalties				
16 Occupancy	4,544,505	4,119,123	425,382	
17 Travel	378,062	280,502	97,560	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	127,838	93,782	34,056	
20 Interest	6,359,853	5,566,664	793,189	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,198,631	17,679,496	2,519,135	
23 Insurance	5,832,123	5,759,672	72,451	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES & DRUGS	79,354,347	78,560,804	793,543	
b EQUIPMENT RENTAL & MAIN	8,655,784	8,239,694	416,090	
c PROFESSIONAL FEES	3,585,825	3,583,987	1,838	
d PROVIDER TAX EXPENSE	3,235,219	3,235,219		
e All other expenses	10,146,536	4,460,543	5,685,993	
25 Total functional expenses. Add lines 1 through 24e	383,867,658	335,874,398	47,993,260	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	8,955	1 10,439
2	Savings and temporary cash investments	144,191,041	2 160,751,624
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	57,164,193	4 58,105,995
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	11,496,077	8 13,006,333
9	Prepaid expenses and deferred charges	3,783,829	9 3,370,192
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 391,510,006	
b	Less accumulated depreciation	10b 160,687,915	228,496,009 10c 230,822,091
11	Investments—publicly traded securities	11	
12	Investments—other securities See Part IV, line 11	5,754,387	12 6,464,616
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	41,202,707	15 27,817,752
16	Total assets. Add lines 1 through 15 (must equal line 34)	492,097,198	16 500,349,042
Liabilities			
17	Accounts payable and accrued expenses	41,668,937	17 42,097,385
18	Grants payable	18	
19	Deferred revenue	19	
20	Tax-exempt bond liabilities	173,909,952	20 171,493,750
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	98,065	24 256,341
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	25	12,868,575 13,317,291
26	Total liabilities. Add lines 17 through 25	228,545,529	26 227,164,767
Net Assets or Fund Balances			
27	Unrestricted net assets	262,846,493	27 272,559,653
28	Temporarily restricted net assets	499,176	28 418,622
29	Permanently restricted net assets	206,000	29 206,000
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	263,551,669	33 273,184,275
34	Total liabilities and net assets/fund balances	492,097,198	34 500,349,042

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	393,585,901
2	Total expenses (must equal Part IX, column (A), line 25)	2	383,867,658
3	Revenue less expenses Subtract line 2 from line 1	3	9,718,243
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	263,551,669
5	Net unrealized gains (losses) on investments	5	-5,083
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	-80,554
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	273,184,275

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: 61-0458376
Name: PIKEVILLE MEDICAL CENTER INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	(Expenses \$	189,924,405	including grants of \$	90,351) (Revenue \$	170,990,804)
PIKEVILLE MEDICAL CENTER PROVIDES COMPREHENSIVE HEALTH CARE SERVICES THROUGH ITS LICENSED 261-BED ACUTE CARE AND INPATIENT REHABILITATION HOSPITAL, LEVEL II TRAUMA CENTER, OUTPATIENT DIAGNOSTIC CENTER, ORTHOPEDIC AND REHABILITATION CENTER, SLEEP LABS, HOME HEALTH, HOME MEDICAL EQUIPMENT, FAMILY PRACTICE RESIDENCY PROGRAM, CANCER CENTER, PAIN MANAGEMENT CLINIC AND MULTI-SPECIALTY PHYSICIAN PRACTICES. PMC OFFERS MORE THAN 400 SERVICES, INCLUDING EVERY MAJOR SPECIALTY AND MANY SUBSPECIALTIES, AND EMPLOYS MORE THAN 2,500 PEOPLE. FROM 2009 TO 2012, PMC WAS NAMED NATIONAL HOSPITAL OF THE YEAR BY THE AMERICAN ALLIANCE OF HEALTHCARE PROVIDERS - THE NATION'S ONLY THREE TIME WINNER OF THIS AWARD. PMC WAS NAMED ONE OF THE BEST PLACES TO WORK IN KENTUCKY FOR SEVEN YEARS AND HONORED AS ONE OF THE BEST PLACES TO WORK IN THE NATION BY MODERN HEALTHCARE FOR FIVE YEARS. PMC IS AMONG THE TOP FIVE PERCENT OF HOSPITALS IN AMERICA TO ACHIEVE THE HIGHEST PATIENT SATISFACTION RATING POSSIBLE - FIVE-STARS - FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES. THE HOSPITAL'S COMPASSIONATE, DEDICATED EMPLOYEES AND PHYSICIANS ARE FOCUSED ON PROVIDING TOP-QUALITY PATIENT CARE IN A CHRISTIAN ENVIRONMENT. AS THE PREMIER HOSPITAL IN A MULTI-STATE REGION, PMC PROVIDES UNMATCHED GENEROSITY TO THE COMMUNITY AND IS CONTINUALLY GROWING AND LOOKING FOR NEW WAYS TO PROVIDE THE VERY BEST IN HEALTH CARE TO ITS PATIENTS AND THE BROADER POPULATION. PMC IS A CERTIFIED KENTUCKY CABINET OF HEALTH AND FAMILY SERVICES' DEPARTMENT OF PUBLIC HEALTH LEVEL II TRAUMA CENTER AND HAS ALSO RECEIVED LEVEL II TRAUMA VERIFICATION FROM THE AMERICAN COLLEGE OF SURGEONS AS A VERIFIED TRAUMA CENTER. PMC IS EQUIPPED AND STAFFED TO PROVIDE COMPREHENSIVE EMERGENCY CARE TO PATIENTS SUFFERING TRAUMATIC INJURIES. THE SPECTRUM OF CARE ENCOMPASSES THE PRE-HOSPITAL PHASE THROUGH THE REHABILITATION PROCESS. PMC'S TRAUMA CENTER SERVES MORE THAN 400,000 PEOPLE, SIGNIFICANTLY INCREASING THOSE INDIVIDUALS' CHANCE OF SURVIVAL SHOULD THEY BE INJURED. HEART DISEASE IS ONE OF THE MOST PREVALENT HEALTH PROBLEMS AFFECTING THE REGION THAT PIKEVILLE MEDICAL CENTER (PMC) SERVES. THE HOSPITAL CONTINUES ITS MISSION TO OFFER A WORLD-CLASS CARDIAC PROGRAM SO THAT PATIENTS CAN RECEIVE CARE CLOSE TO HOME. PMC IS AN ACCREDITED CHEST PAIN CENTER WITH PRIMARY PCI AND IS A LEVEL IV CYCLE V CHEST PAIN CENTER DURING FY 2015. PMC WAS REACCREDITED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION BY MEETING STRICT STANDARDS OF PRACTICE. CARDIAC SERVICES OFFERED BY PMC INCLUDE GENERAL CARDIOLOGY, INVASIVE CARDIOLOGY, INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY, CARDIOTHORACIC SURGERY, VASCULAR SURGERY, ECHOCARDIOGRAPHY, AND CARDIAC REHABILITATION. DURING FY 2015, PMC BECAME ONE OF ONLY TWO PROVIDERS IN KENTUCKY TO OFFER ORBITAL ATERECTOMY, A NEW TECHNOLOGY FOR TREATMENT OF PATIENTS WITH PERIPHERAL ARTERY DISEASE. THIS SERVICE IS DESIGNED TO TREAT PATIENTS WHO COULD OTHERWISE BE FACING CORONARY BYPASS SURGERY. PMC IS AT THE CUTTING-EDGE OF HEART HEALTH BY PROVIDING TREATMENT OF ARTERIES THAT WERE PREVIOUSLY UNTREATABLE, RESULTING IN A BETTER QUALITY OF LIFE FOR THE PATIENT. THE INCREASE IN THE NUMBER OF CARDIAC PHYSICIANS AND THE OFFERING OF CARDIAC SPECIALTY SERVICES THROUGH SATELLITE CLINICS HAVE CONTRIBUTED TO A LARGE VOLUME INCREASE IN CARDIAC PROCEDURES DURING FY 2015. THE HOSPITAL COMPLETED 56,387 CARDIAC PROCEDURES DURING THE FISCAL YEAR, AN INCREASE OF EIGHT PERCENT OVER THE PRIOR YEAR. 4TH FLOOR CRITICAL CARE UNIT RENOVATION. THE INTERIOR RENOVATION AND EQUIPMENT TO CONVERT NINE EXISTING PATIENT ROOMS LOCATED ON THE 4TH FLOOR OF THE MAY TOWER TO NINE ADDITIONAL ICU ROOMS AND A NURSE'S STATION WAS SUBSTANTIALLY COMPLETE DURING FY 2015. EQUIPMENT PURCHASED INCLUDED A 9-BED PATIENT MONITORING SYSTEM, SPORT2 PATIENT BEDS AND A BRONCH CART. THE CAPITAL INVESTMENT AS OF FY 2015 YEAR END TOTALLED \$320,227. 2ND FLOOR INFECTIOUS DISEASE ISOLATION UNIT RENOVATION. THE INTERIOR RENOVATION TO CREATE AN INFECTIOUS DISEASE ISOLATION UNIT ON THE 2ND FLOOR OF THE MINER'S BUILDING WAS COMPLETED DURING FY 2015. THE UNIT IS COMPRISED OF FOUR PATIENT ROOMS WITH DECONTAMINATION AREAS AND EQUIPPED WITH EXHAUST SYSTEMS TO MEET NEGATIVE PRESSURE AND MONITORING REQUIREMENTS. THE TOTAL CAPITAL INVESTMENT WAS \$30,792. OTHER EQUIPMENT PURCHASED A 48" PRE-VACUUM STEAM STERILIZER WITH A HIGH CAPACITY CHAMBER WHICH CAN STERILIZE UP TO 400 LBS OF INSTRUMENTS PER CYCLE FOR CENTRAL STERILE DURING FY 2015. A CAPITAL INVESTMENT OF \$118,136. AN HDR BRACHYTHERAPY AFTERLOADER SYSTEM WAS ALSO PURCHASED DURING THE FISCAL YEAR FOR RADIATION ONCOLOGY SERVICES. THE HDR UNIT UTILIZES A REMOTE CONTROLLED DEVICE TO MECHANICALLY PLACE A RADIOACTIVE SOURCE INTO OR NEXT TO A TUMOR INSIDE THE PATIENT'S BODY. THE TOTAL CAPITAL INVESTMENT WAS \$175,000. INFORMATION TECHNOLOGY (IT) UPGRADES COMPLETED DURING FY 2015 INCLUDE THE ACTIVE DIRECTORY SECURITY UPGRADE AS WELL AS THE STAR 19.0/20.0 UPGRADE FOR ICD-10. THE TOTAL CAPITAL INVESTMENT FOR IT RELATED UPGRADES WAS \$253,559. WORK ALSO BEGAN ON IMPLEMENTATION OF THE PEOPLESOFIT FINANCIAL AND HUMAN CAPITAL MANAGEMENT COMPUTER SOFTWARE SYSTEM DURING FY 2015. THIS NEW SYSTEM WILL INCREASE PRODUCTIVITY, ACCELERATE BUSINESS PERFORMANCE, AND ALLOW FOR AUTOMATION IN THE FINANCE, MATERIALS MANAGEMENT, AND HUMAN RESOURCE DEPARTMENTS. THIS MAJOR CAPITAL INVESTMENT WILL BE COMPLETED DURING FY 2016. NATIONAL RECOGNITION. PIKEVILLE MEDICAL CENTER (PMC) IS NATIONALLY RECOGNIZED AS A LEADER IN HEALTHCARE. THE COMMITMENT OF PMC'S LEADERSHIP TEAM, PHYSICIANS, AND STAFF TO CARRY OUT THE HOSPITAL'S MISSION "TO PROVIDE QUALITY, REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT" LED TO SIGNIFICANT RECOGNITION AND AWARDS DURING FY 2015, INCLUDING OCTOBER '14 - HEALTH IMPACT AWARD PRESENTED TO PIKEVILLE MEDICAL CENTER'S CHIEF OF CARDIOLOGY DR. BILL HARRIS. DECEMBER '14 - GOLD MEDAL BY HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). DECEMBER '14 - JOINT COMMISSION "TOP PERFORMER". MARCH '15 - TOP PERFORMER - HEALOGICS INC. DIABETES CAMPAIGN. APRIL '15 - GET WITH THE GUIDELINES - STROKE GOLD-PLUS QUALITY ACHIEVEMENT AWARD BY THE AMERICAN HEART ASSOCIATION (AHA)/AMERICAN STROKE ASSOCIATION (ASA). MAY '15 - KENTUCKY HOSPITAL ENGAGEMENT NETWORK RECOGNITION FOR "IMPROVING PATIENT SAFETY FOR MOM AND BABY" INITIATIVES. JUNE '15 - CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) FIVE STARS - FOR PATIENT SATISFACTION. PMC IS AMONG THE TOP FIVE PERCENT OF HOSPITALS IN AMERICA TO ACHIEVE THE HIGHEST RATING POSSIBLE. SEPTEMBER '15 - WOMEN CERTIFIED NAMED PMC ONE OF "AMERICA'S 50 BEST HOSPITALS FOR STROKE CARE". PMC'S COMMITMENT TO PROVIDE QUALITY CARE AND PLACING PATIENTS' NEEDS FIRST WILL ALLOW THE ORGANIZATION TO CONTINUE ON ITS PATH OF GROWTH WHILE REDEFINING THE HEALTH CARE MODEL.					

