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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ASHLAND HOSPITAL CORPORATION

Doing business as
KING'S DAUGHTERS MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2201 LEXINGTON AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ASHLAND, KY 41101

D Employer identification number
61-0444716

E Telephone number
(606) 408-4000

G Gross receipts $ 552,657,233

F Name and address of principal officer
KRISTIE WHITLATCH
2201 LEXINGTON AVENUE
ASHLAND, KY 41101

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW KDMC COM

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

L Year of formation 1941

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE COMMUNITY HEALTHCARE SERVICES TO CARE TO SERVE TO HEAL

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	3,332
6	Total number of volunteers (estimate if necessary)	**6**	181
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	567,099
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	161,788	2,388,659
9	Program service revenue (Part VIII, line 2g)	390,182,619	397,634,103
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,331,870	9,545,333
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,628,898	3,277,187
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	408,305,175	412,845,282
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	57,564	216,648
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)	169,652,779	173,353,940
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)	226,494,925	227,090,776
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	396,205,268	400,661,364
19	Revenue less expenses Subtract line 18 from line 12	12,099,907	12,183,918

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	673,175,591	665,564,914
21	Total liabilities (Part X, line 26)	344,378,968	333,635,889
22	Net assets or fund balances Subtract line 21 from line 20	328,796,623	331,929,025

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

****** 2017-08-14
Signature of officer Date

AUTUMN MCFANN VICE PRESIDENT/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JULIUS C GREEN CPA	JULIUS C GREEN CPA	2017-08-14		P00350393

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP — Firm's EIN ▶ 39-0859910

Firm's address ▶ 1650 MARKET STREET SUITE 4500
PHILADELPHIA, PA 19103 — Phone no (215) 972-0701

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE COMMUNITY HEALTHCARE SERVICES TO CARE TO SERVE TO HEAL

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 $ 330,067,282 including grants of $ 216,648) (Revenue $ 397,634,103)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 330,067,282

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or 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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	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	347		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,332		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** 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				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ KY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ GREG WHITLOCK CONTROLLER 2201 LEXINGTON AVENUE ASHLAND, KY 41101 (606) 408-0160

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONES DAVID CHAIRMAN	2 00 4 50	X		X				0	0	0
(2) ADDINGTON STEPHEN VICE CHAIRMAN	0 25 0 25	X						0	0	0
(3) BURNETTE TOM DIRECTOR	0 25 0 50	X						0	0	0
(4) FORD RICHARD MD DIRECTOR	40 25 0 25	X						261,407	0	13,113
(5) HAMMONDS DONALD DO DIRECTOR	0 25 40 25	X						0	76,545	16,558
(6) MCCANN KIM DIRECTOR	0 25 2 25	X						0	0	0
(7) MECCA RAYMOND MD DIRECTOR	0 25 0 25	X						0	0	0
(8) STEWART JOHN DIRECTOR	0 25 0 50	X						0	0	0
(9) VINCENT JOHN DIRECTOR	0 25 1 50	X						0	0	0
(10) WHITLATCH KRISTIE PRESIDENT/CEO	51 25 11 25	X		X				623,142	0	13,721
(11) MCFANN AUTUMN TREASURER, VP/CFO	51 25 11 25			X				257,682	0	13,660
(12) MAHANEY SHERYL SECRETARY, VP/CHIEF LEGAL	51 25 11 25			X				404,207	0	14,223
(13) EBAUGH MATTHEW CHIEF STRATEGY OFFICER/CIO	45 00				X			322,743	0	24,371
(14) MARKS SARA VP/EXECUTIVE DIRECTOR KDIP	45 00				X			225,983	0	24,121

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			
(15) BALL PATRICK DO PHYSICIAN	40 00					X		387,301	0	14,580
(16) CONDEE EVAN DO PHYSICIAN	40 00					X		325,441	0	7,930
(17) CONLEY CHARLES DO PHYSICIAN	40 00					X		298,579	0	22,871
(18) ESHAM GEORGE MD PHYSICIAN	40 00					X		375,203	0	14,581
(19) FANNIN FRANKLIN MD PHYSICIAN	40 00					X		332,227	13,336	22,849
(20) JACKSON FRED FORMER PRESIDENT/CEO	0 00						X	855,151	0	0
(21) HIGGINS LARRY FORMER VP/CAO	0 00						X	667,632	0	0

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	5,336,698	89,881	202,578

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 ▶ 152

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HURON CONSULTING SERVICES LLP 3005 MOMENTUM PLACE CHICAGO, IL 606895330	CONSULTANTS	10,473,002
DLA PIPER LLP (US) 500 8TH STREET NW WASHINGTON, DC 20004	LAWYERS	2,575,414
CLEVELAND CLINIC FOUNDATION PO BOX 931760 CLEVELAND, OH 441931861	CONSULTANTS	2,500,000
DULEY ENTERPRISES LLC 24203 JACKS FORK ROAD RUSH, KY 41168	CONSULTANTS	1,741,372
STITES & HARBISON PLLC 250 W MAIN STREET 2300 LEXINGTON F LEXINGTON, KY 405071758	LAWYERS	1,184,722

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 ▶ 35

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,065,000			
	e	Government grants (contributions)	1e	143,324			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	180,335			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,388,659			
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REV	621110	384,716,177	384,562,435	153,742	
	b	PHARMACY	446110	12,765,131	12,691,017	74,114	
	c	MEANINGFUL USE REVENUES	621110	152,795	152,795		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		397,634,103			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,412,836		8,931	4,403,905
	4	Income from investment of tax-exempt bond proceeds		59,882			59,882
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	713,448	2,888			
	b	Less rental expenses	579,232	3,726			
	c	Rental income or (loss)	134,216	-838			
	d	Net rental income or (loss)		133,378		-838	134,216
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	144,261,767	39,841			
	b	Less cost or other basis and sales expenses	138,942,196	286,797			
	c	Gain or (loss)	5,319,571	-246,956			
	d	Net gain or (loss)		5,072,615			5,072,615
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722210	2,137,905			2,137,905
	b	HOME MEDICAL EQUIPMENT	621610	331,150		331,150	
	c	MANAGEMENT FEES	900099	271,740			271,740
	d	All other revenue		403,014			403,014
	e	**Total.** Add lines 11a-11d		3,143,809			
	12	**Total revenue.** See Instructions		412,845,282	397,406,247	567,099	12,483,277

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	216,648	216,648		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,703,127		2,703,127	
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	133,727,166	118,599,851	15,127,315	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	608,635	539,738	68,897	
9 Other employee benefits	26,702,279	23,679,581	3,022,698	
10 Payroll taxes	9,612,733	8,355,388	1,257,345	
11 Fees for services (non-employees)				
a Management				
b Legal	3,693,636	22,536	3,671,100	
c Accounting	142,800		142,800	
d Lobbying	50,929	50,929		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	397,944		397,944	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,140,934	23,202,929	10,938,005	
12 Advertising and promotion	2,715,838		2,715,838	
13 Office expenses	2,394,388	1,182,648	1,211,740	
14 Information technology	3,906,142	3,902,313	3,829	
15 Royalties				
16 Occupancy	7,068,163	1,510,530	5,557,633	
17 Travel	402,064	320,782	81,282	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	51,523	51,338	185	
20 Interest	11,624,153	74,730	11,549,423	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,760,125	21,918,751	1,841,374	
23 Insurance	3,060,357		3,060,357	
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 MEDICAL SUPPLIES	79,548,224	75,831,608	3,716,616	
b BAD DEBT EXPENSE	22,372,823	22,372,823		
c REPAIRS & MAINTENANCE	15,991,705	14,451,433	1,540,272	
d TAX (INC PROVIDER TAX)	7,678,292	7,598,845	79,447	
e All other expenses	8,090,736	6,183,881	1,906,855	
25 **Total functional expenses.** Add lines 1 through 24e	400,661,364	330,067,282	70,594,082	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		9,015,627	1	3,777,842
	2	Savings and temporary cash investments		5,466,036	2	20,248,674
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		50,933,767	4	51,435,556
	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		2,262,641	7	1,950,276
	8	Inventories for sale or use		10,846,645	8	10,984,895
	9	Prepaid expenses and deferred charges		9,061,475	9	5,010,351
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 709,740,921			
	b	Less accumulated depreciation	10b 458,049,804	258,997,941	10c	251,691,117
	11	Investments—publicly traded securities		173,423,042	11	168,323,226
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		6,444,436	13	5,097,340
	14	Intangible assets		757,523	14	757,523
	15	Other assets See Part IV, line 11		145,966,458	15	146,288,114
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		673,175,591	16	665,564,914
Liabilities	17	Accounts payable and accrued expenses		44,346,147	17	33,269,686
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		233,545,281	20	237,391,132
	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		75,701	23	51,254
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		66,411,839	25	62,923,817
	26	**Total liabilities.** Add lines 17 through 25		344,378,968	26	333,635,889
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		328,796,623	27	331,929,025
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		328,796,623	33	331,929,025
	34	Total liabilities and net assets/fund balances		673,175,591	34	665,564,914

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	412,845,282
2	Total expenses (must equal Part IX, column (A), line 25)	2	400,661,364
3	Revenue less expenses Subtract line 2 from line 1	3	12,183,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	328,796,623
5	Net unrealized gains (losses) on investments	5	2,811,902
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	-11,863,418
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	331,929,025

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

Form 990, Part III, Line 4a

4a (Code) (Expenses $ 330,067,282 including grants of $ 216,648) (Revenue $ 397,634,103)

KING'S DAUGHTERS MEDICAL CENTER IS A LOCALLY CONTROLLED, NOT-FOR-PROFIT, 465-BED REGIONAL REFERRAL CENTER, COVERING A 150-MILE RADIUS THAT INCLUDES EASTERN KENTUCKY AND SOUTHERN OHIO KDMC OFFERS CARDIAC, MEDICAL, SURGICAL, MATERNITY, PEDIATRIC, REHABILITATIVE, BARIATRIC, PSYCHIATRIC, CANCER, NEUROLOGICAL, PAIN CARE, WOUND CARE AND HOME CARE SERVICES KDMC OPERATES MORE THAN 25 OFFICES IN EASTERN KENTUCKY AND SOUTHERN OHIO KING'S DAUGHTERS MEDICAL CENTER IS THE LARGEST EMPLOYER BETWEEN CHARLESTON, WEST VIRGINIA AND LEXINGTON, KY OUR VISION WORLD CLASS CARE IN OUR COMMUNITIES COMMUNITY DEMOGRAPHICS KING'S DAUGHTERS MEDICAL CENTER IS LOCATED IN EASTERN KENTUCKY, WHERE THE KENTUCKY, OHIO AND WEST VIRGINIA STATE LINES MEET KDMC'S PRIMARY SERVICE AREA ENCOMPASSES SIX COUNTIES IN TWO STATES, BOYD, CARTER, GREENUP & LAWRENCE COUNTIES IN KENTUCKY AND LAWRENCE & SCIOTO COUNTIES IN OHIO MORE THAN 265,000 PEOPLE LIVE IN THE SIX-COUNTY PRIMARY SERVICE AREA WITH THE EXCEPTION OF ONE CITY WITH A POPULATION AROUND 20,000 THE AREA IS VERY RURAL, COVERING NEARLY 2,000 SQUARE MILES WITH A POPULATION DENSITY OF 126 PEOPLE PER SQUARE MILE NEARLY 21% OF THE POPULATION LIVES IN POVERTY, COMPARED WITH 18 5% FOR KENTUCKY, 14 8% FOR OHIO AND 13 5% FOR THE NATION THE POPULATION IS 96 33% WHITE, 1 68% BLACK AND ALL OTHER RACES 1 99% THE AVERAGE PER CAPITA INCOME IS $21,492, WELL BELOW THE LEVELS FOR KENTUCKY ($24,063), OHIO ($26,953) AND THE NATION ($28,930) (DATA FROM US CENSUS BUREAU 2015, SMALL AREA INCOME AND POVERTY ESTIMATES 2015)

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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

			Yes	No
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*	1		
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)*	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*	3a		
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*	3b		
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*	3c		
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*	4a		
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*	4b		
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*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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)*	7		
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)*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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*	10a		
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)*	10b		
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?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
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*	1		
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*	2		

Section C. Type II Supporting Organizations

		Yes	No
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)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
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?	1		
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)*	2		
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*	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).

		Yes	No
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.*	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.*	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.*	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.*	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

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
ASHLAND HOSPITAL CORPORATION	61-0444716

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

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

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		50,929
j	Total Add lines 1c through 1i			50,929
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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	$20,259 A PORTION OF THE DUES PAID TO THE KENTUCKY HOSPITAL ASSOCIATION ATTRIBUTABLE TO LOBBYING EXPENSES $4,403 A PORTION OF THE DUES PAID TO THE AMERICAN MEDICAL ASSOCIATION ATTRIBUTABLE TO LOBBYING EXPENSES $4,240 A PORTION OF THE DUES PAID TO THE AMERICAN COLLEGE OF CARDIOLOGY ATTRIBUTABLE TO LOBBYING EXPENSES $151 A PORTION OF DUES PAID TO THE KENTUCKY MEDICAL ASSOCIATION ATTRIBUTABLE TO LOBBYING $152 A PORTION OF DUES PAID TO THE SAFETY NET HOSPITALS FOR PHARMACEUTICALS ACCESS ATTRIBUTABLE TO LOBBYING $21,368 A PORTION OF DUES PAID TO THE COLLEGE OF AMERICAN PATHOLOGISTS ATTRIBUTABLE TO LOBBYING $356 A PORTION OF DUES PAID TO THE AMERICAN COLLEGE OF SURGEONS ATTRIBUTABLE TO LOBBYING

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		28,415,203		28,415,203
b Buildings		376,438,772	213,511,307	162,927,465
c Leasehold improvements				
d Equipment		289,640,387	238,483,412	51,156,975
e Other		15,246,559	6,055,085	9,191,474
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				251,691,117

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
(3) 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' on 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' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SELF INSURANCE FUNDS	181,492
(2) TRUSTEED FUNDS	703,991
(3) DUE FROM RELATED PARTIES	143,431,096
(4) OTHER RECEIVABLES	1,971,535
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	146,288,114

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on 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	
MALPRACTICE COSTS	16,655,733
ACCRUED PENSION	23,905,000
LONG-TERM RETENTION PLAN	1,182,316
INTEREST RATE SWAP AGREEMENTS	19,120,461
ESTIMATED THIRD PARTY PAYOR SETTLEMENTS	667,074
LEASES PAYABLE	1,393,233
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	62,923,817

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' on Form 990, Part IV, line 12a.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE MEDICAL CENTER, KHF, KBNH, CDC, KHI, KDMT, KDMS, KDHF AND PHC HAVE BEEN RECOGNIZED BY THE IRS AS SECTION 501(C)(3) CHARITABLE ORGANIZATIONS SECTION 501(C)(3) ORGANIZATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME THESE ORGANIZATIONS DO NOT ENGAGE IN SIGNIFICANT UNRELATED ACTIVITIES AND THEREFORE NO TAX IS RECORDED

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 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	3b	Yes	
	☐ 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,191,848		1,191,848	0 320 %
b Medicaid (from Worksheet 3, column a)			90,277,120	62,721,293	27,555,827	7 280 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			91,468,968	62,721,293	28,747,675	7 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,638,517		1,638,517	0 430 %
f Health professions education (from Worksheet 5)			1,000		1,000	0 %
g Subsidized health services (from Worksheet 6)			507,097		507,097	0 130 %
h Research (from Worksheet 7)			73,230		73,230	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			252,204		252,204	0 070 %
j **Total.** Other Benefits			2,472,048		2,472,048	0 650 %
k **Total.** Add lines 7d and 7j			93,941,016	62,721,293	31,219,723	8 250 %

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						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			831,507		831,507	0 220 %
9	Other						
10	**Total**			831,507		831,507	0 220 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	7,835,299		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	112,863,921
6	Enter Medicare allowable costs of care relating to payments on line 5	6	125,425,796
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-12,561,875
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)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ASHLAND HOSPITAL CORPORATION

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	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 20 15			
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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		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) WWW KINGSDAUGHTERSHEALTH COM/ABOUT-US/COMMUNITY			
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 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW KINGSDAUGHTERSHEALTH COM/ABOUT-US/COMMUNITY			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

ASHLAND HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ 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?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) KINGSDAUGHTERSHEALTH COM/PATIENTS-VISITORS/PATIENTS/			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

ASHLAND HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ 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	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in 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**	Yes	
	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

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? **26**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 7	KDMC USED WORKSHEET 2 PROVIDED IN THE SCHEDULE H INSTRUCTIONS (FORM 990) TO CALCULATE A COST TO CHARGE RATIO THIS RATIO WAS USED TO CALCULATE CHARITY CARE AT COST TO CALCULATE UNPAID COSTS OF MEDICAID, THE HOSPITAL'S COST ACCOUNTING SYSTEM WAS USED, ALONG WITH DATA FROM THE KY MEDICAID COST REPORT ALL OTHER ITEMS WERE REPORTED AS NET EXPENSE

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $22,372,823

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE EXPENSES REPORTED IN PART II FOR COMMUNITY BUILDING ACTIVITIES ARE THE EXPENSES ASSOCIATED WITH RECRUITING PHYSICIANS TO MEDICALLY UNDER-SERVED AREAS (MURS) THESE EXPENSES ARE NECESSARY TO ENSURE OUR COMMUNITY IS STAFFED WITH THE PHYSICIANS TO MEET THE NEEDS OF THE PEOPLE LIVING HERE

Form and Line Reference	Explanation
PART III, LINE 2	KDMC USED WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS (FORM 990) TO CALCULATE A COST TO CHARGE RATIO THIS RATIO WAS USED TO CALCULATE BAD DEBT EXPENSE AT COST

Form and Line Reference	Explanation
PART III, LINE 3	BAD DEBT EXPENSE IS RECORDED AFTER ANY DISCOUNTS AND PAYMENTS ARE MADE ON PATIENT ACCOUNTS HOWEVER, THE BUSINESS OFFICE DOES NOT KEEP TRACK OF "NO-RESPONSE" APPLICATIONS AND DOES NOT FEEL THAT THE PORTION CONSIDERED TO BE A COMMUNITY BENEFIT IS MATERIAL

Form and Line Reference	Explanation
PART III, LINE 4	PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE MEDICAL CENTER ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE MEDICAL CENTER ANALYZES CONTRACTUAL AMOUNTS DUE AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND INSURED PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES), THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
PART III, LINE 8	THE HOSPITAL CONTINUES TO PROVIDE CARE TO ALL PRESENTING AND ADMITTED PATIENTS, REGARDLESS OF ABILITY TO PAY NOTWITHSTANDING THE COSTS TO PROVIDE CARE, RECEIVING "LESS" THAN WHAT IT COSTS TO PROVIDE ADEQUATE CARE TO MEDICARE COVERED LIVES DOES THE HOSPITAL A DISSERVICE THIS SHORTFALL SHOULD COUNT AS A COMMUNITY BENEFIT THE HOSPITAL USES THE ALLOWABLE COSTS PER THE MEDICARE COST REPORT THE MOST RECENT COST REPORT DATA AND PROVIDER STATISTICAL AND REIMBURSEMENT REPORT WAS USED TO COMPUTE THE INFORMATION

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL HAS A WRITTEN POLICY FOR BAD DEBT UNINSURED PATIENTS ARE SCREENED FOR ELIGIBILITY FOR MEDICARE, MEDICAID AND OTHER SUCH PROGRAMS BY A CONTRACTED VENDOR ALL PATIENTS, INSURED AND UNINSURED, WITH VALID MAILING ADDRESSES RECEIVE POST-DISCHARGE BILLING STATEMENTS OVER THE COURSE OF A 120 DAY PERIOD IF THERE ARE NO ACTIVE DISPUTES OR OTHER PAYMENT SOURCES AVAILABLE, AND THE BALANCE IS UNPAID AT THE END OF THE STATEMENT PERIOD, THE ACCOUNT WILL BE PLACED WITH A COLLECTION AGENCY TO REPORT AS A BAD DEBT EACH STATEMENT INCLUDES INFORMATION REGARDING THE AVAILABILITY OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM ALONG WITH A NUMBER WHERE REPRESENTATIVES CAN BE REACHED FOR ASSISTANCE