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

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			
(26) CATHERINE JORGENSENVP CORPORATE COMPLIANCE & INTERNAL AUDIT	40 000 00			X			170,295	0	33,931
(1) SONJA ELDERCHIEF INFORMATION OFFICER	40 000 00			X			223,898	0	27,068
(2) AARON BROWN MDTRAUMA SURGEON	40 000 00				X		1,091,052	0	25,591
(3) DENZIL HARRIS MDCARDIOLOGIST	40 000 00				X		998,364	0	34,152
(4) KEVIN PUGH MDORTHOPEDIC SURGEON	40 000 00				X		1,010,977	0	34,341
(5) JOSEPH BROWN DOOPHTHALMOLOGIST	40 000 00				X		1,057,994	0	105,142
(6) WILLIAM PEERY II MDTRAUMA SURGEON	40 000 00				X		1,102,509	0	25,591

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**
PIKEVILLE MEDICAL CENTER INC**Employer identification number**

61-0458376

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		

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

	Yes	No
3b		

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

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

Section A - Adjusted Net Income

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

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

Section B - Minimum Asset Amount

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

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

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

Section D - Distributions

	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

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
BIKEVILLE MEDICAL CENTER, INC.

Employer identification number

61-0458376

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

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

2 Political expenditures

3 Volunteer hours

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 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		20,236	
j Total Add lines 1c through 1i			20,236	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	OTHER ACTIVITY COSTS ARE THE CORPORATION'S PORTION OF TRADE DUES (I E KENTUCKY HOSPITAL ASSOCIATION)

Part IV **Supplemental Information (continued)**

Schedule C (Form 990 or 990EZ) 2014

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2014

► 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.**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
PIKEVILLE MEDICAL CENTER INC**Employer identification number**
61-0458376**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	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	705,176	206,000	206,000	206,000	226,845
b Contributions		499,176			
c Net investment earnings, gains, and losses	-80,554				
d Grants or scholarships					
e Other expenditures for facilities and programs					20,845
f Administrative expenses					
g End of year balance	624,622	705,176	206,000	206,000	206,000

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 33 000 %

c Temporarily restricted endowment 67 000 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,580,000	6,971,099		8,551,099
b Buildings		5,541,942	219,339,425	61,465,423	163,415,944
c Leasehold improvements			1,486,115	1,193,630	292,485
d Equipment		42,985	141,540,267	98,028,862	43,554,390
e Other			15,008,173		15,008,173
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					230,822,091

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

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

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

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

27 817 752

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

1	(a) Description of liability	(b) Book value
Federal income taxes		
RESERVE FOR RECIPROCAL OF AMER CLAIMS		2,500,790
ESTIMATED COST REPORT SETTLEMENTS		4,671,920
DEFERRED COMPENSATION LIABILITY		3,062,300
RESERVES FOR WORKERS COMPENSATION CLAIMS		2,105,310
CAPITAL LEASE OBLIGATION		976,950
Total (Column (b) must equal Form 990, Part X, col (B), line 25.)		12,217,200

Total. (Column (b) must equal Form 990, Part X, col (b) line 25.)

13,317,29

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	401,777,147
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-5,083
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	8,196,329
e	Add lines 2a through 2d	2e	8,191,246
3	Subtract line 2e from line 1	3	393,585,901
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	393,585,901

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	392,063,987
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	8,196,329
e	Add lines 2a through 2d	2e	8,196,329
3	Subtract line 2e from line 1	3	383,867,658
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	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	383,867,658

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE AMOUNT OF \$206,000 IS A PERMANENT RESTRICTED ENDOWMENT-HERBERT FABER ENDOWMENT FUND THE JEAN H JOHNSON CHARITABLE REMAINDER UNITRUST IS A TEMPORARILY RESTRICTED ENDOWMENT IN THE AMOUNT OF \$418,622
PART X, LINE 2	THE HOSPITAL AND PIKEVILLE MEDICAL CENTER FOUNDATION FOR QUALITY HEALTHCARE, INC ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PIKEVILLE MEDICAL CENTER DEVELOPMENT CORPORATION AND LANDMARK PROPERTIES OF PIKEVILLE, INC ARE TAXABLE ENTITIES TO WHICH APPLICABLE CORPORATE INCOME TAXES APPLY NO INCOME TAXES WERE OWED BY PIKEVILLE MEDICAL CENTER DEVELOPMENT CORPORATION OR LANDMARK PROPERTIES OF PIKEVILLE, INC FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014 THE HOSPITAL HAD NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2015 AND 2014 AT SEPTEMBER 30, 2015, TAX RETURNS FOR 2012 THROUGH 2014 ARE SUBJECT TO EXAMINATION BY THE IRS
PART XI, LINE 2D - OTHER ADJUSTMENTS	EXPENSES RECLASSSED TO REVENUE SECTION 8,189,863 FUNDRAISING EXPENSES 6,466
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES RECLASSSED TO REVENUE SECTION 8,189,863 FUNDRAISING EXPENSES 6,466
FORM 990, PART IV LINE 12	FORM 990, PART IV LINE 12 HAS BEEN CHECKED NO PER 990 INSTRUCTIONS PART XI, XII, AND XIII ARE NOT REQUIRED AS THE ORGANIZATION IS PART OF A CONSOLIDATED FINANCIAL STATEMENT THE CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AND PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES HOWEVER, THE ORGANIZATION OPTED TO VOLUNTARILY COMPLETE THESE SECTIONS

Part XIII Supplemental Information (continued)

Return Reference	Explanation

2014

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
PIKEVILLE MEDICAL CENTER INC

Employer identification number

61-0458376

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

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		5K RUN/WALK (event type)	(event type)	(total number)	
1	Gross receipts . . .	32,116			32,116
2	Less Contributions . . .	15,964			15,964
3	Gross income (line 1 minus line 2) . . .	16,152			16,152
4	Cash prizes . . .				
5	Noncash prizes . . .	262			262
6	Rent/facility costs . . .	280			280
7	Food and beverages . . .	50			50
8	Entertainment . . .	30			30
9	Other direct expenses . . .	5,844			5,844
10	Direct expense summary Add lines 4 through 9 in column (d)				(6,466) ►
11	Net income summary Subtract line 10 from line 3, column (d)				9,686 ►

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activities conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

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

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

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2014

Open to Public
InspectionDepartment 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.

Name of the organization
PIKEVILLE MEDICAL CENTER INC

Employer identification number

61-0458376

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?

	Yes	No
1a	Yes	
1b	Yes	
3a	Yes	
3b	Yes	
4	Yes	
5a	Yes	
5b	Yes	
5c		No
6a	Yes	
6b		No

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)			4,242,786	2,433,240	1,809,546	0 470 %
b Medicaid (from Worksheet 3, column a)			72,202,119	54,036,545	18,165,574	4 730 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			76,444,905	56,469,785	19,975,120	5 200 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	247	2,715	544,155	670	543,485	0 140 %
f Health professions education (from Worksheet 5)	107	1,711	1,592,505	775,550	816,955	0 210 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	62		57,620		57,620	0 020 %
j Total Other Benefits	416	4,426	2,194,280	776,220	1,418,060	0 370 %
k Total Add lines 7d and 7j	416	4,426	78,639,185	57,246,005	21,393,180	5 570 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	117	16,071	110,743	2,685	108,058	0 030 %
4 Environmental improvements						
5 Leadership development and training for community members	1	25	603		603	0 %
6 Coalition building						
7 Community health improvement advocacy	29	1,452	12,174	25,694	-13,520	0 %
8 Workforce development	35		764,481		764,481	0 200 %
9 Other						
10 Total	182	17,548	888,001	28,379	859,622	0 230 %

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** 48,067,959

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

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) **5** 109,972,544

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 88,571,800

7 Subtract line 6 from line 5 This is the surplus (or shortfall) **7** 21,400,744

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

Cost accounting system

Cost to charge ratio

Other

Section C. Collection Practices

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

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

PIKEVILLE MEDICAL CENTER

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

1

Yes	No
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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 3 Yes
If "Yes," indicate what the CHNA report describes (check all that apply)

a A definition of the community served by the hospital facility

b Demographics of the community

c Existing health care facilities and resources within the community that are available to respond to the health needs of the community

d How data was obtained

e The significant health needs of the community

f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

g The process for identifying and prioritizing community health needs and services to meet the community health needs

h The process for consulting with persons representing the community's interests

i Information gaps that limit the hospital facility's ability to assess the community's health needs

j Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA 2012

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 5 Yes

6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C 6a No

b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C 6b No

7 Did the hospital facility make its CHNA report widely available to the public? 7 Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)

a Hospital facility's website (list url) HTTP://WWW.PIKEVILLEHOSPITAL.ORG/PATIENTSVISITORS/2013-2016-COMMUNITY-HEALT

b Other website (list url)

c Made a paper copy available for public inspection without charge at the hospital facility

d 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 2012

10 Is the hospital facility's most recently adopted implementation strategy posted on a website? 10 Yes
If "Yes" (list url) HTTP://WWW.PIKEVILLEHOSPITAL.ORG/PATIENTSVISITORS/2013-2016-COMMUNITY-HEALT

a 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 No

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)

PIKEVILLE MEDICAL CENTER

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>150 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 checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" 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
	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url)		
a	<u>HTTP //WWW PIKEVILLEHOSPITAL.ORG/BILLING/FINANCIAL-ASSISTANCE-POLICY/</u>		
	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)		
b	<u>HTTP //WWW PIKEVILLEHOSPITAL.ORG/BILLING/FINANCIAL-ASSISTANCE-POLICY/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW PIKEVILLEHOSPITAL.ORG/BILLING/FINANCIAL-ASSISTANCE-POLICY/</u>		
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 checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input 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 checked="" 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 type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

PIKEVILLE MEDICAL CENTER

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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
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 checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input 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?	21	Yes
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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

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 checked="" 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?	23	No
If "Yes," explain in Section C		
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?	24	No
If "Yes," explain in Section C		