Form and Line Reference	Explanation
PART VI, LINE 2	WE USE A VARIETY OF RESOURCES TO HELP MAKE DECISIONS ON HOW TO BEST TARGET OUR ACTIVITIES, INCLUDING INFORMATION FROM OUR COMMUNITY HEALTH NEEDS ASSESSMENT, STATE AND COUNTY MORTALITY DATA AND HOSPITAL DATA WE ARE ACTIVELY INVOLVED IN THE COMMUNITY PARTICIPATING ON A HEALTH COALITION, NON-PROFITS BOARDS, ATTENDING COMMUNITY PROGRAMS/MEETINGS AND OTHER ACTIVITIES TO HELP KEEP US INFORMED OF NEEDS, CONCERNS AND ISSUES ONCE WE KNOW WHAT ISSUES WE WANT TO TARGET, OUR COMMUNITY HEALTH INITIATIVES ARE BUILT INTO THE MEDICAL CENTER'S STRATEGIC PLAN WE ALSO WORKED WITH THE UK COLLEGE OF PUBLIC IN DETERMINING NEEDS AND ADDRESSING PRIORITIES

Form and Line Reference	Explanation
PART VI, LINE 3	THE MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY PROVIDES DIRECTION FOR FREE OR DISCOUNTED SERVICES TO RESIDENTS OF THE COMMUNITY WHO HAVE INADEQUATE FINANCIAL RESOURCES TO PAY FOR NECESSARY HEALTHCARE SERVICES PROVIDED BY KDMC THE POLICY STATES THAT THE MEDICAL CENTER WILL NOT DENY CARE TO ANY PATIENT REQUIRING CARE DUE TO THEIR INABILITY TO PAY THE FINANCIAL ASSISTANCE POLICY PROVIDES GUIDANCE TO ACCESSING ASSISTANCE BASED ON SLIDING SCALE METHODOLOGY AND THE FEDERAL POVERTY GUIDELINES ESTABLISHED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PATIENTS REQUIRING CARE WITH INCOME BELOW 300% OF THE FEDERAL POVERTY LEVEL QUALIFY FOR FREE OR REDUCED COST SERVICES THE FINANCIAL ASSISTANCE PROGRAM IS ON THE KDMC WEBSITE AND THE PHONE NUMBER TO ACCESS INFORMATION IS PROVIDED TO PATIENTS THROUGH THE PATIENT INFORMATION GUIDE AT ADMITTANCE TO THE HOSPITAL KDMC WORKS TO IDENTIFY PATIENTS THAT MAY HAVE LIMITED RESOURCES AND OFFERS FINANCIAL ASSISTANCE WHEN APPROPRIATE THERE ARE SIGNS POSTED IN VARIOUS REGISTRATION AREAS INFORMING PATIENTS OF THE PHONE NUMBER TO CALL IF THEY NEED FINANCIAL ASSISTANCE ON EACH PATIENT STATEMENT THE INFORMATION IS ALSO PRINTED WITH THE PHONE NUMBER WE ALSO HAVE FINANCIAL RESOURCE STAFF IN THE OUTPATIENT IMAGING CENTER, HEART & VASCULAR CENTER, ADMITTING AND PRE-ADMISSION TESTING AREAS ALL SELF-PAY PATIENTS RECEIVE CORRESPONDENCE AND PHONE CALLS AND INPATIENTS RECEIVE VISITS FROM OUR MEDICAID ELIGIBILITY VENDOR IN REFERENCE TO GOVERNMENT PROGRAMS

Form and Line Reference	Explanation
PART VI, LINE 4	KING'S DAUGHTERS MEDICAL CENTER IS LOCATED IN EASTERN KENTUCKY, WHERE THE KENTUCKY, OHIO AND WEST VIRGINIA STATE LINES MEET KDMC'S PRIMARY SERVICE AREA ENCOMPASSES SIX COUNTIES IN TWO STATES BOYD, CARTER, GREENUP AND LAWRENCE IN KENTUCKY AND LAWRENCE AND SCIOTO IN OHIO MORE THAN 265,000 PEOPLE LIVE IN THE SIX-COUNTY PRIMARY SERVICE AREA WITH THE EXCEPTION OF ONE CITY WITH A POPULATION AROUND 20,000, THE AREA IS VERY RURAL, COVERING NEARLY 2,000 SQUARE MILES WITH A POPULATION DENSITY OF 126 PEOPLE PER SQUARE MILE NEARLY 21% OF THE POPULATION LIVES IN POVERTY THE POPULATION IS 96 33% WHITE, 1 68% BLACK AND ALL OTHER RACES 1 99% THE AVERAGE PER CAPITA INCOME IS $21,492 66, WELL BELOW THE LEVELS FOR KENTUCKY ($24,063) AND OHIO ($26,953) IN KDMC'S PRIMARY MARKET AREA, 7 26% OF PERSONS UNDER 65 YEARS LACK ANY FORM OF HEALTHCARE COVERAGE

Form and Line Reference	Explanation
PART VI, LINE 5	TO REACH OUR COMMUNITIES AND TO PROVIDE THE BEST OUTREACH SERVICES POSSIBLE, WE PARTNER WITH A DIVERSE GROUP OF BOTH PUBLIC AND PRIVATE ENTITIES WE HAVE ESTABLISHED PARTNERSHIPS WITH AREA RETAILERS, HEALTH DEPARTMENTS, FACTORIES, CITY OF ASHLAND, LOCAL EMS SERVICES, AMERICAN RED CROSS, SUSAN G KOMEN, CARES, COMMUNITY KITCHEN, SAFE HARBOR, 16 SCHOOL DISTRICTS AND NEARBY COLLEGES AND UNIVERSITIES, SHELTER OF HOPE, ASHLAND AREA YMCA, AREA SENIOR CITIZENS CENTERS AND MORE THAN 150 CHURCHES WE SEND OUR OUTREACH TEAMS OUT INTO THE COMMUNITY TO MEET PEOPLE ON THEIR TIME AND IN THE PLACES THAT ARE COMFORTABLE FOR THEM - SCHOOLS, MALLS, CHURCHES, LIBRARIES, WORKSITES, GROCERY STORES AND MORE SERVICES PROVIDED INCLUDE MORE THAN 50 SCREENING AND EDUCATIONAL EVENTS EACH MONTH, MOBILE HEALTH SERVICES, COORDINATION OF A REGIONAL CPR TRAINING CENTER AND A MEALS ON WHEELS PROGRAM

Form and Line Reference	Explanation
PART VI, LINE 6	KING'S DAUGHTERS MEDICAL CENTER IS PART OF AN AFFILIATED HEALTH CARE DELIVERY SYSTEM THE SYSTEM OPERATES ANOTHER HOSPITAL, KING'S DAUGHTERS MEDICAL CENTER OHIO ("KDOH") IN PORTSMOUTH, OH KDOH HAS BEEN SPECIFICALLY DESIGNED TO MEET THE HEALTHCARE NEEDS OF PORTSMOUTH AND ITS SURROUNDING AREAS KDOH OFFERS SERVICES RANGING FROM SURGERY, CARDIAC CARE AND URGENT CARE KDOH PROVIDES CHARITY CARE AND PARTICIPATES IN GOVERNMENT PROGRAMS THE SYSTEM PROVIDES PHYSICIAN SERVICES THROUGH KING'S DAUGHTERS MEDICAL SPECIALTIES, INC ("KDMS") KDMS PROVIDES CHARITY CARE AND PARTICIPATES IN GOVERNMENT PROGRAMS KING'S DAUGHTERS ALSO INCLUDES TWO OTHER AFFILIATES - KING'S DAUGHTERS MEDICAL TRANSPORT, WHICH SEEKS TO CONTINUOUSLY IMPROVE THE PRE- AND POST-HOSPITAL HEALTHCARE PROVIDED IN ALL OF ITS SERVICE AREAS WHILE ENSURING THAT EMERGENCY AND NON-EMERGENCY AMBULANCE SERVICE WILL BE AVAILABLE TO ALL THOSE IN NEED, AND KINGSBROOK NURSING HOME, WHICH PROVIDES QUALITY CARE TO PATIENTS, MEETING THE NEEDS AND DESIRES OF RESIDENTS AT VARIOUS LEVELS OF CARE, INCLUDING SHORT-TERM AND LONG-TERM CARE PART VI LINE 7 THE COMMUNITY BENEFIT REPORT IS NOT REPORTED WITH ANY STATE BUT IT IS AVAILABLE TO THE PUBLIC

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ASHLAND HOSPITAL CORPORATION 2201 LEXINGTON AVENUE ASHLAND,KY 41101 WWW KDMC COM 100958	X	X					X			

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)
1	1 - CENTER FOR ADVANCED IMAGING 2225 CENTRAL AVENUE ASHLAND,KY 41101	OUTPATIENT IMAGING CENTER
1	2 - ASHLAND URGENT CARE 2245 WINCHESTER AVENUE ASHLAND,KY 41101	URGENT CARE
2	3 - GRAYSON URGENT CARE I-64 INTERCHANGE GRAYSON,KY 41143	URGENT CARE
3	4 - IRONTON URGENT CARE 912 PARK AVENUE IRONTON,OH 45638	URGENT CARE
4	5 - PORTSMOUTH URGENT CARE 2001 SCIOTO TRAIL PORTSMOUTH,OH 45662	URGENT CARE
5	6 - OUTPATIENT SERVICES CENTER 480 23RD STREET ASHLAND,KY 41101	PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY
6	7 - CATLETTSBURG FAMILY CARE CENTER 4004 LOUIS RD CATLETTSBURG,KY 41129	FAMILY CARE CENTER
7	8 - CEDAR KNOLL FAMILY CARE CENTERPEDIATRIC 10650 US ROUTE 60 ASHLAND,KY 41102	FAMILY CARE CENTER/PEDIATRICS
8	9 - FLATWOODS FAMILY CARE 1107 BELLEFONTE RD FLATWOODS,KY 41139	FAMILY CARE CENTER
9	10 - GRAYSON MEDICAL SPECIALTIES 609 N CAROL MALONE BLVD GRAYSON,KY 41143	FAMILY CARE CENTER
10	11 - FLATWOODS MEDICAL SPECIALTIES 1109 BELLEFONTE RD FLATWOODS,KY 41139	FAMILY CARE CENTER
11	12 - OLIVE HILL FAMILY CARE CENTER 391 WEST TOM T HALL BOULEVARD OLIVE HILL,KY 41164	FAMILY CARE CENTER
12	13 - BURLINGTON FAMILY CARE CENTER 384 COUNTRY ROAD 120 SOUTH SOUTH POINT,OH 45680	FAMILY CARE CENTER
13	14 - IRONTON FAMILY CARE CENTER 912 PARK AVENUE IRONTON,OH 45638	FAMILY CARE CENTER
14	15 - JACKSON MEDICAL SPECIALTIES 14395 STATE ROUTE 93 JACKSON,OH 45640	FAMILY CARE CENTER

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)
16	16 - PORTSMOUTH MEDICAL SPECIALTIES 2001 SCIOTO TRAIL PORTSMOUTH,OH 45662	FAMILY CARE CENTER
1	17 - PRESTONSBURG FAMILY CARE 1279 OLD ABBOT MOUNTAIN RD PRESTONBURG,KY 41653	FAMILY CARE CENTER
2	18 - WHEELERSBURG FAMILY CARE 8750 OHIO RIVER ROAD WHEELERSBURG,OH 45694	FAMILY CARE CENTER
3	19 - SANDY HOOK FAMILY CARE CENTER STATE ROUTES 7 AND 32 SANDY HOOK,KY 41171	FAMILY CARE CENTER
4	20 - KDMC INPATIENT REHABILITATION 2201 LEXINGTON AVENUE ASHLAND,KY 41101	INPATIENT REHABILITATION
5	21 - KDMC OCCUPATIONAL MEDICINE 2025 CARTER AVE ASHLAND,KY 41101	OCCUPATIONAL MEDICINE
6	22 - KDMC HOME HEALTH 399 DIEDERICH BLVD RUSSELL,KY 41169	HOME HEALTH SERVICES
7	23 - KDMC HOME MEDICAL EQUIPMENT 1700 WINCHESTER AVE ASHLAND,KY 41101	DURABLE MEDICAL EQUIPMENT
8	24 - RUSSELL WALK-IN CAREHALL FAMILY CARE 399 DIEDERICH BLVD RUSSELL,KY 41169	WALK-IN CLINIC AND FAMILY CARE CENTER
9	25 - BURLINGTON URGENT CARE 384 COUNTRY ROAD 120 SOUTH SOUTH POINT,OH 45680	URGENT CARE
10	26 - KDMC SKILLED NURSING FACILITY 2201 LEXINGTON AVENUE ASHLAND,KY 41101	SKILLED NURSING

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

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" on 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Return Reference	Explanation
PART I, LINE 2	KING'S DAUGHTERS MEDICAL CENTER MAKES GRANTS/CONTRIBUTIONS TO ORGANIZATIONS BASED ON THE NEED OF THE ORGANIZATION AND THE TYPE OF EVENT IT SUPPORTS MOST CONTRIBUTIONS ARE TO NON-PROFIT ORGANIZATIONS THAT FULFILL A NEED IN THE COMMUNITY, PROMOTE HEALTHY LIVING AND/OR ARE ECONOMIC-DEVELOPMENT BASED ALL REQUESTS MUST BE MADE IN WRITING TO KDMC OUTLINING WHAT IS NEEDED AND HOW IT WILL BE USED CONTRIBUTIONS ARE TRACKED AND DOCUMENTED

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501(C)(3)	10,000	1,200	INVOICES	FOOD	DONATION TO SUPPORT HEART CHASE FUNDRAISING EVENT
AMERICAN RED CROSS 510 E CHESTNUT STREET LOUISVILLE,KY 40202	53-0196605	501(C)(3)	1,000	5,387	INVOICES	FOOD	CONTRIBUTION TO HEROES HOEDOWN FUNDRAISER & FOOD FOR MONTHLY BLOOD DRIVES
ASHLAND ALLIANCE 1730 WINCHESTER AVENUE ASHLAND,KY 41101	61-1347516	501(C)(6)	5,035	0			ECONOMIC DEVELOPMENT INVESTMENT, SPONSORSHIP OF 2 FUNDRAISING EVENTS, & AWARDS SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ASHLAND COMMUNITY KITCHEN PO BOX 1743 ASHLAND,KY 411051743	61-1100724	501(C)(3)	33,126	209	INVOICES	MISC SUPPLIES	PROVIDE FOOD TO SENIOR CITIZENS IN OUR COMMUNITY THROUGH MEALS ON WHEELS & SUPPORT ANNUAL HUNGER AWARENESS EVENT
FEDERATED CHARITIES 2516 CARTER AVENUE ASHLAND,KY 41101	61-0458366	501(C)(3)	500	33,676	INVOICES	SCRUBS	PROGRAM SUPPORT AND PROVIDE CLOTHING TO THOSE IN NEED
HIGHLANDS MUSEUM AND DISCOVERY CENTER 1620 WINCHESTER AVENUE ASHLAND,KY 41101	31-1061542	501(C)(3)	5,650				SPONSORHIP OF 2 FUNDRAISING EVENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RIVER CITIES HARVEST PO BOX 2136 ASHLAND,KY 411052136	61-1208113	501(C)(3)	0	19,764	INVOICES	FOOD	FOODBANK SUPPORT
THE RUSSELL INDEPENDENT SCHOOLS ENDOWMENT FOUNDATION INC PO BOX 101 RUSSELL,KY 41169	41-2206238	501(C)(3)	10,000	0			CONTRIBUTION TO STEAM LAB FOR STUDENTS
SAFE HARBOR OF NORTHEAST KENTUCKY PO BOX 2163 ASHLAND,KY 411052163	61-1155742	501(C)(3)	6,200	0			SPONSORSHIP OF ANNUAL LOBSTER FEST FUNDRAISER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SUMMER MOTION PO BOX 1643 ASHLAND,KY 41105	31-1695435	501(C)(4)	5,040	0			SUPPORT OF ANNUAL COMMUNITY FESTIVAL
THE ASHLAND PUTNAM STADIUM RESTORATION FOUNDATION PO BOX 3000 ASHLAND,KY 411053000	26-1674277	501(C)(3)	10,000				REPAIR OF LOCAL HIGH SCHOOL FOOTBALL STADIUM
UNITED WAY OF NORTHEAST KENTUCKY 2000 CARTER AVENUE SUITE D ASHLAND,KY 41101	61-6000060	501(C)(3)	4,860	12,532	INVOICES	MARKETING MATERIALS	CONTRIBUTION TO ANNUAL FUNDRAISING CAMPAIGN & SPONSORSHIP OF 2 FUNDRAISING EVENTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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 on 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 1A	GROSS UP PAYMENTS AUTUMN MCFANN $15,897 (100% TAXABLE), SARA MARKS $15,302 (100% TAXABLE)
PART I, LINE 1B	THE GROSS UPS ARE APPROVED BY THE CEO FOR THE VICE PRESIDENTS
PART I, LINES 4A-B	FRED JACKSON RECEIVED A SEVERANCE PAYMENT OF $854,833 AND LARRY HIGGINS RECEIVED A SEVERANCE OF $531,827 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS SHERYL MAHANEY - $75,383 KRISTIE WHITLATCH - $89,713 THERE WERE NO SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN CONTRIBUTIONS/DEFERRALS IN 2015 THE CEO AND VICE PRESIDENTS ARE ELIGIBLE TO RECEIVE DISCRETIONARY INCENTIVES BASED ON CERTAIN METRICS (QUALITY MEASURES, INDIVIDUAL GOALS, ETC) THESE AWARDS ARE DETERMINED BY THE BOARD AND VESTED OVER 5-10 YEAR PERIOD IF THE INDIVIDUAL REMAINS WITH THE ORGANIZATION THE CEO AND CERTAIN VICE PRESIDENTS, WHOSE BENEFIT IN THE QUALIFIED TAX SHELTERED ANNUITY PLAN IS LIMITED DUE TO THE IRS COMPENSATION AND BENEFIT LIMITS, RECEIVE A BENEFIT RESTORATION CONTRIBUTION UNDER THE DEFERRED ANNUITY PLAN THAT IS PAID AS A TAXABLE DISTRIBUTION TO THE PARTICIPANT ANNUALLY

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1FORD RICHARD MD DIRECTOR	(I)	261,407	0	0	0	13,113	274,520	0
	(II)	0	0	0	0	0	0	0
1WHITLATCH KRISTIE PRESIDENT/CEO	(I)	452,763	0	170,379	0	13,721	636,863	89,713
	(II)	0	0	0	0	0	0	0
2MCFANN AUTUMN TREASURER, VP/CFO	(I)	212,480	0	45,202	0	13,660	271,342	0
	(II)	0	0	0	0	0	0	0
3MAHANEY SHERYL SECRETARY, VP/CHIEF LEGAL	(I)	281,136	0	123,071	0	14,223	418,430	75,383
	(II)	0	0	0	0	0	0	0
4EBAUGH MATTHEW CHIEF STRATEGY OFFICER/CIO	(I)	277,067	0	45,676	0	24,371	347,114	0
	(II)	0	0	0	0	0	0	0
5MARKS SARA VP/EXECUTIVE DIRECTOR KDIP	(I)	181,175	0	44,808	0	24,121	250,104	0
	(II)	0	0	0	0	0	0	0
6BALL PATRICK DO PHYSICIAN	(I)	386,905	0	396	0	14,580	401,881	0
	(II)	0	0	0	0	0	0	0
7CONDEE EVAN DO PHYSICIAN	(I)	315,387	0	10,054	0	7,930	333,371	0
	(II)	0	0	0	0	0	0	0
8CONLEY CHARLES DO PHYSICIAN	(I)	298,519	0	60	0	22,871	321,450	0
	(II)	0	0	0	0	0	0	0
9ESHAM GEORGE MD PHYSICIAN	(I)	374,441	0	762	0	14,581	389,784	0
	(II)	0	0	0	0	0	0	0
10FANNIN FRANKLIN MD PHYSICIAN	(I)	322,167	0	10,060	0	22,849	355,076	0
	(II)	13,336	0	0	0	0	13,336	0
11JACKSON FRED FORMER PRESIDENT/CEO	(I)	0	0	855,151	0	0	855,151	0
	(II)	0	0	0	0	0	0	0
12HIGGINS LARRY FORMER VP/CAO	(I)	135,666	0	531,966	0	0	667,632	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ASHLAND HOSPITAL CORPORATION