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, 16i, 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? **16**

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

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE HOSPITAL'S MISSION STATEMENT, "TO PROVIDE QUALITY REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT" DRIVES PMC'S EFFORTS TO IMPROVE THE PHYSICAL, MENTAL AND SPIRITUAL WELL BEING OF THE PUBLIC DURING FY 2015, PIKEVILLE MEDICAL CENTER REPORTED TAKING PART IN 182 COMMUNITY BUILDING ACTIVITIES, AFFECTING OVER 17,500 PEOPLE AND TOTALING NEARLY \$860,000 THESE ACTIVITIES FOCUSED ON PROMOTING THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE THROUGH HEALTH EDUCATION, AWARENESS, PREVENTION AND TREATMENT, AS WELL AS, WORKFORCE DEVELOPMENT, ECONOMIC DEVELOPMENT AND FUTURE PLANNING SOME OF THESE EVENTS LISTED UNDER THE COMMUNITY BUILDING ACTIVITIES SECTION INCLUDED FIRST-AID BOOTH AT HILLBILLY DAYS, SUPPORT OF THE MARCH OF DIMES WALK AND RELAY FOR LIFE PIKE COUNTY, COLORS OF COURAGE 5K RUN/WALK, SMOKING CESSATION CLASSES, A CHRISTMAS LIVE NATIVITY, JOHNSON COUNTY FLOOD RELIEF RADIO-TELETHON AND AN AVERAGE OF 450 MEALS PER MONTH PROVIDED TO MEALS ON WHEELS

Form and Line Reference	Explanation
PART III, LINE 4	SEE PAGE 10 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY AND MAKES EVERY EFFORT TO EDUCATE PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE, IN ADDITION, PMC PATIENT FINANCIAL COUNSELORS ARE AVAILABLE TO ASSIST THOSE IN NEED THROUGHOUT THE FINANCIAL ASSISTANCE APPLICATION PROCESS FOR THIS REASON THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE

Form and Line Reference	Explanation
PART III, LINE 8	NO SHORTFALL EXISTED IN FY 2015 THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED SEPT 30, 2015 REPORT HOSPITAL STATEMENT OF REIMBURSABLE COST

Form and Line Reference	Explanation
PART III, LINE 9B	PMC WILL NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) AGAINST PATIENTS BEFORE MAKING REASONABLE EFFORTS TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER PMC'S FINANCIAL ASSISTANCE POLICY. PMC MAKES REASONABLE EFFORT TO ORALLY NOTIFY THE PATIENT ABOUT PMC'S FINANCIAL ASSISTANCE POLICY AND HOW THEY MAY RECEIVE ASSISTANCE WITH THE APPLICATION PROCESS. EACH PATIENT BILLING STATEMENT AND ALL WRITTEN COMMUNICATIONS CONCERNING THE PATIENT'S BILL INCLUDE A CONSPICUOUS WRITTEN NOTICE THAT INFORMS RECIPIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. THE NOTICE INCLUDES THE TELEPHONE NUMBER OF PMC'S PATIENT FINANCIAL COUNSELING DEPARTMENT AS WELL AS THE WEB SITE ADDRESS WHERE COPIES OF THE FINANCIAL ASSISTANCE POLICY, FINANCIAL APPLICATION FORMS, AND A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY MAY BE OBTAINED. IN ADDITION, BILLING DEPARTMENT PERSONNEL INFORM EACH PATIENT ABOUT PMC'S FAP. IN ALL ORAL COMMUNICATIONS REGARDING AMOUNTS DUE ONCE A PATIENT HAS BEEN DETERMINED ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE IN-HOUSE SLIDING SCALE PROGRAM, THEIR ELIGIBILITY WILL REMAIN INTACT FOR A TERM OF ONE (1) YEAR FROM THE DATE OF APPROVAL UNLESS PMC BECOMES AWARE OF A MATERIAL CHANGE IN THE PATIENT'S FINANCIAL CIRCUMSTANCES.

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

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PIKEVILLE MEDICAL CENTER USES SEVERAL DIFFERENT MEANS TO COMMUNICATE AND EDUCATE OUR PATIENTS ON ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER FEDERAL, STATE AND LOCAL GOVERNMENTS, AS WELL AS THE PMC IN-HOUSE SLIDING SCALE PROGRAM THE FINANCIAL ASSISTANCE PROGRAM POLICY, THE DSH PROGRAM APPLICATION FORM, THE IN-HOUSE SLIDING SCALE PROGRAM APPLICATION FORM AND A PLAIN LANGUAGE SUMMARY OF THIS POLICY IS AVAILABLE FREE OF CHARGE ON PMC'S WEBSITE, PAPER COPIES OF THE POLICY, THE DSH PROGRAM APPLICATION FORM, THE IN-HOUSE SLIDING SCALE PROGRAM APPLICATION FORM AND A PLAIN LANGUAGE SUMMARY OF THE POLICY ARE AVAILABLE FREE OF CHARGE UPON REQUEST IN PMC'S EMERGENCY, REGISTRATION AND BILLING DEPARTMENTS AND BY MAIL, A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY OF THE POLICY IS OFFERED TO PATIENTS AS PART OF THE INTAKE PROCESS UNLESS IT IS NOT FEASIBLE TO DO SO DUE TO AN EMERGENCY OR OTHER CIRCUMSTANCES IN WHICH CASE PMC WILL OFFER A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY AS PART OF THE DISCHARGE PROCESS, VISITORS TO PMC ARE INFORMED AND NOTIFIED ABOUT THE POLICY THROUGH CONSPICUOUS PUBLIC DISPLAYS AT PMC, RESIDENTS OF THE COMMUNITY THAT PMC SERVES ARE INFORMED AND NOTIFIED OF THE POLICY BY STATEMENTS IN THE MEDICAL LEADER, ON PMC'S WEBSITE, AND IN MESSAGES PLAYED TO CALLERS TO PMC WHO ARE PLACED ON HOLD THAT PMC OFFERS FINANCIAL ASSISTANCE UNDER A FINANCIAL ASSISTANCE POLICY AND INFORMING THE READER/LISTENER HOW TO OBTAIN MORE INFORMATION, AND BY INCLUDING A CONSPICUOUS WRITTEN NOTICE ON ALL BILLING STATEMENTS THAT NOTIFIES AND INFORMS RECIPIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE UNDER THIS POLICY AND INCLUDES THE TELEPHONE NUMBER OF PMC'S PATIENT FINANCIAL COUNSELING DEPARTMENT ALONG WITH THE WEB SITE ADDRESS WHERE COPIES OF THIS POLICY, THE APPLICATION FORMS, AND A PLAIN LANGUAGE SUMMARY OF THE POLICY MAY BE OBTAINED</p>

Form and Line Reference	Explanation
PART VI, LINE 4	PIKEVILLE MEDICAL CENTER IS COMMITTED TO MAKING HIGH QUALITY SPECIALTY SERVICES AVAILABLE TO MEET ITS PATIENTS' NEEDS SO THEY CAN RECEIVE THEIR HEALTH CARE LOCALLY. PMC USES THE MOST RECENT U.S. CENSUS BUREAU DATA AND INFORMATION FROM THE KY STATE DATA CENTER WHEN TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES. INFORMATION IS PULLED FROM OUR IMMEDIATE SERVICE AREA ENCOMPASSING A SEVEN COUNTY REGION - PIKE, FLOYD, LETCHER, JOHNSON, MAGOFFIN AND MARTIN COUNTIES IN KENTUCKY AND WEST VIRGINIA'S MINGO COUNTY. BASED ON 2015 DATA AVAILABLE, PMC'S PRIMARY SERVICE AREA CONTAINS A POPULATION OF APPROXIMATELY 204,093 INDIVIDUALS. THERE IS A RELATIVELY EVEN DISTRIBUTION OF MALES (100,329) TO FEMALES (103,764). THE MEDIAN POPULATION AGE IS 39 YEARS OLD AND THE AVERAGE HOUSEHOLD SIZE IS 2. INDIVIDUALS IN THE MEDICALLY UNDERSERVED AND IMPOVERISHED AREA IN WHICH PIKEVILLE MEDICAL CENTER RESIDES HAS A MEDIAN FAMILY INCOME OF \$32,571 WITH 27.4% OF THE POPULATION LIVING UNDER THE POVERTY LINE.

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PIKEVILLE MEDICAL CENTER (PMC), A SPARKLING DIAMOND LOCATED IN EASTERN KENTUCKY, IS KNOWN FOR ITS COMPASSIONATE EMPLOYEES, UNSURPASSED SERVICE, STATE-OF-THE ART TECHNOLOGY, AND UNMATCHED GENEROSITY TO THE COMMUNITY RECOGNIZED AS THE PREMIER HOSPITAL IN A MULTI-STATE REGION, PMC STRIVES TO PROVIDE OPTIMAL FACILITIES, QUALIFIED/SATISFIED STAFF, AND SPECIALIZED PHYSICIANS TO DELIVER THE VERY BEST IN HEALTH CARE TO ITS PATIENTS AND THE BROADER POPULATION THE MISSION OF PIKEVILLE MEDICAL CENTER "TO PROVIDE QUALITY REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT" IS FULFILLED EACH DAY AS THE DEDICATED STAFF PORTRAYS A SENSE OF TEAMWORK WITH A SINCERE PASSION TO HELP OTHERS THROUGHOUT PIKEVILLE MEDICAL CENTER'S 91-YEAR HISTORY, THE HOSPITAL HAS EXHIBITED A SUBSTANTIAL CHANGE BEGINNING AS A SMALL, RURAL, 50-BED FACILITY AT ITS INCEPTION IN 1924, THE MEDICAL CENTER HAS UNDERGONE MANY CHANGES IN ITS OPERATIONS AS WELL AS ITS PHYSICAL LAYOUT TODAY, THE HOSPITAL IS A COMPREHENSIVE MEDICAL COMPLEX COMPRISED OF A 261-LICENSED BED FACILITY ENCOMPASSING OVER ONE MILLION SQUARE FEET WITH BOTH THE MAIN FACILITY AND SURROUNDING SUPPORTIVE SERVICES THE RECENT OPENING OF A NEW 11-STORY CLINIC AND 10-STORY PARKING GARAGE ON THE HOSPITAL'S MAIN CAMPUS HAS INCREASED EFFICIENCY IN OPERATIONS AND ENHANCED PATIENT CONVENIENCE A ONE-OF-A-KIND FACILITY IN THE AREA, THE PMC CLINIC HOUSES MOST OF PMC'S PHYSICIAN PRACTICES UNDER ONE ROOF AS WELL AS ADDITIONAL SURGICAL AND ENDOSCOPY SUITES THE 10-STORY PARKING GARAGE ADDED 1,162 PARKING SPACES TO THE MAIN CAMPUS AND ENABLES PATIENTS TO CONVENIENTLY PARK ON THE SAME FLOOR AS THEIR PHYSICIAN'S OFFICE IN ADDITION TO PHYSICAL EXPANSION, PMC, ACCREDITED BY THE JOINT COMMISSION, HAS EXPERIENCED SIGNIFICANT GROWTH IN PATIENT VOLUMES ADMISSIONS INCREASED TO 13,240 IN FY 2015 FROM 12,588 IN FY 2014, EMERGENCY DEPARTMENT VISITS INCREASED TO 52,880 IN FY 2015 FROM 48,217 IN FY 2014, SURGICAL PROCEDURES INCREASED TO 20,922 IN FY 2015 FROM 19,386 IN FY 2014, AND OUTPATIENT VISITS INCREASED TO 483,317 IN FY 2015 FROM 433,672 IN FY 2014 PMC CONTINUES TO RECRUIT HIGHLY-QUALIFIED PROFESSIONALS ASPIRING TO PRACTICE IN A PROGRESSIVE, GROWING MEDICAL COMMUNITY THAT DEMANDS QUALITY AND BREEDS EXCELLENCE CURRENTLY, PMC EMPLOYS MORE THAN 2,500 PEOPLE OVER 260 PHYSICIANS ARE CREDENTIALLED TO PRACTICE AT PMC IN THE PAST THREE YEARS, THE HOSPITAL HAS RECRUITED MORE THAN 160 PHYSICIANS AND CONTRACTED 22 MORE WITH START DATES RANGING FROM JANUARY 2016 TO AUGUST 2020 THE HOSPITAL OFFERS OVER 400 SERVICES, INCLUDING EVERY MAJOR SPECIALTY AND MANY SUBSPECIALTIES, AND IS A PROUD MEMBER OF THE MAYO CLINIC CARE NETWORK THIS TREMENDOUS GROWTH, ALONG WITH STRONG FINANCIAL LEADERSHIP, HAS ALLOWED PMC TO SIGNIFICANTLY EXPAND THE HEALTH CARE SERVICES OFFERED TO THE REGION CURRENT SERVICES INCLUDE A VERIFIED LEVEL II TRAUMA CENTER, AN AWARD-WINNING, FULL-SERVICE CANCER TREATMENT CENTER, CHEST PAIN CENTER WITH PRIMARY PCI, 40-BED INPATIENT PHYSICAL REHABILITATION HOSPITAL, AN ACCREDITED GOLD PLUS STROKE CENTER NEUROSURGERY, LEVEL II NEONATAL INTENSIVE CARE UNIT, BARIATRIC SURGERY CENTER OF EXCELLENCE, PAIN MANAGEMENT, PULMONARY REHABILITATION, TWO SATELLITE SLEEP LAB FACILITIES, A DIAGNOSTIC CENTER, INTEGRATED FAMILY AND SPECIALTY PHYSICIAN PRACTICES, ALONG WITH A RETAIL CLINIC AT WAL-MART PIKEVILLE MEDICAL CENTER IS DEDICATED TO PROVIDING PATIENTS WITH CUTTING EDGE TREATMENT TECHNOLOGY PMC'S STATE-OF-THE ART DIAGNOSTIC AND THERAPEUTIC RADIOLOGY SERVICES CONSISTS OF TWO LINEAR ACCELERATORS, ONE 32-SLICE LARGE BORE CT SCANNER, TWO 320-SLICE CT SCANNERS, TWO 64-SLICE CT SCANNERS, A PET/CT SCANNER, A SPECT/CT SCANNER, TWO 1.5T OPEN MRIS, A 3.0T OPEN MRI, AS WELL AS A FULLY EQUIPPED INTERVENTIONAL RADIOLOGY SUITE PMC HAS BEEN RECOGNIZED AT MANY LEVELS FOR PROVIDING QUALITY HEALTH CARE AND BEING AN EMPLOYER OF CHOICE THE NATION'S ONLY THREE-TIME WINNER OF NATIONAL HOSPITAL OF THE YEAR PMC WAS NAMED ONE OF THE BEST PLACES TO WORK IN KENTUCKY FOR SEVEN YEARS AND FOR FIVE YEARS, PMC WAS HONORED BY MODERN HEALTHCARE AS ONE OF THE BEST PLACES TO WORK IN THE NATION PMC WAS AMONG THE TOP FIVE PERCENT OF HOSPITALS IN AMERICA TO ACHIEVE THE HIGHEST PATIENT SATISFACTION RATING POSSIBLE - FIVE-STARS - FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES IN ADDITION TO AUGMENTING THE RANGE AND COMPLEXITY OF HEALTH CARE SERVICES PROVIDED TO PATIENTS IN THE REGION, PIKEVILLE MEDICAL CENTER'S GROWTH HAS PLAYED AN INTEGRAL PART IN ENHANCING THE HOSPITAL'S OUTREACH TO THE LOCAL COMMUNITY PMC PROVIDES A VARIETY OF EDUCATIONAL, WELLNESS, AND PREVENTIVE HEALTH SERVICES THAT ARE ESSENTIAL TO PMC'S MISSION "TO PROVIDE QUALITY, REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT" CHARITY CARE THROUGH DEFINED POLICIES AND PROCEDURES, PMC RECORDED UNCOMPENSATED CHARITY OF NEARLY \$7,500,000 DURING FY 2015 (SERVICES AT HOSPITAL'S ESTABLISHED RATES) HEALTH CARE SUPPORT SERVICES BLOOD DRIVES - PMC WAS HOST TO SIX BLOOD DRIVES DURING FY 2015 PREPA</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>RATION FOR BLOOD DRIVES INCLUDES PUBLICITY BEFORE AND AFTER THE EVENT, OBTAINING GIVE-AWAY ITEMS FOR DONORS, RESERVING A LOCATION, HELPING WITH SET-UP AND TAKE-DOWN, AND PRE-REGISTERING DONORS. BLOOD DRIVES ARE CONDUCTED IN ACCORDANCE WITH THE KENTUCKY BLOOD CENTER. IN FY 2015, 166 DONORS PARTICIPATED IN PMC'S SIX BLOOD DRIVES, PROVIDING LIFE-SAVING BLOOD PRODUCTS TO AN ESTIMATED 565 RECIPIENTS. THESE EVENTS COST PMC \$2,955 MEALS ON WHEELS - IN FY 2015, PMC PROVIDED 5,414 MEALS AT A COST OF \$32,506 GUEST MEALS - PMC DONATED 3,266 FOOD TRAYS TO GUESTS AT A COST OF \$21,183 IN FY 2015. INDIGENT SUPPORT SERVICES - MANY PATIENTS NEED FINANCIAL ASSISTANCE WITH PRESCRIBED MEDICATIONS, IN HOME MEDICAL EQUIPMENT, TRANSPORTATION, AND OTHER ITEMS OR SERVICES TO HELP REDUCE FINANCIAL BURDEN, PMC'S CHAPLAIN SERVICES, CASE MANAGEMENT, AND LEONARD LAWSON CANCER CENTER DEPARTMENTS PROVIDED ASSISTANCE TO 493 PATIENTS TOTALING \$38,187 IN FY 2015. ASSISTANCE WENT TO PATIENTS NEEDING PRESCRIBED MEDICATIONS AND TRANSPORTATION UPON DISCHARGE. TRANSPORTATION SUPPORT WAS ALSO PROVIDED TO PATIENTS NEEDING TO TRAVEL TO AND FROM THE HOSPITAL TO RECEIVE CARE. IN ADDITION, THE HOSPITAL PURCHASED CHILD CAR SEATS, MEDICAL EQUIPMENT, AND MEDICAL SUPPLIES FOR PATIENTS IN NEED. SPIRITUAL - PMC'S CHAPLAINCY DEPARTMENT WORKS AROUND THE CLOCK TO ENSURE PATIENTS' SPIRITUAL NEEDS ARE MET. THE STAFF ROUNDS DAILY ON EACH PATIENT, OFFERING WORDS OF ENCOURAGEMENT AND PRAYER. IN FY 2015, 973 BIBLES FOR NEWBORNS WERE DISTRIBUTED AND 40 BAPTISMS WERE CONDUCTED. THIS SERVICE PROVIDED A COMMUNITY BENEFIT OF MORE THAN \$3,000. COMMUNITY FINANCIAL DONATIONS IN FY 2015, PMC ONCE AGAIN PROVED TO BE A STRONG CORPORATE CITIZEN. IN ADDITION TO ENCOURAGING EMPLOYEE PARTICIPATION IN COMMUNITY ACTIVITIES AND EVENTS, THE HOSPITAL GAVE \$46,000 IN FINANCIAL SUPPORT TO SUCH ENTITIES AS AMERICAN CANCER SOCIETY, JOHNS CREEK DISABLED AMERICAN VETERANS, SPIKEVILLE HIGH SCHOOL ALUMNI ASSOCIATION, APPALACHIAN PREGNANCY CARE CENTER, KENTUCKY CHAMBER FOUNDATION, OPERATION UNITE, PIKEVILLE MAIN STREET PROGRAM, BLESSED BE YOND MEASURE CHARITY FOR FOSTER CARE CHILDREN, AFTER BREAST CANCER SUPPORT GROUP, PIKEVILLE MEDICAL CENTER IS AN AVID SUPPORTER OF OPERATION UNITE (UNLAWFUL NARCOTICS INVESTIGATIONS, TREATMENT AND EDUCATION). OPERATION UNITE SERVES 32 COUNTIES IN SOUTHERN AND EASTERN KENTUCKY BY EMPOWERING COMMUNITY COALITIONS TO COMBAT DRUG ABUSE WITHIN THE REGION. THE COMMISSIONER OF THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) VISITED PMC TO HEAR CONCERNs FROM LOCAL PHYSICIANS AND OTHER COMMUNITY LEADERS REGARDING THE OPIOID AND DRUG ABUSE EPIDEMIC. AS WELL AS RECOVERY SUCCESS STORIES FROM THE AREA AND TO DISCUSS WHAT CAN BE DONE ON THE FEDERAL LEVEL TO COMBAT THE ISSUE. FUNDRAISING DURING AUGUST 2015, PMC HOSTED ITS SECOND ANNUAL "COLORS OF COURAGE" 5K FUNDRAISER IN PIKEVILLE TO BENEFIT UNDERINSURED CANCER PATIENTS. OF THE HOSPITAL'S LEONARD LAWSON CANCER CENTER, NEARLY 1,000 PEOPLE PARTICIPATED IN THE EVENT WITH 699 RACERS CROSSING THE FINISH LINE. HOSPITAL EMPLOYEES ORGANIZED, PUBLICIZED, AND WORKED THE EVENT. THE TOTAL COMMUNITY BENEFIT WAS \$19,228. THE COST OF FUNDRAISING WAS \$6,466. PMC PARTNERED WITH EAST KENTUCKY BROADCASTING DURING JULY 2015 TO HOST A LIVE RADIO\TELETHON TO RAISE MONEY AND COLLECT ITEMS TO DIRECTLY BENEFIT FLOOD RELIEF EFFORTS IN NEIGHBORING JOHNSON COUNTY, KENTUCKY. HOSPITAL EMPLOYEES VOLUNTEERED THEIR TIME RESULTING IN OVER \$70,000 IN CASH, GOODS AND SERVICES DONATED FOR FLOOD RELIEF DURING THE EVENT.</p>