Employer identification number

61-0444716

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	KENTUCKY ECONOMIC DEVELOPMENT AUTHORITY (KEDFA)	61-0600439	491269CG9	09-24-2008	146,580,000	REFUND PRIOR BOND ISSUES		X		X		X
B	KENTUCKY ECONOMIC DEVELOPMENT AUTHORITY (KEDFA)	61-0600439	491269CY0	04-01-2010	75,000,000	HEALTHCARE FACILITIES, BUILDING AND EQUIPMENT		X		X		X
C	CITY OF ASHLAND KENTUCKY	61-6001775	044293AA6	04-01-2010	32,615,000	REFUND SERIES 1998 BONDS		X		X		X
D	CITY OF ASHLAND KENTUCKY	61-6001775	044293AN8	09-23-2016	73,445,000	REFUND OF PRIOR BOND ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	119,125,000	16,705,000	9,420,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	145,708,338	73,889,274	33,986,558	81,750,846
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,423,351	1,170,837	507,546	1,200,341
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	12,574,982	72,718,420		
11	Other spent proceeds	131,710,005		33,479,012	80,550,505
12	Other unspent proceeds		17		
13	Year of substantial completion	2010	2015	2010	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
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		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME KENTUCKY ECONOMIC DEVELOPMENT AUTHORITY (KEDFA) DATE THE REBATE COMPUTATION WAS PERFORMED 11/06/2013 ISSUER NAME KENTUCKY ECONOMIC DEVELOPMENT AUTHORITY (KEDFA) DATE THE REBATE COMPUTATION WAS PERFORMED 03/24/2015 ISSUER NAME CITY OF ASHLAND, KENTUCKY DATE THE REBATE COMPUTATION WAS PERFORMED 03/24/2015

Return Reference	Explanation
PART II, LINE 3, ISSUE A	SERIES 2008C BOND DISCOUNT $871,662 ALSO, THE BOND ISSUES LISTED ON SCHEDULE K, PART I, LINE A CONSISTED OF THREE SERIES SERIES 2008A, CUSIP 49126CG9, ISSUE PRICE 50,000,000 VARIABLE RATE ISSUE, SERIES 2008B, CUSIP 401269CH7, ISSUE PRICE 50,000,000, VARIABLE RATE ISSUE, SERIES 2008C, CUSIP 491269CJ3, ISSUE PRICE $46,580,000, FIXED RATE ISSUE

Return Reference	Explanation
PART II, LINE 3, ISSUE B	SERIES 2010A DIFFERENCE FROM PART I DUE TO BOND DISCOUNT $1,318,161 05, OFFSET BY $207,435 INTEREST EARNED THROUGH SEPTEMBER 30, 2016

Return Reference	Explanation
PART II, LINE 3, ISSUE C	SERIES 2010B - DIFFERENCE FROM PART I DUE TO BOND PREMIUM $1,371,558 05

Return Reference	Explanation
PART II, LINE 3, ISSUE D	SERIES 2016A - DIFFERENCE FROM PART I DUE TO BOND PREMIUM OF $8,305,846

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ASHLAND HOSPITAL CORPORATION

Employer identification number

61-0444716

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 ASHLAND KENTUCKY	61-6001775		09-23-2016	50,000,000	REFUND OF PRIOR BOND ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	50,000,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	254,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	49,746,000			
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		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						
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						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

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) ANNE SLOAN	SISTER-IN-LAW OF JOHN STEWART	50,446	EMPLOYEE PAYROLL COMPENSATION		No
(1) ASHLAND OFFICE SUPPLY	TOM BURNETTE IS OWNER	1,056,430	PURCHASE OF OFFICE SUPPLIES & EQUIPMENT		No
(2) CINDY GILLUM	SISTER OF KRISTIE WHITLATCH	21,264	EMPLOYEE PAYROLL COMPENSATION		No

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
(4) FRESENIUS MEDICAL CARE	DON HAMMONDS IS INDEPENDENT CONTRACTOR/CONSULTANT FOR FRESENIUS	1,066,868	INPATIENT DIALYSIS TREATMENT		No
(1) VAN ART PROPERTIES	SON OF JOHN STEWART IS OWNER	312,737	OFFICE SPACE RENT		No
VANANTWERP MONGE JONES (2) EDWARDS & MCCANN	KIM MCCANN IS A PARTNER IN THE LAW FIRM	441,505	PAYMENTS FOR LEGAL SERVICES		No

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
ASHLAND HOSPITAL CORPORATION	61-0444716

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	COMMUNITY HEALTH NEEDS ASSESSMENT DURING FISCAL YEAR 2013, KDMC CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT THE ASSESSMENT WAS CONDUCTED FOR KDMC'S PRIMARY MARKET AREA AT THE TIME (BOYD, CARTER, GREENUP, & LAWRENCE COUNTIES, KENTUCKY AND LAWRENCE AND SCIOTO, COUNTIES, OHIO) AND SECONDARY MARKET COUNTIES FLOYD AND JOHNSON WHERE KDMC HAS A SIGNIFICANT PRESENCE. THE 2013 ASSESSMENT SHOWED -LEADING CAUSES OF DEATH (AGE ADJUSTED) ARE PRIMARILY FROM CHRONIC DISEASES INCLUDING HEART DISEASE, CANCER, COPD AND DIABETES IN ADDITION, UNINTENTIONAL INJURY IS A LEADING CAUSE. THESE RATES ARE HIGHER IN THE PRIMARY AND SECONDARY MARKET COUNTIES, THAN THE NATION -RESIDENTS LIVE UNHEALTHY LIFESTYLES WITH 30 % OF ADULTS SMOKING, 37% OBESE AND 37% PHYSICALLY INACTIVE. THESE RATES ARE ALL WELL ABOVE THE NATIONAL AVERAGE. -THE SERVICE AREA HAS A HIGH NUMBER OF VULNERABLE POPULATIONS, WITH SIX OF SEVEN COUNTIES SHOWING A HIGH LOW BIRTH WEIGHT RATE OF 10 5% (8 6% NATIONALLY), 17 % OF THE POPULATION UNINSURED AND 32% OF CHILDREN LIVING IN POVERTY -ENVIRONMENTAL FACTORS OFTEN CONTRIBUTE TO THE HEALTH OF THE COMMUNITY IN THE AREA THERE ARE BARRIERS TO LIVING HEALTHY, INCLUDING LOW ACCESS TO RECREATIONAL FACILITIES, LIMITED ACCESS TO HEALTHY FOODS AND A HIGHER THAN AVERAGE NUMBER OF FAST FOOD RESTAURANTS COMMUNITY INPUT WAS SOUGHT THROUGH FOCUS GROUPS AND SURVEYS, WITH THE FOLLOWING FINDINGS -FOCUS GROUP PARTICIPANTS CITED, AS BARRIERS TO GOOD HEALTH, IN SCIOTO COUNTY THE FOLLOWING --UNHEALTHY LIFESTYLES (POOR NUTRITION AND PHYSICAL INACTIVITY) --OBESITY --DRUGS AND CRIME RELATED TO DRUGS --TRANSPORTATION -RESPONDENTS TO THE HEALTH SURVEY CITED THE FOLLOWING TOP ISSUES IN THE COUNTY --SUBSTANCE ABUSE --OBESITY --CHRONIC DISEASES - CANCER, HEART DISEASE AND DIABETES A STRATEGIC PLAN WAS DEVELOPED AND APPROVED BY THE BOARD OF DIRECTORS, AND IMPLEMENTATION WAS SLATED FOR 2014-2016 THE FOLLOWING COMMUNITY ACTIVITIES WERE PLANNED AND EXECUTED WHILE KEEPING IN MIND THE ASSESSMENT'S TOP PRIORITIES KING'S DAUGHTERS DID RECENTLY COMPLETE THEIR COMMUNITY HEALTH NEEDS ASSESSMENT FOR FISCAL YEAR 2016 AND THE BOARD OF DIRECTORS APPROVED THE NEW IMPLEMENTATION PLAN FOR FISCAL YEARS 2017-2019 THE NEW IMPLEMENTATION PLAN WILL BE REPORTED ON NEXT FISCAL YEAR. COMMUNITY BUILDING ACTIVITIES COLLABORATION WITH COMMUNITY DURING 2016, KING'S DAUGHTERS, IN COLLABORATION WITH OUR LADY OF BELLEFONTE HOSPITAL (OLBH), CONTINUED TO CO-COORDINATE THE HEALTHY CHOICES, HEALTHY COMMUNITIES COALITION BEFORE 2015, BOTH HOSPITALS WERE OPERATING COALITIONS SEPARATELY OLBH AND KDMC KNEW THAT TO REALLY MAKE CHANGE AND IMPROVE COMMUNITY HEALTH BOTH HOSPITALS AND THEIR PARTNERS NEEDED TO MERGE, WORK TOGETHER AND UTILIZE EXISTING RESOURCES SINCE THEN, THE COALITION HAS BEEN MEETING REGULARLY TO TACKLE HEALTH ISSUES IN THE LOCAL COMMUNITY OTHER ACTIVITIES OF 2016 INCLUDE - HELD 4 COALITION MEETINGS IN FY 16, - KDMC, OLBH, THE LOCAL HEALTH DEPARTMENTS WORKED WITH THE COALITION TO C