Form and Line Reference	Explanation
PART VI LINE 5	<p>PROMOTION OF COMMUNITY HEALTH (CONTINUED)HEALTH SCREENINGS PMC HELD TWO FREE COMMUNITY HEALTH SCREENINGS DURING FY 2015 INCLUDING A DIABETES SCREENING AND A CANCER SCREENING HEALTH EDUCATION MATERIALS WERE DISTRIBUTED AT THE EVENTS, WHICH WERE ATTENDED BY MORE THAN 100 PEOPLE ALL SCREENINGS WERE HOSTED BY PMC PHYSICIANS, NURSES AND/OR SUPPORT STAFF THE EVENTS PROVIDED A COMMUNITY BENEFIT IN OF \$1,006 OTHER EVENTS DURING WHICH PMC HOSTED FREE HEALTH SCREENINGS INCLUDED - FIRST-AID BOOTH AT HILLBILLY DAYS- STROKE AWARENESS DAY- WHITESBURG DAYS-MOUNTAIN HERITAGE FESTIVAL - MARROWBONE SENIOR CITIZENS HEALTH FAIR COMMUNITY HEALTH EDUCATION PMC'S STAFF REMAINS INVOLVED IN EDUCATING THE COMMUNITY ON IMPORTANT HEALTH CARE TOPICS THROUGHOUT FY 2015, HOSPITAL REPRESENTATIVES FROM VARIOUS DEPARTMENTS SPOKE TO LOCAL CIVIC CLUBS, SCHOOLS, MEDICAL PROFESSIONALS, AND THE PUBLIC AT LARGE THROUGH ITS 255 COMMUNITY EDUCATION EFFORTS IN FY 2015, PMC CONTRIBUTED \$526,330 PMC EMPLOYEES PARTICIPATED IN THE FOLLOWING LECTURES/PRESENTATIONS/PUBLICATIONS DURING FY 2015 - AMERICAN NATIONAL UNIVERSITY HEALTHY FUN FAIR- ATV SAFETY CLASS- ATV RESCUE MOCK DISASTER- BELFRY SENIOR CITIZENS FALL PREVENTION- CHILDBIRTH CLASSES (36) - DISTRACTED DRIVING COURSES (4)- ERMINE SENIOR CITIZENS HEALTH FAIR- ELKHORN CITY APPLE BLOSSOM DAYS CHILDREN SAFETY- ELKHORN CITY ELEMENTARY SCHOOL PARENT MEETING- ELKHORN CITY SENIOR CITIZENS ELDERLY INJURY/FALL PREVENTION- HEALTH TALK PROGRAMS (12)- MARROWBONE SENIOR CITIZENS HEALTH FAIR- MAYO EDUCATIONAL EXHIBIT- MAYO MINUTE PROGRAMS (8)- MEDICAL LEADER COMMUNITY PUBLICATION AND WEBSITE- MOUNTAIN HERITAGE FESTIVAL CHILDREN & ELDERLY SAFETY- PHELPS HIGH SCHOOL CAREER FAIR- PIKE COUNTY SCHOOLS SPORTS RELATED CONCUSSIONS PRESENTATION- SHELBY VALLEY SENIOR CITIZENS FALL PREVENTION- SOUTHEAST KY CHAMBER-LEADERSHIP INSTITUTE SESSION- STROKE AWARENESS DAY- TRAUMA INJURY AND FALL PREVENTION (3)- TRAUMA OUTREACH EDUCATION (11)- WEIGHT LOSS SURGERY EDUCATION SEMINARS (7)- WHITESBURG DAYS - MT HERITAGE HEALTH FAIR- WHITESBURG FARMER'S MARKET HEALTH FAIR- WOMEN'S CLUB-STROKE PRESENTATION CHILDBIRTH CLASSES - PMC'S EDUCATION DEPARTMENT HOSTS THREE CHILDBIRTH CLASSES A MONTH TO EDUCATE PARENTS-TO-BE ON WHAT TO EXPECT DURING LABOR AND AFTER BRINGING THEIR BABY HOME INFORMATION DISCUSSED INCLUDES WHAT TO BRING TO THE HOSPITAL, HOSPITAL SERVICES, AVAILABLE PEDIATRICIANS, KANGAROO CARE, MANAGING LABOR PAIN AND EPIDURALS, BASIC NEWBORN CARE, CIRCUMCISION, CORD CARE, INFANT CPR, IMMUNIZATIONS, AND BREASTFEEDING ATTENDEES ALSO RECEIVE A TOUR OF THE LABOR AND DELIVERY FLOOR THIS SERVICE COST \$3,150 IN FY 2015 HEALTH TALK - EACH WEEK, PMC'S PUBLIC RELATIONS DEPARTMENT RECORDS A 30-MINUTE RADIO SHOW THAT IS AIRED ON NINE LOCAL RADIO STATIONS COVERING PIKE, FLOYD, LETCHER, JOHNSON, KNOTT, MAGOFFIN, AND MARTIN COUNTIES IN KENTUCKY AND MINGO COUNTY, WEST VIRGINIA THROUGH THIS SHOW, PMC INFORMS LISTENERS OF NEW HEALTH SERVICES, PHYSICIANS AND TECHNOLOGY AT THE HOSPITAL THIS PROGRAM EDUCATES THE PUBLIC ON HEALTH TOPICS OF INTEREST WHICH HAVE INCLUDED FAMILY MEDICINE, FLU, PULMONARY REHABILITATION, CANCER SYMPTOMS, PREVENTION AND TREATMENT, AND DIABETES IN FY 2015, THE TOTAL COST FOR THIS PROGRAM WAS NEARLY \$93,125 MAYO MINUTE - PMC REGULARLY SPONSORS MAYO MINUTE RADIO SPOTS FROM MAYO CLINIC AS A MAYO CLINIC CARE NETWORK MEMBER THE 60-SECOND RADIO SPOTS ARE AIRED ON NINE LOCAL RADIO STATIONS COVERING PIKE, FLOYD, LETCHER, JOHNSON, KNOTT, MAGOFFIN AND MARTIN COUNTIES IN KENTUCKY AND MINGO COUNTY, WEST VIRGINIA MAYO MINUTE COVERS A WIDE RANGE OF HEALTH TOPICS IN FY 2015, THE TOTAL COST FOR THIS PROGRAM WAS \$47,303 MEDICAL LEADER - PMC PUBLISHES A WEEKLY NEWSPAPER, MEDICAL LEADER, IN WHICH HEALTH INFORMATION IS PRINTED ALONG WITH CONTENT ABOUT PMC SERVICES, PHYSICIANS, AND TECHNOLOGY THE HOSPITAL PRINTS 8,500 COPIES OF MEDICAL LEADER WEEKLY AND DISTRIBUTES THEM, FREE OF CHARGE, TO NUMEROUS LOCATIONS IN PIKE, FLOYD, AND LETCHER COUNTIES IN KENTUCKY, AND MINGO COUNTY, WEST VIRGINIA MEDICAL LEADER, WHICH HAS ITS OWN WEBSITE, HAS NEARLY 4,400 EMAIL SUBSCRIBERS AND MORE THAN 4,500 SOCIAL MEDIA FOLLOWERS THIS COMMUNITY BENEFIT EXCEEDED \$223,600 IN FY 2015 WEIGHT LOSS SURGERY EDUCATION SEMINARS - PMC'S WEIGHT LOSS SURGERY CENTER STAFF TRAVELS ACROSS THE REGION EDUCATING THE PUBLIC ON VARIOUS BARIATRIC SURGERY, WEIGHT MANAGEMENT, AND NUTRITION TOPICS SEMINARS ARE ADVERTISED PRIOR TO THE EVENTS TO INCREASE PUBLIC AWARENESS DURING FY 2015, THIS COMMUNITY BENEFIT TOTLED \$4,312 COMMUNITY SELF-HELP EDUCATION FORTY-THREE SMOKING CESSATION CLASSES WERE OFFERED BY PMC DURING FY 2015, REACHING 45 PARTICIPANTS AT A COST OF \$3,695 HEALTH PROFESSIONS EDUCATION DURING FY 2015, PMC INVESTED \$816,955 IN HEALTH PROFESSIONS EDUCATION PMC SERVES AS A CLINICAL TRAINING SITE FOR RESIDENTS, HEALTHCARE STUDENTS FROM REGIONAL UNIVERSITIES AND COLLEGES, AND OTHER HEALTHCARE PROFESSIONALS IN AFFILIATION WITH MORE THAN SIXTY ACADEMIC INSTITUTIONS,</p>

Form and Line Reference	Explanation
PART VI LINE 5	<p>PMC TRAINED APPROXIMATELY 640 STUDENTS DURING 2015 SCHOOLS AFFILIATED WITH PMC INCLUDE A MERICAN NATIONAL UNIVERSITY-FLORENCE CAMPUSAMERICAN NATIONAL UNIVERSITY-LEXINGTON CAMPUSAM ERICAN NATIONAL UNIVERSITY-PIKEVILLE CAMPUSAUERBACH SCHOOL OF OCCUPATIONAL THERAPY AT SPAL DING UNIVERSITYAT STILL UNIVERSITY - ARIZONA SCHOOL OF MEDICINEBECKFIELD COLLEGEBELFRY A REA TECHNOLOGY CENTERBELLARMINE UNIVERSITYBLUEFIELD COLLEGECHATHAM UNIVERSITYDES MOINES UN IVERSITYDEVRY UNIVERSITYDUKE UNIVERSITYEASTERN KENTUCKY UNIVERSITYEDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINEEMERGENCY MEDICAL EDUCATORSFRONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSINGHUNTINGTON JUNIOR COLLEGEHUTCHINSON COMMUNITY COLLEGEINDIANA WESLEYAN UNIVERSIT YIOWA COLLEGE ACQUISITION CORP D/B/A KAPLAN UNIVERSITYJEFFERSON COLLEGE OF HEALTH SCIENCE SJOHNS HOPKINS UNIVERSITYKENTUCKY COMMUNITY TECHNICAL COLLEGE SYSTEMLAKE ERIE COLLEGE OF O STEOPATHIC MEDICINE LETCHER COUNTY AREA TECHNOLOGY CENTERLIBERTY UNIVERSITYLINCOLN MEMORIA L UNIVERSITYLINDSEY WILSON COLLEGEMARIETTA COLLEGE MARSHALL UNIVERSITYMARYVILLE UNIVERSIT YM EDICAL UNIVERSITY OF SOUTH CAROLINA, COLLEGE OF HEALTH PROFESSIONSMERIDIAN INSTITUTE OF SURGICAL ASSISTINGMILLIGAN COLLEGEMOREHEAD STATE UNIVERSITYNORTHERN KENTUCKY UNIVERSITYNORTON COMMUNITY HOSPITAL NOVA SOUTHEASTERN UNIVERSITYPHELPS VOCATIONAL SCHOOLROSS UNIVERSITY SCHOOL OF MEDICINE SHAWNEE STATE UNIVERSITYSOUTH UNIVERSITY SCHOOL OF PHARMACY SOUTHERN WEST VIRGINIA COMMUNITY & TECHNICAL COLLEGESOUTHWEST VIRGINIA COMMUNITY COLLEGESPENCERIAN COLLEGE SULLIVAN UNIVERSITY COLLEGE OF PHARMACYTENNESSEE BOARD OF REGENTS ON BEHALF OF AUSTIN PEAY STATE UNIVERSITY, EAST TENNESSEE STATE UNIVERSITY, MIDDLE TENNESSEE STATE UNIVERSITY, TENNESSEE STATE UNIVERSITY, TENNESSEE TECHNOLOGICAL UNIVERSITY AND UNIVERSITY OF MEMPHISTENNESSEE TECHNOLOGY CENTER AT ELIZABETHTONTRANS STAR TRAINING ACADEMYUNIVERSITYUNIVERSITY OF APPALACHIA COLLEGE OF PHARMACYUNIVERSITY OF CHARLESTONUNIVERSITY OF CINCINNATIUNIVERSITY OF THE CUMBERLANDSUNIVERSITY OF KENTUCKYUNIVERSITY OF LOUISVILLEUNIVERSITY OF NORTH CAROLINAUNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTHUNIVERSITY OF PIKEVILLEUNIVERSITY OF SOUTH ALABAMAUNIVERSITY OF WISCONSIN - OSHKOSH VIRGINIA HIGHLAND COMMUNITY COLLEGE, MOUNTAIN EMPIRE COMMUNITY COLLEGE AND SOUTHWEST VIRGINIA COMMUNITY COLLEGE AGENCIES OF THE COMMONWEALTH OF VIRGINIA APPALACHIAN TRI-COLLEGE NURSING PROGRAMVIRGINIA COMMONWEALTH UNIVERSITYWALDEN UNIVERSITYWEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINEWEST VIRGINIA UNIVERSITY BOARD OF GOVERNORSWESTERN KENTUCKY UNIVERSITYWHEELING JESUIT UNIVERSITY WILLIAM CAREY UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINEWINDSOR UNIVERSITY SCHOOL OF MEDICINE RESIDENCY PROGRAM - PMC'S RESIDENCY PROGRAM IS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION AND IS SPONSORED BY THE APPALACHIAN OSTEOPATHIC POSTGRADUATE TRAINING INSTITUTE CONSORTIUM PMC OPERATES THE ONLY INTEGRATED OSTEOPATHIC FAMILY MEDICINE AND MANIPULATIVE TREATMENT/NEUROMUSCULOSKELETAL MEDICINE RESIDENCY PROGRAM IN KENTUCKY, THE ONLY PLUS-ONE NEURO MUSCULOSKELETAL AND OSTEOPATHIC MANIPULATIVE MEDICINE RESIDENCY PROGRAM IN KENTUCKY, AND ONE OF ONLY FOUR FAMILY PRACTICE AND OSTEOPATHIC MANIPULATIVE TREATMENT MEDICINE RESIDENCY PROGRAMS IN KENTUCKY. THE HOSPITAL, IN CONJUNCTION WITH THE RESIDENCY PROGRAM, OPERATES A FAMILY PRACTICE CLINIC WHICH TREATS APPROXIMATELY 9,650 PATIENTS ANNUALLY. THIS SERVICE ALLOWS PMC TO EDUCATE AND RETAIN COMPETENT, SKILLED PHYSICIANS IN THE REGION DURING THE RESIDENCY YEAR OF JULY 2014 TO JUNE 2015, PMC TRAINED 11 RESIDENTS THIS PROGRAM PROVIDED A COMMUNITY BENEFIT OF \$806,668</p>

Form and Line Reference	Explanation
PART VI LINE 5	<p>PROMOTION OF COMMUNITY HEALTH (CONTINUED) PIKEVILLE MEDICAL CENTER HAS RECENTLY PARTNERED WITH THE UNIVERSITY OF PIKEVILLE - KENTUCKY COLLEGE OF OPTOMETRY, A NOT-FOR-PROFIT OPTOMETRIC EDUCATION INSTITUTION ENGAGED IN EDUCATING OPTOMETRIC STUDENTS AND ADVANCING OPTOMETRIC EDUCATION TO PROVIDE CLINICAL CARE SPACE AND EQUIPMENT AS A CORE SITE TO ACCOMMODATE OPTOMETRY PATIENT CARE FOR THE EDUCATION AND TRAINING OF OPTOMETRIC STUDENTS CONTINUING HEALTH PROFESSIONALS EDUCATION - PMC HAS AN ACTIVE MEDICAL LIBRARY STAFF THAT COORDINATES AND OVERSEES CONTINUING MEDICAL EDUCATION (CME) HOURS OFFERED AT THE HOSPITAL. MOST CMES ARE OPEN TO NOT ONLY PMC STAFF, BUT TO OTHER MEDICAL PROFESSIONALS THROUGHOUT THE REGION. IN FY 2015, PMC OFFERED 105 CME PRESENTATIONS, REACHING MORE THAN 1,650 ATTENDEES. THIS SERVICE PROVIDED A COMMUNITY BENEFIT OF \$10,287. THE EDUCATIONAL OPPORTUNITIES OFFERED BY THE HOSPITAL DURING FY 2015 COVERED THE FOLLOWING TOPICS - ADVANCED CARDIOVASCULAR LIFE SUPPORT (9 EVENTS) - ADVANCES IN THE TREATMENT OF HEPATITIS C VIRUS - CANCER CASE CONFERENCE (42 EVENTS) - DIABETES SYMPOSIUM - EBOLA CONFERENCE - GERONTOLOGY SYMPOSIUM - THE ROAD TO SURVIVAL - INFECTIOUS DISEASE CONFERENCE (11 EVENTS) - ONCOLOGY GRAND ROUNDS (8 EVENTS) - PEDIATRIC ADVANCED LIFE SUPPORT (6 EVENTS) - STROKE CASE CONFERENCE (12 EVENTS) - TRAUMA GRAND ROUNDS (12 EVENTS) - TRAUMA SYMPOSIUM. PHYSICIAN AND MIDLEVEL PROFESSIONALS RECRUITMENT: THE PRIMARY GOAL OF PMC'S PHYSICIAN RECRUITMENT PROGRAM IS TO PROVIDE PATIENTS WITHIN THE SERVICE AREA WITH QUALITY MEDICAL CARE BY RECRUITING AN ADEQUATE NUMBER OF PRIMARY CARE PHYSICIANS ALONG WITH A DESIRED MIX OF SPECIALTY PHYSICIANS. PHYSICIAN RECRUITMENT IS ESSENTIAL TO ENHANCING THE HEALTH AND WELL BEING OF THE REGION. PMC IS A REGIONAL REFERRAL CENTER FOR SPECIALTY AND SUB-SPECIALTY SERVICES NOT PROVIDED BY OTHER LOCAL HOSPITALS. DURING FY 2015, PMC PHYSICIAN RECRUITERS ATTENDED 18 RECRUITMENT CONFERENCES. TWENTY-FOUR PHYSICIAN AND SEVENTEEN MIDLEVEL PROFESSIONALS WERE ADDED TO PMC'S TEAM OF HEALTHCARE PROVIDERS DURING THE FISCAL YEAR. THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH RECRUITMENT DURING THIS TIME PERIOD WAS \$764,481.02. THE RECRUITED PHYSICIANS PRACTICE IN THE FOLLOWING SPECIALTIES - CARDIOLOGY - CARDIOTHORACIC SURGERY - FAMILY MEDICINE - GENERAL SURGERY - HOSPITALIST MEDICINE - INTERVENTIONAL RADIOLOGY - OBSTETRICS/GYNECOLOGY - ORTHOPEDIC TRAUMA SURGERY - OTOLARYNGOLOGY - PATHOLOGY - PHYSIATRY/PHYSICAL REHAB - PLASTIC RECONSTRUCTIVE SURGERY - UROLOGY - VASCULAR SURGERY. SUPPORT GROUPS: IN FY 2015, PMC HOSTED/SPONSORED 51 SUPPORT GROUP MEETINGS, REACHING 1,151 PEOPLE AND PROVIDING \$18,290 IN COMMUNITY BENEFITS. BELOW IS A LIST OF THE SUPPORT GROUPS PMC HOSTED/SPONSORED - GENERAL CANCER SUPPORT GROUP - AFTER BREAST CANCER (ABC) SUPPORT GROUP - MAN TO MAN PROSTATE CANCER SUPPORT GROUP - DIABETES SUPPORT GROUP - WEIGHT LOSS SURGERY SUPPORT GROUP - OTHER COMMUNITY SUPPORT. THROUGHOUT FY 2015, PMC HOSTED, SPONSORED, OR PARTICIPATED IN SEVERAL EVENTS TO SUPPORT THE COMMUNITY INCLUDING - FIRST-AID BOOTH AT HILLBILLY DAYS FESTIVAL - A NATIONALLY KNOWN ANNUAL EVENT HELD IN DOWNTOWN PIKEVILLE TO BENEFIT THE SHRINERS' CHILDREN'S HOSPITAL - HOLY WEEK SERVICES - LIVE NATIVITY - MARCH OF DIMES WALK - PMC BOOTH AT NIGHTMARE ON MAIN - RELAY FOR LIFE - YMCA HEALTHY KIDS DAY & EASTER EGG HUNT. THE TOTAL COMMUNITY BENEFIT FOR THESE EVENTS WAS \$31,911. PMC IS A PROUD MEMBER OF SOAR, AN APPALACHIAN KENTUCKY NETWORK COMMITTED TO THE COMMON PURPOSE OF IMPROVING EDUCATION, HEALTH AND THE ECONOMY FOR ALL CITIZENS OF THE REGION THROUGH INNOVATION. PMC EXECUTIVES AND STAFF PARTICIPATE IN THE ANNUAL SOAR CONFERENCE TO ASSIST IN SHAPING A BETTER FUTURE FOR THE REGION.</p>

Additional Data

Software ID:
Software Version:
EIN: 61-0458376
Name: PIKEVILLE MEDICAL CENTER 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
PIKEVILLE MEDICAL CENTER	
PIKEVILLE MEDICAL CENTER	PART V, SECTION B, LINE 7D HTTP //WWW.PIKEVILLEHOSPITAL.ORG/PATIENTSVISITORS/2013-2016-CO MMUNITY-HEALTH-NEEDS-ASSESSMENT/PMC MAILED THE CHNA REPORT TO THE CHAMBER OF COMMERCE, CIV IC ORGANIZATION MEMBERS, AND LOCAL BUSINESS PEOPLE
PIKEVILLE MEDICAL CENTER	PART V, SECTION B, LINE 22D PIKEVILLE MEDICAL CENTER FOLLOWS THE SAME CHARGING STRUCTURE FOR ALL PATIENTS, HOWEVER, PMC'S IN-HOUSE SLIDING SCALE FINANCIAL ASSISTANCE PROGRAM PROVI DES A RANGE OF DISCOUNTS UP TO FREE CARE FOR THOSE WHO QUALIFY FOLLOWING A DETERMINATION THAT AN INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THE UNINSURED PATIENT PORTION OF THE P ROGRAM, PMC WILL NOT BILL THAT INDIVIDUAL FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IN AN AMOUNT IN EXCESS OF THE AMOUNT GENERALLY BILLED (UTILIZING THE MEDICARE LOOK-BACK ME THOD) ADDITIONAL DISCOUNTS OF FREE OR 50% OF AGB ARE ALSO OFFERED BY PMC, DEPENDENT UPON THE PATIENT'S INCOME AND RESOURCE LEVEL AND FAMILY SIZE
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
PIKEVILLE MEDICAL CENTER PART V, SECTION B, LINE 16A WEBSITE	HTTP //WWW.PIKEVILLEHOSPITAL.ORG/BILLING/FINANCIAL-ASSISTANCE-POLICY/
PIKEVILLE MEDICAL CENTER PART V, SECTION B, LINE 16B WEBSITE	HTTP //WWW.PIKEVILLEHOSPITAL.ORG/BILLING/FINANCIAL-ASSISTANCE-POLICY/
PIKEVILLE MEDICAL CENTER PART V, SECTION B, LINE 16C WEBSITE	HTTP //WWW.PIKEVILLEHOSPITAL.ORG/BILLING/FINANCIAL-ASSISTANCE-POLICY/

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)
OBGYN PHYSICIAN PRACTICE - HAROLD 246 KY ROUTE 979 HAROLD, KY 41635	PHYSICIAN PRACTICE
PMC-LEONARD LAWSON CANCER CENTER 172 SOUTH MAYO TRAIL PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
HOME MEDICAL EQUIPMENT 1370 S MAYO TRAIL PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
HOME HEALTH SERVICES 1370 S MAYO TRAIL PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
BARIATRIC SURGERY PHYSICIAN PRACTICE 1098 S MAYO TRAIL STE 103 PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
PMC SPECIALTY CLINIC-PRESTONSBURG 311 NORTH ARNOLD AVE PRESTONSBURG, KY 41653	PHYSICIAN PRACTICE
PMC CLINIC - WALMART PIKEVILLE 251 CASSIDY BLVD PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
PMC SPECIALTY CLINIC-GRUNDY 1520 SLATE CREEK ROAD STE 205 GRUNDY, VA 24614	PHYSICIAN PRACTICE
SLEEP LAB - WHITESBURG 60 MAIN STREET WHITESBURG, KY 41858	PHYSICIAN PRACTICE
PRIMARY CARE PRACTICE - SHELBY VALLEY 6800 US HWY 23 S STE 3 PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
PRIMARY CARE PRACTICE - HAROLD 246 KY RT 979 HAROLD, KY 41635	PHYSICIAN PRACTICE
PIKEVILLE FAMILY PRACTICE CLINIC 184 S MAYO TRAIL PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
CARDIOLOGY PRACTICE - LEXINGTON 989 GOVERNORS LANE LEXINGTON, KY 40513	PHYSICIAN PRACTICE
OPHTHALMOLOGY - HAZARD 101 TOWN COUNTRY DRIVE STE 100 HAZARD, KY 41701	PHYSICIAN PRACTICE
PMC SPECIALTY CLINIC-PAINTSVILLE 826 SOUTH MAYO TRAIL PAINTSVILLE, KY 41240	PHYSICIAN PRACTICE