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FORM 990, PART III, LINE 4A	OMPLETE THE FY 16 COMMUNITY HEALTH NEEDS ASSESSMENT FOR BOTH HOSPITALS, 4 FOCUS GROUPS WERE HELD IN BOYD, CARTER AND GREENUP COUNTIES IN KY AND LAWRENCE CO IN OHIO, SURVEYS ALSO CONDUCTED -ASSISTED THE ASHLAND-BOYD COUNTY HEALTH DEPARTMENT WITH THEIR ACCREDITATION, - PARTICIPATED IN THE ANNUAL FESTIVAL OF FITNESS IN DOWNTOWN ASHLAND, -FOUR WORKGROUPS OF THE COALITION (SUBSTANCE ABUSE, POVERTY, ACCESS TO CARE AND OBESITY) MET IN BETWEEN THE LARGER COALITION MEETINGS, AN EMPLOYEE OF KING'S DAUGHTERS HAS CHAIRED THE COALITION FOR MORE THAN FIVE YEARS AND IN 2015 BECAME CO-CHAIR WITH A REPRESENTATIVE FROM OLBH AS CO-CHAIR, THIS EMPLOYEE SPENDS A GREAT DEAL OF TIME COORDINATING AND OVERSEEING THE WORK OF THE ENTIRE GROUP THIS EMPLOYEE'S WORK INCLUDES ATTENDING ALL COALITION MEETINGS, MAINTAINING AND UPDATING THE COALITION LIST AND EMAIL LISTSERV, HELPING TO SET MEETING AGENDAS, TAKING AND DISTRIBUTING MINUTES, COMMUNICATING WITH PARTNERS, PLUS MORE. OTHER KDMC PARTNERSHIPS KDMC KNOWS THE POWER OF PARTNERSHIPS IN 2016, KDMC PARTNERED WITH THE FOLLOWING -CITY OF ASHLAND AND OTHER LOCAL GOVERNMENTS -LOCAL CHAMBER OF COMMERCE -LOCAL EMS SERVICES -NON-PROFITS- AMERICAN RED CROSS, AMERICAN HEART ASSOCIATION, THE NEIGHBORHOOD, ASHLAND AREA YMCA, HIGHLANDS MUSEUM, PARAMOUNT ARTS CENTER, AMERICAN CANCER SOCIETY, MARCH OF DIMES, UNITED WAY, SALVATION ARMY, PATHWAYS, SAFE HARBOR, PLUS MORE -CIVIC ORGANIZATIONS- ASHLAND LIONS CLUB, ROTARY & KIWANIS -16 SCHOOL DISTRICTS AND NEARBY COLLEGES AND UNIVERSITIES, -AREA SENIOR CENTERS -GIRL SCOUTS -ASHLAND TOWN CENTER MALL -MORE THAN 100 CHURCHES TO DELIVER HEALTH SERVICES AND EDUCATION TO RESIDENTS KDMC'S COMMUNITY HEALTH TEAM GOES OUT INTO THE COMMUNITY TO MEET PEOPLE ON THEIR TIME AND IN THE PLACES THAT ARE COMFORTABLE FOR THEM - SCHOOLS, MALLS, LIBRARIES, WORKSITES, GROCERY STORES AND MORE. KDMC SUPPORTS THE HEALTH OF THE COMMUNITY BY PROVIDING FREE AND REDUCED COST SERVICES, INCLUDING HEALTH SCREENINGS AND HEALTH EDUCATION THESE SERVICES HELP INDIVIDUALS IDENTIFY THEIR PERSONAL HEALTH RISKS AND LEARN HOW TO IMPROVE THEIR HEALTH THROUGH LIFESTYLE CHANGE OR WHEN NEEDED MEDICAL INTERVENTION DURING FISCAL YEAR 2016, KDMC PROVIDED THE FOLLOWING HEALTH SCREENINGS - CARPAL TUNNEL -89 ADULTS SERVED -DERMA SCAN- 100 ADULTS SERVED -GENERAL HEALTH (TOTAL CHOLESTEROL, BLOOD PRESSURE AND BLOOD SUGAR) - 3,495 ADULTS SERVED -GENERAL HEALTH-WELLNESS (TOTAL CHOLESTEROL, BLOOD PRESSURE, BLOOD SUGAR AND MAY INCLUDE OSTEOPOROSIS AND LUNG FUNCTION- 270 ADULTS SERVED -HEALTHY HEART - (TOTAL CHOLESTEROL, BLOOD PRESSURE, BLOOD SUGAR & EKG) - 3,445 ADULTS SERVED -HEARING - 110 ADULTS SERVED -JOINT PAIN- 8 ADULTS -LOW-DOSE CT- 53 ADULTS SERVED -LUNG FUNCTION SCREENING- 33 ADULTS -PROSTATE CANCER - 42 MEN SERVED -SPORTS PHYSICALS- 821 CHILDREN/YOUTH SERVED - SKIN CANCER - 75 ADULTS SERVED -MAMMOGRAPHY - 860 ADULTS -ORAL HEALTH- 7 ADULTS IDENTIFYING THOSE AT RISK FOR HEART AND VASCULAR DISEASE, EDUCATING THE PUBLIC ABOUT HEART ATTACK A

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FORM 990, PART III, LINE 4A	ND STROKE SIGNS AND SYMPTOMS, AND REDUCING TOBACCO USE THROUGHOUT THE REGION ARE AREAS OF FOCUS OUR REGION HAS A HIGH INCIDENCE OF UNDIAGNOSED OR UNTREATED HEART AND VASCULAR DISEASE. HEALTH EDUCATION -ASTHMA- 6 ADULTS, 3 CHILDREN/YOUTH SERVED -BICYCLE SAFETY- 5 ADULTS, 12 CHILDREN/YOUTH SERVED -BONE HEALTH- 100 ADULTS, 150 CHILDREN/YOUTH SERVED -BREAST CANCER - 1,705 ADULTS, 168 CHILDREN/YOUTH SERVED -CHF (HEART FAILURE)- 474 ADULTS -COLON CANCER - 397 ADULTS, 50 CHILDREN/YOUTH - DENTAL - 47 ADULTS, 220 CHILDREN/YOUTH SERVED -DIABETES - 1,620 ADULTS, 80 CHILDREN/YOUTH SERVED - EXERCISE - 113 ADULTS, 489 CHILDREN/YOUTH SERVED -FIRE SAFETY - 6 ADULTS, 302 CHILDREN/YOUTH SERVED -FIRST AID- 5 ADULTS, 23 CHILDREN/YOUTH SERVED -FLU EDUCATION- 394 ADULTS, 87 CHILDREN/YOUTH SERVED -HAND WASHING - 463 ADULTS , 417 CHILDREN/YOUTH SERVED -HEART - 1,612 ADULTS, 149 CHILDREN/YOUTH SERVED - IMMUNIZATION - 220 ADULTS -LUNG CANCER- 38 ADULTS -NUTRITION - 1,629 ADULTS, 2,140 CHILDREN/YOUTH SERVED - POISON PREVENTION- 11 ADULTS -PROSTATE CANCER - 289 ADULTS -SAFETY, OTHER- 406 ADULTS, 123 CHILDREN/YOUTH SERVED -SCHOOL BUS SAFETY - 102 ADULTS, 35 CHILDREN/YOUTH SERVED -SKIN CANCER - 410 ADULTS, 146 CHILDREN/YOUTH SERVED -STROKE - 1,024 ADULTS, 16 CHILDREN/YOUTH SERVED -STUFFEE (USED TO TEACH ABOUT DIGESTIVE, CIRCULATORY AND RESPIRATORY)- 127 CHILDREN -SUMMER SAFETY - 85 ADULTS, 16 CHILDREN/YOUTH SERVED -TOBACCO - 503 ADULTS, 1,560 CHILDREN/ YOUTH SERVED -ALL OTHERS- 1,458 ADULTS, 201 CHILDREN/YOUTH SERVED VARIETY OF HEALTH TOPICS MAY BE OFFERED ONLY ONCE OR TWICE A YEAR. THESE TOPICS ARE CONSIDERED MISCELLANEOUS IN NATURE AND ARE INCLUDED AS SUCH OTHER SERVICES FLU SHOTS DURING THE FISCAL YEAR, KDMC PROVIDED 1,065 FREE FLU SHOTS THROUGHOUT THE COMMUNITY FLU SHOTS ARE DELIVERED THROUGH A VARIETY OF SETTINGS AND IN MULTIPLE COUNTIES SERVED BY THE MEDICAL CENTER. CARDON OUTREACH IN 2016, KDMC CONTINUED A PARTNERSHIP WITH CARDON OUTREACH TO HELP ENSURE THAT PATIENTS WHO ARE ELIGIBLE FOR HEALTH COVERAGE UNDER MEDICAID OR THE AFFORDABLE CARE ACT GET PROPERLY ENROLLED ENROLLMENT FOR MEDICAID AND OTHER MEDICAL ASSISTANCE PROGRAMS IS AVAILABLE THROUGH KING'S DAUGHTERS AT NO COST MEALS-ON-WHEELS THE KDMC MEALS-ON-WHEELS PROGRAM IS A COLLABORATIVE EFFORT BETWEEN THE MEDICAL CENTER, ASHLAND COMMUNITY KITCHEN AND CARES KDMC PROVIDES COORDINATION FOR THE PROGRAM WHICH SERVES RESIDENTS WITHIN THE CITY OF ASHLAND IN ADDITION TO A COORDINATOR, KDMC SUPPORTS THE PROGRAM BY SUPPLEMENTING THE AMOUNT PAID BY THE CLIENTS IN ORDER TO PROVIDE HEALTHY NUTRITIOUS MEALS KDMC TEAM MEMBERS, LOCAL CHURCHES AND COMMUNITY RESIDENTS VOLUNTEER TO DELIVER THE MEALS TO 50 RECIPIENTS EACH DAY, MANY OF WHOM ARE ELDERLY AND CONFINED TO THEIR HOMES DELIVERIES INCLUDE A HOT MEAL, COLD MEAL, BREAKFAST, SNACK AND TWO MILKS