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

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

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

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

Name and address	Type of Facility (describe)
PMC SPECIALTY CLINIC-MCDOWELL ARH MCDOWELL BLDG MCDOWELL, KY 41647	PHYSICIAN PRACTICE

**Schedule I
(Form 990)**

OMB No 1545-0047

**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 ServiceName of the organization
PIKEVILLE MEDICAL CENTER INCEmployer identification number
61-0458376**Part I General Information on Grants and Assistance**

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

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

Part II Grants and Other Assistance to 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) UNITE FOUNDATION INC 2292 SOUTH HWY 27 SOMERSET, KY 42501	56-2338443	501C3	15,000				SPONSORSHIP FOR NATIONAL RX DRUG ABUSE SUMMIT
(2) AMERICAN CANCER SOCIETY INC PO BOX 1517 PIKEVILLE, KY 41502	13-1788491	501C3	5,000				SPONSORSHIP FOR RELAY FOR LIFE PIKE COUNTY
(3) PIKEVILLE MAIN STREET PROGRAM INC 243 MAIN STREET PIKEVILLE, KY 41501	61-1273907	501C3	10,000				SPONSORSHIP EAST KENTUCKY LEADERSHIP CONFERENCE
(4) PIKEVILLE INDEPENDENT SCHOOLS ALUMNI ASSOCIATION & FOUNDATION PO BOX 2 PIKEVILLE, KY 41502	61-1391475	501C3	10,000				SPONSORSHIP 100TH ANNIVERSARY-HALL OF FAME

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 4

3 Enter total number of other organizations listed in the line 1 table ► 0

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) ASSISTANCE FOR UNINSURED PATIENTS FOR PRESCRIPTIONS, CAFE VOUCHERS, TRANSPORTATION, MEDICAL EQUIPMENT AND CANCER TREATMENT TRAVEL ASSISTANCE	797	30,681			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL GRANTS ARE PROVIDED TO PUBLIC CHARITIES FOR GENERAL SUPPORT PIKEVILLE MEDICAL CENTER, INC DOES NOT MONITOR THE USE OF THESE FUNDS BY THESE PUBLIC CHARITIES
PART III, COLUMN (A)	ASSISTANCE FOR UNINSURED PATIENTS FOR PRESCRIPTIONS, CAFE VOUCHERS, TRANSPORTATION, MEDICAL EQUIPMENT AND CANCER TREATMENT TRAVEL ASSISTANCE THERE WERE 218 PRESCRIPTIONS PROVIDED, 199 CAFE VOUCHERS PROVIDED, AND 331 RECIPIENTS OF TRAVEL ASSISTANCE

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

OMB No 1545-0047

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.**2014****Open to Public
Inspection**Name of the organization
PIKEVILLE MEDICAL CENTER INC

Employer identification number

61-0458376

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 checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 5	DR BROWN EARNED QUARTERLY BONUSES BASED ON A PERCENTAGE OF THE NET COLLECTIONS OF THE PHYSICIAN'S PRACTICE OVER 150% OF HIS BASE COMPENSATION

Additional Data

Software ID:
Software Version:

EIN: 61-0458376

Name: PIKEVILLE MEDICAL CENTER INC

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

(A) Name 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)(1)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
AARON CRUM MD, BOARD-CHIEF OF STAFF	(i) 428,744 (ii) 0	0 0	420 0	10,006 0	24,335 0	463,505 0	0 0
WALTER E MAY, PRESIDENT/CEO	(i) 534,486 (ii) 0	0 0	6,180 0	12,014 0	24,335 0	577,015 0	0 0
MICHELLE HAGY, CFO - VP FINANCE	(i) 289,589 (ii) 0	4,146 0	1,059 0	8,025 0	24,142 0	326,961 0	1,016 0
JUANITA DESKINS, CHIEF OPERATING OFFICER	(i) 314,187 (ii) 0	2,650 0	1,231 0	13,296 0	24,208 0	355,572 0	0 0
DEBRA PARSONS, CHIEF NURSING OFFICER	(i) 162,308 (ii) 0	2,261 0	1,285 0	3,818 0	9,684 0	179,356 0	546 0
CHERYL HICKMAN, ASSISTANT TO PRESIDENT	(i) 181,284 (ii) 0	2,560 0	1,925 0	12,419 0	17,845 0	216,033 0	618 0
RUSSELL SHANKLIN, ASSISTANT CHIEF INFORMATION OFFICER	(i) 165,984 (ii) 0	2,332 0	1,111 0	11,274 0	23,416 0	204,117 0	563 0
PEGGY JUSTICE, VP PHYSICIAN NETWORK	(i) 156,789 (ii) 0	2,191 0	993 0	9,100 0	23,330 0	192,403 0	529 0
DEBORAH PUCKETT, VP REHAB/WOUND CARE SERVICES	(i) 147,855 (ii) 0	2,078 0	1,607 0	9,487 0	23,262 0	184,289 0	501 0
CATHERINE JORGENSEN, VP CORPORATE COMPLIANCE & INTERNAL A	(i) 158,744 (ii) 0	2,261 0	9,290 0	10,558 0	23,373 0	204,226 0	546 0
SONJA ELDER, CHIEF INFORMATION OFFICER	(i) 219,810 (ii) 0	3,110 0	978 0	1,979 0	25,089 0	250,966 0	750 0
AARON BROWN MD, TRAUMA SURGEON	(i) 1,090,782 (ii) 0	0 0	270 0	1,256 0	24,335 0	1,116,643 0	0 0
DENZIL HARRIS MD, CARDIOLOGIST	(i) 551,549 (ii) 0	446,495 0	320 0	8,750 0	25,402 0	1,032,516 0	0 0
KEVIN PUGH MD, ORTHOPEDIC SURGEON	(i) 1,010,594 (ii) 0	0 0	383 0	10,006 0	24,335 0	1,045,318 0	0 0
JOSEPH BROWN DO, OPHTHALMOLOGIST	(i) 498,204 (ii) 0	559,490 0	300 0	80,807 0	24,335 0	1,163,136 0	0 0
WILLIAM PEERY II MD, TRAUMA SURGEON	(i) 1,102,115 (ii) 0	0 0	394 0	1,256 0	24,335 0	1,128,100 0	0 0

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

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

► Attach to Form 990.

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

**Open to Public
Inspection**

Name of the organization

PIKEVILLE MEDICAL CENTER INC

Employer identification number

61-0458376

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF PIKEVILLE KY	61-6001897	72134PAR3	04-27-2011	90,370,651	SEE BELOW		X		X		X
B CITY OF PIKEVILLE KY	61-6001897	72134PAV4	02-19-2015	45,333,900	SEE BELOW		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	90,370,651	45,333,900		
4	Gross proceeds in reserve funds	3,563,671			
5	Capitalized interest from proceeds		240,000		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,328,586	327,500		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	41,241,831	39,121,114		
11	Other spent proceeds	44,236,563	932,200		
12	Other unspent proceeds		4,713,086		
13	Year of substantial completion	2014	2016		
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X
16	Has the final allocation of proceeds been made?	X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X			X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	1 130 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
6 Total of lines 4 and 5	1 130 %							
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X				

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

OMB No 1545-0047

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
PIKEVILLE MEDICAL CENTER INC

Employer identification number

61-0458376

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
(1) BRANDI MAY	DAUGHTER IN LAW OF WALTER E MAY	7,846	EMPLOYEE EDUCATIONAL ASSISTANCE	EMPLOYEE EDUCATIONAL ASSISTANCE

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference

Explanation

Additional Data**Software ID:
Software Version:**

EIN: 61-0458376

Name: PIKEVILLE MEDICAL CENTER INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) US BANK	ENTITY OF WHICH FAMILY MEMBER OF PEGGY JUSTICE HAS BUSINESS RELATIONSHIP	1,312,878	BROTHER OF KEY EMPLOYEE, PEGGY JUSTICE, SERVES AS BOARD MEMBER OF ENTITY SERVICES PROVIDED BY US BANK TO PIKEVILLE MEDICAL CENTER INSTALLMENT LOAN PAYMENTS, \$1,196,833.92 - RENT, \$115,219.32 - ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$825.00		No
(2) TRISTAN BLACKBURN	SON OF DEBORAH BLACKBURN, PMC BOARD MEMBER	48,811	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS COMPUTER SYSTEMS ADMINISTRATOR		No
(3) SUMMIT ENGINEERING	ENTITY OF WHICH PMC KEY EMPLOYEE PEGGY JUSTICE'S BROTHER IS A PARTNER	14,043	ENTITY PROVIDES ENGINEERING SERVICES TO PIKEVILLE MEDICAL CENTER		No
(4) SARAH HARRIS	DAUGHTER OF CHERYL HICKMAN, PMC KEY EMPLOYEE	76,405	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS IT-PROJECT MANAGER		No
(5) RONALD R ELDER	SPOUSE OF SONJA ELDER, PMC KEY EMPLOYEE	67,520	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A QUALITY & PROCESS ENGINEER		No
(6) ROBERT BELL	STEP SON OF HOBART JOHNSON, PMC BOARD MEMBER	100,048	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS NUTRITIONAL SERVICES HEAD CHEF		No
(7) RITA CRUM	SISTER IN LAW OF AARON CRUM, M.D., PMC BOARD MEMBER	61,776	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR-EMPLOYEE DEVELOPMENT/EDUCATION		No
(8) RHONDA COLEMAN	SISTER IN LAW OF DEBORAH BLACKBURN, PMC BOARD MEMBER	30,284	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS AN INSURANCE COORDINATOR		No
(9) REGINALD HICKMAN	SPOUSE OF CHERYL HICKMAN, PMC KEY EMPLOYEE	70,519	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS ASSISTANT VICE PRESIDENT-MATERIALS MANAGEMENT		No
(10) RANDY L JOHNSON	SON IN LAW OF WALTER E. MAY, PMC PRESIDENT/CEO	59,459	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS ASSISTANT DIRECTOR-CHAPLAIN SERVICES		No
(11) PIKEVILLE RADIOLOGY	ENTITY MORE THAN 35% OWNED BY TWO PMC BOARD MEMBERS	33,643	ALEX POULOS, M.D. & DENNIS HALBERT, M.D. ARE PARTNERS OF PIKEVILLE RADIOLOGY WITH WHOM PIKEVILLE MEDICAL CENTER CONTRACTS WITH FOR RADIOLOGY SERVICES		No
(12) PAM MAY LAW FIRM PSC	ENTITY MORE THAN 35% OWNED BY WIFE OF WALTER E. MAY, PMC PRESIDENT/CEO	1,770,532	FIRM PROVIDES LEGAL SERVICES TO PIKEVILLE MEDICAL CENTER		No
(13) MIRANDA FORSYTH	SISTER IN LAW OF DEBORAH BLACKBURN, PMC BOARD MEMBER	54,352	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS STAFF REGISTERED NURSE		No
(14) KAMINSKI ROBINSON	HUSBAND OF JO NELL ROBINSON, PMC BOARD MEMBER	65,311	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR-CHAPLAIN SERVICES		No
(15) EAST KY BROADCASTING & EAST KY RADIO NETWORK (TOTAL OF NINE RADIO STATIONS)	ENTITIES MORE THAN 35% OWNED BY WALTER E. MAY, PMC PRESIDENT/CEO	1,152,649	ENTITIES PROVIDE ADVERTISING SERVICES TO PMC, \$1,107,296.60 - ENTITIES PROVIDE ADVERTISING INCOME-MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$45,352.00		No
(16) CREATIVE PROMOTIONS/CREATIVE SIGNS	ENTITY OWNED BY SON IN LAW OF WALTER E. MAY, PMC PRESIDENT/CEO	83,720	PIKEVILLE MEDICAL CENTER PURCHASES PROMOTIONAL PRODUCTS AND SIGNAGE FROM THIS ENTITY		No
(17) CORDELL WEATHERFORD	GRANDSON IN LAW OF WALTER E. MAY, PMC PRESIDENT/CEO	92,651	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS ASSISTANT VICE PRESIDENT-ADMINISTRATION		No
(18) COMMUNITY TRUST BANK	ENTITY OF WHICH BOARD MEMBER HAS BUSINESS RELATIONSHIP	7,736,007	DAVID COLLINS SERVES AS BOARD MEMBER OF BOTH ENTITIES SERVICES PROVIDED BY COMMUNITY TRUST BANK TO PIKEVILLE MEDICAL CENTER -INTEREST INCOME BANKING SERVICES & FUNDS IN TRUST, \$472,465.27-SAFE DEPOSIT BOX FEES/LINE OF CREDIT FEES/BOND ACCT MGMT FEES, \$8,565.00 -INSTALLMENT LOAN PAYMENTS, \$7,233,937.52 -ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$21,039.00		No
(19) CITY OF PIKEVILLE	ENTITY OF WHICH SPOUSE OF DEBORAH BLACKBURN HAS BUSINESS RELATIONSHIP	792,188	SPOUSE OF PMC BOARD MEMBER, DEBORAH BLACKBURN, EMPLOYED AS CITY MANAGER OF CITY OF PIKEVILLE SERVICES PROVIDED BY CITY OF PIKEVILLE TO PIKEVILLE MEDICAL CENTER GAS, TRASH, WATER, AND SEWER UTILITY PAYMENTS, \$789,916.72 -ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$2,271.00		No
(20) CAROLINA WEATHERFORD DBA CLW EDITIN	GRANDDAUGHTER OF WALTER E. MAY, PMC PRESIDENT/CEO	16,200	ENTITY PROVIDES PROOFREADING SERVICES FOR PIKEVILLE MEDICAL CENTER'S MEDICAL LEADER PUBLICATION		No
(21) CAMILLA DAMRON	DAUGHTER OF JO NELL ROBINSON, PMC BOARD MEMBER	74,852	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A SPEECH LANGUAGE PATHOLOGIST		No
(22) BRANDI MAY	DAUGHTER IN LAW OF WALTER E. MAY, PMC PRESIDENT/CEO	90,000	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A PRACTITIONER		No
(23) BART DAVIS	GRANDSON OF JO NELL ROBINSON, PMC BOARD MEMBER	51,784	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A DIRECTOR OF PEAKS		No
(24) ANDREA ROBINETTE LOWE	STEP DAUGHTER OF WALTER E. MAY, PMC PRESIDENT/CEO	84,112	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A DIRECTOR-RECRUITING		No
(25) ANDREA ALLARA	DAUGHTER OF JOE DEAN BOARD MEMBER, PMC BOARD MEMBER	42,222	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A RADIOLOGY COORDINATOR		No
(26) ADRIENNE ADKINS	STEP GRANDDAUGHTER OF WALTER E. MAY, PMC PRESIDENT/CEO	65,307	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS STAFF REGISTERED NURSE		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 PIKEVILLE MEDICAL CENTER INC	Employer identification number 61-0458376
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DR ALEX Poulos & DR DENNIS HALBERT PARTNERS IN PIKEVILLE RADIOLOGY
FORM 990, PART VI, SECTION B, LINE 11	THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE CFO AND HOSPITAL AT TORNEY PRIOR TO FILING ADDITIONALLY, THE GOVERNING BODY REVIEWS AND APPROVES THE FINAL FO RM 990 INCLUDING REQUESTED SCHEDULES COPIES ARE PROVIDED TO EACH VOTING MEMBER OF THE ORG ANIZATION'S GOVERNING BODY UPON REQUEST
FORM 990, PART VI, SECTION B, LINE 12C	AS TO BOARD MEMBERS, UPDATES TO THE CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY WITH VOLUNTARY DISCLOSURE OF CONFLICT ON ANY PARTICULAR ISSUE THERE IS NO PARTICIPATION, DISCUSSION OR VOTE TAKEN ON THESE, HOWEVER, THE BOARD ATTORNEY IS PROVIDED A COPY OF ALL INTERESTS OF EACH MEMBER TO ENSURE COMPLIANCE WITH THE POLICY THESE ARE REGULARLY AND CONSISTENTLY MONITORED FOR ANY CHANGES AS TO EMPLOYEES, THERE IS A WRITTEN CONFLICT OF INTEREST POLICY WHICH TOO IS REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED BY HUMAN RESOURCES AND ADMINISTRATION AS NECESSARY THIS POLICY IS INTENDED TO IDENTIFY AND RESOLVE CONFLICTS OF INTEREST WHICH MAY OCCUR RELATED TO FINANCIAL, BUSINESS, OR PROFESSIONAL INTERESTS THE POLICY IS IN PLACE TO IDENTIFY AND RESOLVE A CONFLICT OF INTEREST WHICH MAY OCCUR ANY TIME THERE IS A SITUATION IN WHICH ONES ABILITY TO MAKE OBJECTIVE, JOB RELATED BUSINESS DECISIONS MAY BE INFLUENCED BY, OR HAVE THE APPEARANCE OF BEING INFLUENCED BY, OUTSIDE ACTIVITIES OR PERSONAL INTERESTS POTENTIAL CONFLICTS OF INTEREST MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING 1 WORKING A SECOND JOB AT A COMPETING HEALTHCARE ENTITY WHICH MAY ALLOW THE TRANSFER OF CONFIDENTIAL BUSINESS INFORMATION OR INFLUENCE REFERRAL PATTERNS 2 ALLOWING THE DEMANDS OF OUTSIDE ACTIVITIES TO HINDER OR DISTRACT YOU FROM THE PERFORMANCE OF YOUR JOB OR CAUSE YOU TO USE PIKEVILLE MEDICAL CENTER RESOURCES FOR OTHER THAN PIKEVILLE MEDICAL CENTER PURPOSES 3 HOLDING AN OWNERSHIP INTEREST, MANAGEMENT, OR BOARD OF DIRECTORS POSITION IN A COMPANY WITH WHOM PIKEVILLE MEDICAL CENTER DOES BUSINESS WHICH MAY LEAD TO THE INDIVIDUAL'S PERSONAL GAIN/BENEFIT "OWNERSHIP INTEREST" MEANS SERVING AS A BOARD DIRECTOR OR OFFICER OR OWNERSHIP OF MORE THAN 5% OF THE BUSINESS OR CORPORATION 4 HAVING AN IMMEDIATE FAMILY MEMBER OR SIGNIFICANT OTHER WHO HOLDS AN OWNERSHIP INTEREST IN A COMPANY WITH WHOM PIKEVILLE MEDICAL CENTER DOES BUSINESS WHICH MAY LEAD TO THE INDIVIDUAL'S PERSONAL GAIN/BENEFIT "OWNERSHIP INTEREST" MEANS SERVING AS A BOARD DIRECTOR OR OFFICER OR OWNERSHIP OF MORE THAN 5% OF THE BUSINESS OR CORPORATION 5 HAVING AN IMMEDIATE FAMILY MEMBER OR SIGNIFICANT OTHER EMPLOYED BY THE PIKEVILLE MEDICAL CENTER AND WORKING WITHIN THE SAME DIRECT LINE OF AUTHORITY (ABOVE OR BELOW) AS THE FIRST EMPLOYEE IMMEDIATE FAMILY MEMBERS INCLUDE SPOUSES, CHILDREN, GRANDCHILDREN, BROTHERS AND SISTERS AND THE SPOUSES OF THOSE INDIVIDUALS THE SCOPE OF THIS POLICY INCLUDES PIKEVILLE MEDICAL CENTER AND ALL ITS DEPARTMENTS AND SERVICES WHEREVER LOCATED THE COVERED INDIVIDUALS ARE TO FOLLOW THESE PROCEDURES 1 ALL LICENSED CLINICAL STAFF, SUPERVISORS, AND MANAGEMENT PERSONNEL SHALL COMPLETE A DUALITY AND CONFLICT OF INTEREST FORM AT THE TIME OF INITIAL EMPLOYMENT AND ANNUALLY THEREAFTER 2 EMPLOYEE CONFLICT OF INTEREST FORMS SHALL BE FILED IN THEIR PERSONNEL FILES 3 IN THE EVENT THAT AN EMPLOYEE'S JOB DESCRIPTION OR DUTIES REQUIRES A BUSINESS RELATED DECISION TO BE MADE IN AN AREA IN WHICH A PERSONAL CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE EMPLOYEE SHALL NOTIFY HIS/HER SUPERVISOR TO ARRANGE FOR AN ALTERNATIVE DECISION MAKING PROCESS WHICH WILL MAINTAIN OBJECTIVITY AND ELIMINATE PERSONAL BIAS, I E PERSONAL WITHDRAWAL FROM THE DECISION MAKING PROCESS, SOLICITATION OF CLOSED BIDS, OR UTILIZATION OF AN INDEPENDENT SELECTION COMMITTEE 4 IF AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF ETHICS IS IDENTIFIED INVOLVING PATIENT CARE OR TREATMENT, THE EMPLOYEE SHOULD SEEK ASSISTANCE FROM THEIR SUPERVISOR TO FIND A RESOLUTION WHICH WOULD HAVE MINIMUM IMPACT ON PATIENT CARE, TREATMENT, OR SERVICES
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE SALARY OF THE ORGANIZATION'S CEO THE COMMITTEE USES COMPARATIVE DATA FROM NATIONAL SALARY SURVEYS MOTION AND APPROVALS FROM THE COMMITTEE ARE KEPT IN THE MINUTES
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES MAKE THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	INTEREST IN CHARITABLE REMAINDER TRUST -80,554
FORM 990, PART XII	OVERSIGHT OF AUDIT PROCESS THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Name of the organization
PIKEVILLE MEDICAL CENTER INCEmployer identification number
61-0458376**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
							Yes	No		
(1) PIKEVILLE MEDICAL DEVELOPMENT CORPORATION 911 BYPASS ROAD PIKEVILLE, KY 41501 20-2487928	INACTIVE	KY	N/A	C	-349	7,094	100 000 %		Yes	No
(2) LANDMARK PROPERTIES OF PIKEVILLE INC PO BOX 1259 PIKEVILLE, KY 41502 46-2494613	LODGING/DINING	KY	PIKEVILLE MEDICAL CENTER	C	-626,568	3,352,916	100 000 %	Yes		

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LANDMARK PROPERTIES	B	754,211	CASH
(2) LANDMARK PROPERTIES	D	584,439	COST
(3) LANDMARK PROPERTIES	J	19,512	COST
(4) LANDMARK PROPERTIES	M	227,382	COST

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2014