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FORM 990, PART III, LINE 4A	KDMC'S MEALS-ON-WHEELS PROGRAM IS MUCH MORE THAN A FOOD DELIVERY SERVICE VISITING WITH RE CIPIENTS DURING MEAL DELIVERY IS AN OPPORTUNITY TO CARE FOR THEM IN OTHER WAYS VOLUNTEERS OFTEN SHOVEL SNOW, TAKE OUT TRASH OR GET THE MAIL FOR THE RECIPIENT IN 2016, THERE WERE A TOTAL OF 2,281 VOLUNTEERED HOURS BY BOTH KDMC TEAM MEMBERS AND COMMUNITY MEMBERS AND 6,1 24 MEALS WERE SERVED TO APPROXIMATELY 647 PEOPLE. CPR TRAINING CENTER. KING'S DAUGHTERS SE RVES AS THE REGIONAL TRAINING CENTER FOR THE AMERICAN HEART ASSOCIATION KING'S DAUGHTERS REGIONAL CPR TRAINING CENTER PROVIDED MORE THAN 5,000 CERTIFICATION CARDS FOR BLS/ACLS/PAL S IN FY 16 PINK LADIES DAY KDMC, THROUGH FUNDING FROM BREAST CANCER RESEARCH AND EDUCATIO N TRUST FUND, PROVIDED BREAST CANCER EDUCATION, FREE SCREENING MAMMOGRAMS AND FOLLOW-UP TE STING FOR WOMEN AGE 40-64 Y EARS OLD THAT WERE UNDERINSURED OR UNINSURED IN SEVEN COUNTIES IN KENTUCKY APPROXIMATELY 34 WOMEN WERE PROVIDED WITH FREE SCREENING MAMMOGRAMS AND/OR FI NANCIAL ASSISTANCE FOR DIAGNOSTIC TESTING, ULTRASOUND AND BIOPSIES IN FY2016, MORE THAN 1 ,000 WOMEN WERE SEEN ON KDMC'S MOBILE MAMMOGRAPHY UNIT SUPPORT GROUPS- KDMC PROVIDED A VA RIETY OF SUPPORT GROUPS IN 2016 THAT WERE FREE TO ALL INTERESTED COMMUNITY MEMBERS SUPPOR T GROUPS OFFERED WERE ADULT DIABETES, SURGICAL WEIGHT LOSS, PARKINSON'S DISEASE, LOOK GOOD & FEEL BETTER, PREGNANCY AND INFANT LOSS TEAM MEMBERS VOLUNTEERED 51 HOURS FAITHWORKS FAITHWORKS IS A HEALTH MINISTRY PROGRAM THAT WAS OFFERED TO MORE THAN 100 CHURCHES IN 2016 AS PART OF KDMC'S COMMITMENT TO THE FAITH COMMUNITY THE GOAL IS TO PROMOTE WELLNESS BY E NABLING CHURCHES TO ENCOURAGE AND EMPOWER PEOPLE TO TAKE BETTER CARE OF THEMSELVES EDUCAT ION AND SCREENING MATERIALS ARE PROVIDED FREE OF CHARGE TO OVER 100 PARTICIPATING CHURCHES GO RED FOR GIRL SCOUTS GO RED FOR GIRL SCOUTS IS A PROGRAM THAT TOOK PLACE IN FEBRUARY 2016 IN HONOR OF AMERICAN HEART MONTH FUNDED BY KING'S DAUGHTERS, GIRLS HAD THE OPPORTUNI TY TO EXPLORE EXERCISE TECHNIQUES SUCH AS ZUMBA, SAVOR EXOTIC FRUITS SUCH AS PASSION FRUIT AND STAR FRUIT, AND LEARN HOW EVERY DAY ACTIVITIES SUCH AS BRUSHING THEIR TEETH CAN HELP T HEIR HEARTS KING'S DAUGHTERS, ITS COMMUNITY RELATIONS TEAM AND THE GIRL SCOUTS ALL AIM TO TEACH GIRLS HEALTHY CHOICES AT AN EARLIER AGE GIRLS WHO PARTICIPATED IN THE PROGRAM RECE IVED MATERIALS TO SHARE WHAT THEY HAD LEARNED WITH THEIR FAMILIES THERE WERE 76 GIRLS AND 16 ADULTS IN ATTENDANCE. CANCER REGISTRIES -KDMC ENTERED CANCER DATA FOR 2015 INTO THE CA NCER PATIENT DATA MANAGEMENT SY STEM FOR BENEFIT OF THE KENTUCKY STATE CANCER REGISTRY REG ISTRARS TRACKED PATIENT DEMOGRAPHICS, TY PE OF TUMOR FOUND, TREATMENT FOR CANCER DIAGNOSIS PLUS MORE AND FOLLOWS PATIENT UNTIL DEATH OVER THE Y EARS, THIS PROCESS HAS HELPED IN PREP ARING HUNDREDS OF CANCER RESEARCH PROJECTS AND PROPOSALS IN ADDITION, IT HAS ALSO HELPED SUB-GEOGRAPHIC AREAS OF THE STATE TO IDENTIFY CANCER CONTROL ISSUES THAT COULD NOT HAVE BE EN SEEN WITHOUT A POPULATION-B

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FORM 990, PART III, LINE 4A	ASED CANCER REGISTRY AND TO TARGET THEIR LIMITED RESOURCES THE PROCESS HAS RESULTED IN TH E IMPLEMENTATION OF MANY CANCER CONTROL INTERVENTIONS LIFELINE SCREENING DEVICES- KING'S DAUGHTERS OFFERS PHILLIP'S LIFELINE MEDICAL ALERT SY STEM AT A NOMINAL COST TO COMMUNITY ME MBERS THAT LIVE ALONE AND ARE AT HIGH RISK FOR FALLS OR MEDICAL EMERGENCIES THIS DEVICE I S ACCESSIBLE TO COMMUNITY RESIDENTS WITHIN THE LOCAL DIALING AREA WELCOME TO MEDICARE- KI NG'S DAUGHTERS OFFERS WELCOME TO MEDICARE LUNCHES FOR OF AGE COMMUNITY MEMBERS THE PURPOS E IS TO DETAIL PLAN COVERAGE AND SERVICES OFFERED IN FY 16, THERE WERE 6 SESSIONS WITH 119 PEOPLE MEGA COLON KDMC, IN PARTNERSHIP WITH OUR LADY OF BELLEFONTE HOSPITAL, BROUGHT ME GA COLON TO THE ASHLAND TOWN CENTER MALL MEGAN COLON IS A SCIENTIFICALLY ACCURATE INFLATA BLE REPLICA OF THE HUMAN COLON THIS DISPLAY PROVIDED VISITORS OF THE MALL WITH A HIGHLY I NTERACTIVE, EDUCATIONAL EXPERIENCE FEATURING COLORECTAL POLY PS, VARIOUS STAGES OF COLON CA NCER AND CHRON'S AND COLITIS CANCER SURVIVOR'S DAY- KDMC HOSTED A CANCER SURVIVOR'S DAY C ELEBRATION IN FY 2016 FOR APPROXIMATELY 250 CANCER SURVIVORS SURVIVORS RECEIVED A MEAL PLU S AN ABUNDANCE OF CANCER EDUCATION FREE OF COST PARTICIPANTS RECEIVED A PAMPHLET ON RECOM MENDED EXAMS FOR MEN AND WOMEN AND APPROPRIATE AGES FOR THOSE EXAMS IN ADDITION, EDUCATIO N ON MAMMOGRAMS, BREAST CANCER, SKIN CANCER, LUNG CANCER, PROSTATE CANCER AND COLON CANCER WERE ALSO PROVIDED CANCER SURVIVOR'S DAY IS OPEN TO ALL CANCER SURVIVORS, NOT JUST THOSE FROM KDMC PARTICIPANTS ALSO HAD THE OPPORTUNITY TO SPEAK WITH SEVERAL ONCOLOGY NURSES DU RING THE CELEBRATION BACK TO SCHOOL HEALTH AND WELLNESS EVENT-THE CENTER FOR HEALTHY LIVI NG HOSTED A BACK TO SCHOOL WELLNESS FOR STUDENTS AND FAMILIES IN FY 2016 THE GOAL WAS TO P ROMOTE HEALTHY EATING AND PHY SICAL ACTIVITY TO FAMILIES ACTIVITIES INCLUDED Y OGA, SUGARY DRINKS AND FOODS LAB, FOODUCATE APP (GROCERY STORE SETTING), OBSTACLE COURSE, ZUMBA, HEALT HY SNACKS AND THEN A SPECIAL PRESENTATION FOR THE PARENTS "PREPARING HEALTHY MEALS ON A BU DGET, 380 KIDS AND ADULTS COMBINED AMERICAN CANCER SOCIETY- KDMC IS ACTIVELY INVOLVED WIT H THE AMERICAN CANCER SOCIETY EVENTS WE PROVIDE VOLUNTEERS AND SPONSORSHIPS FOR RELAY FOR LIFE, MAKING STRIDES WALK AND CHILI FEST DONATIONS- KDMC'S HOME HEALTH TEAM DONATED $33, 675 85 WORTH OF EQUIPMENT AND CLOTHING TO FEDERATED CHARITIES AND THE DRESSING ROOM FOR TH OSE STRUGGLING FINANCIALLY IN OUR AREA KDMC ALSO DONATED EKG SUPPLIES AND OTHER EQUIPMENT TO ASHLAND INDEPENDENT SCHOOLS FOR THEIR EKG TECH PROGRAM A LARGE DONATION WAS ALSO MADE TO RUSSELL MCDOWELL-INTERMEDIATE STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH) LAB HEART CHASE- KDMC PARTNERED WITH OLBH AS A PRESENTING SPONSOR FOR THE AMERICAN HEART ASSOCIATION'S HEART CHASE KDMC PROVIDED TWO TEAM MEMBERS FOR THEIR COMMUNITY PLANNING COM MITTEE THAT ASSISTED IN SPONSORSHIPS, PLANNING AND DAY-OF-EVENT ACTIVITIES KING'S DAUGHTE RS ALSO PROVIDED TEAMS TO PART

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FORM 990, PART III, LINE 4A	ICIPATE THE KING'S DAUGHTERS TEAM ACTUALLY TOOK HOME ALL OF THE FUNDRAISING AWARDS A TOT AL OF $41,049 WAS RAISED BY ALL PARTICIPATING SPONSORS AND TEAMS COLOR SPLASH 5K- A KDMC SPORTS MEDICINE EVENT TO RAISE MONEY FOR FREE BASELINE COMMUNITY CONCUSSION TESTING FOR 15 LOCAL HIGH SCHOOLS, 900+ RACE PARTICIPANTS AND OVER 40 VOLUNTEERS YOUNG WOMEN LEAD- YOUN G WOMEN LEAD IS A TWO DAY LEADERSHIP CONFERENCE FOR HIGH SCHOOL GIRLS FOCUSING ON LEADERSH IP, EDUCATION AND DEVELOPMENT THE PURPOSE OF THE CONFERENCE IS TO EMPOWER HIGH SCHOOL GIR LS TO EMBRACE THEIR STRENGTHS AND TO REACH THEIR FULL POTENTIAL THE ALL-DAY SESSION FEATU RES NATIONALLY RECOGNIZED WOMEN WHO SHARE THEIR OWN INSIGHTS ON REAL LIFE ISSUES AND HOW T O OVERCOME THEM TO ACHIEVE SUCCESSFUL AND MEANINGFUL CAREERS THE CONFERENCE ALSO PROVIDES AN OPPORTUNITY FOR THE TEENS TO CONNECT TO AND LEARN FROM LOCAL FEMALE BUSINESS LEADERS KDMC HAS ONE PERSON ON THEIR PLANNING COMMITTEE WHICH INVOLVES MORE THAN 32 HOURS EACH YEA R KDMC ALSO SENDS FEMALE SPEAKERS TO PARTICIPATE EACH DAY NATIONAL DAY OF PRAYER- KDMC P ARTNERS WITH OUR LADY OF BELLEFONTE HOSPITAL TO HOST A NATIONAL DAY OF PRAYER BREAKFAST FO R COMMUNITY MEMBERS FREE OF CHARGE THERE ARE NORMALLY 100 IN ATTENDANCE ADDITIONAL INFOR MATION THAT SHOWS HOW MUCH KDMC AND ITS TEAM MEMBERS CARE ABOUT THE COMMUNITY HOSPITALITY HOUSE FAMILIES THAT LIVE OUTSIDE OUR COMMUNITY WHO HAVE A LOVED ONE IN CRITICAL CARE ARE REFERRED BY KDMC SOCIAL WORKERS TO THE KDMC HOSPITALITY HOUSE NOT ONLY DO THEY LIVE OUTS IDE OUR COMMUNITY, BUT MANY ALSO HAVE LIMITED RESOURCES (FINANCIAL, TRANSPORTATION, FAMILY SUPPORT) GUESTS OF THE HOSPITALITY HOUSE INCLUDE ADULT FAMILY MEMBERS OR CAREGIVERS OF E ITHER CRITICALLY ILL PATIENTS RECEIVING CARE AT KDMC, OR QUALIFY ING OUTPATIENTS RECEIVING EXTENDED THERAPEUTIC CARE THE HOUSE ALSO PARTNERS WITH TRI-STATE REGIONAL CANCER CENTER T O HOUSE PATIENTS RECEIVING RADIATION AND/OR CHEMO IN NEARLY ALL CASES, GUESTS LIVE OUTSID E A 30-MILE RADIUS OF ASHLAND THE HOUSE DOES NOT CHARGE FAMILIES TO STAY, HOWEVER A NUMBE R OF THE GUESTS MAKE A VOLUNTARY CONTRIBUTION THERE IS ALSO A VARIETY OF FREE FOOD AND SN ACKS AVAILABLE TO FAMILIES STAY ING AT THE HOUSE THE HOSPITALITY HOUSE SERVED 481 FAMILIES DURING FY 2016 IF FAMILIES DON'T QUALIFY FOR THE HOSPITALITY HOUSE, KDMC WORKS WITH SOCIA L SERVICES TO PURCHASE A HOTEL ROOM FOR QUALIFY ING FAMILIES AT NO COST TO THE FAMILIES

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FORM 990, PART III, LINE 4A	FAMILIES IN NEED KDMC SEES MANY FAMILIES THAT CAN'T AFFORD FOOD, MEDICINE, MEDICAL EQUIPMENT OR TRANSPORTATION WHILE STAYING WITH THEIR LOVED ONE IN THE HOSPITAL IN RESPONSE, KDMC SOCIAL WORKERS AND PATIENT REPRESENTATIVES PROVIDE MEAL TICKETS, CLOTHING AND PERSONAL HYGIENE ITEMS, FREE OF CHARGE, TO THOSE IN NEED IN ADDITION, KDMC ALSO PROVIDES GENERAL EMERGENCY MEDICAL ASSISTANCE TO HELP WITH DURABLE MEDICAL EQUIPMENT, HOME HEALTH AND MEDICATION ASSISTANCE. TRANSPORTATION IS ALSO A BIG NEED IN OUR COMMUNITY SO THE HOSPITAL ALSO ASSISTS IN PROVIDING GAS CARDS TO FAMILIES IN 2016, KDMC SPENT MORE THAN $225,000 TO PROVIDE FOR FAMILIES IN NEED SPIRITUAL SERVICES THE PASTORAL CARE SERVICE DEPARTMENT EMPLOYS TWO FULL-TIME CHAPLAINS AND TO PROVIDE SPIRITUAL AND EMOTIONAL SUPPORT FOR OUR PATIENTS, THEIR FAMILIES AND FRIENDS AND FOR THE STAFF OF KING'S DAUGHTERS MEDICAL CENTER. RESEARCH KDMC THROUGH THE ONCOLOGY SERVICES AND THE KENTUCKY HEART FOUNDATION OFFER CUTTING EDGE RESEARCH OPPORTUNITIES TO PATIENTS AT KDMC THERE WERE 129 PATIENTS THAT PARTICIPATED IN RESEARCH STUDIES IN FY2016 MY CHART- KDMC PROVIDES A FREE TOOL TO PATIENTS TO HELP THEM MANAGE THEIR OWN HEALTH MY CHART GIVES PATIENTS PERSONALIZED ACCESS TO PARTS OF THEIR MEDICAL RECORD PATIENTS CAN VIEW THEIR HEALTH SUMMARY, TRACK HEALTH OVER TIME AND SCHEDULE APPOINTMENTS AS NEEDED CONTINUING NURSING EDUCATION- KING'S DAUGHTERS PROVIDES CONTINUING NURSING EDUCATION TO NURSES INSIDE AND OUTSIDE OF KDMC SELECT CONFERENCES AND OTHER LEARNING OPPORTUNITIES ARE AVAILABLE TO THE PUBLIC FREE OF CHARGE. BLOOD DRIVES- KDMC PARTNERED WITH THE AMERICAN RED CROSS TO HOST MONTHLY BLOOD DRIVES A TOTAL OF 135 HOURS WERE VOLUNTEERED BY KDMC TEAM MEMBERS TO WORK THE DRIVE. A TOTAL OF 472 TEAM MEMBERS DONATED BLOOD KDMC ALSO PROVIDED FOOD AND DRINKS FOR EACH DRIVE. HALLOWEEN IN THE PARK- KING'S DAUGHTERS COMMUNITY SERVICE TEAM PROVIDES FUN GIVEAWAYS AND GAMES FOR CHILDREN ON HALLOWEEN THERE ARE GENERALLY AROUND 500 CHILDREN THAT ATTEND AND KDMC PROVIDES 20+ VOLUNTEERS SPORTS PHYSICALS- 1,521 SPORTS PHYSICALS WERE COMPLETED FOR HIGH SCHOOLS IN KY, OH AND FOR KENTUCKY CHRISTIAN UNIVERSITY HOPE'S PLACE CHOCOLATE EXTRAVAGANZA- EACH YEAR KDMC TEAM MEMBERS CREATE AND DONATE BASKETS FOR AUCTION TO RAISE MONEY FOR HOPE'S PLACE CHILDREN ADVOCACY CENTER. KDMC TEAM MEMBERS DONATED 50 BASKETS IN 2016 BUILD-A-BED- 60 KDMC TEAM MEMBERS MADE GENEROUS DONATIONS OF BLANKETS, COMFORTERS, PILLOWS, BOOKS, HYGIENE ITEMS AND STUFFED ANIMALS FOR BUILD-A-BED MOREHEAD, AN AGENCY THAT MAKES A DIFFERENCE IN CHILDREN'S LIVES MANY KENTUCKY CHILDREN GO TO BED EACH NIGHT IN MAKESHIFT CIRCUMSTANCES - SLEEPING ON THE FLOOR, COUCH, WITH PARENTS OR SIBLINGS BACKPACK PROGRAM- KDMC TEAM MEMBERS MADE BACKPACKS FOR 173 ELEMENTARY AGED CHILDREN TO ENSURE STUDENTS START THE YEAR WITH THE NECESSARY SCHOOL SUPPLIES AND AT LEAST ONE NEW OUTFIT ADOPT-A-FAMILY-73 DEPARTMENTS ADOPTED 167 FAMILIES AND SPENT $38,131 ON CHRISTMAS GIFTS FOR

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FORM 990, PART III, LINE 4A	FAMILIES IN NEED RIVER CITIES HARVEST-KDMC TEAM MEMBERS DONATED MORE THAN 14,000 POUNDS OF FOOD TO RIVER CITIES HARVEST IN 2016 JOE STEVENS COAT DRIVE-ON A COLD DAY, EMERGENCY D EPARTMENT NURSE JOE STEVENS GAVE HIS OWN COAT TO A PATIENT WHO DIDN'T HAVE ONE. IT WAS A S IMPLE ACT OF KINDNESS, BUT NOT OUT OF CHARACTER FOR JOE, WHO COULD ALWAY S BE COUNTED ON TO PRACTICE RANDOM ACTS OF KINDNESS JOE WORKED IN THE KDMC EMERGENCY DEPARTMENT IN 2012, J OE PASSED AWAY AFTER A LONG BATTLE WITH CANCER. INSPIRED BY JOE'S GIVING SPIRIT, HIS FRIEN DS AND CO-WORKERS DETERMINED TO HONOR HIS LIFE THROUGH AN ANNUAL COAT DRIVE TO BENEFIT THE HOMELESS AND THOSE IN NEED IN 2016, TEAM KDMC DONATED 700 COATS, 100 PAIRS OF SOCKS, 100 TOBOGGANS & GLOVES, 100 SNACK BAGS AND 100 HY GIENE BAGS FOR THE JOE STEVENS MEMORIAL COAT DRIVE KDMC AUXILIARY- THE KING'S DAUGHTERS AUXILIARY SUPPORTS THE HEALTH OF OUR COMMUNITY GREATLY IN FY 2016, THE GROUP PROVIDED $185,125 TO DEPARTMENTS WITHIN THE HOSPITAL WORKIN G ON IMPROVING PATIENT EXPERIENCE AND PATIENT HEALTH OF THE $185,125, $160,449 WAS DEDICA TED TO COMMUNITY BENEFIT PROGRAMS LIKE MEDICATION ASSISTANCE AND CAR SEATS FOR CHILDREN U NITED WAY CAMPAIGN-KDMC HAS A STRONG PARTNERSHIP WITH THE UNITED WAY OF NORTHEAST KY THE HOSPITAL EMPLOY EES DONATED $102,000 OF THEIR OWN MONEY TO SUPPORT THIS WONDERFUL AGENCY I N ADDITION, THE KDMC MARKETING DEPARTMENT DONATES STAFF TIME AND MATERIALS TO ENCOURAGE EM PLOY EES TO PARTICIPATE AND DONATE. FROM OCTOBER THROUGH DECEMBER, THE MARKETING TEAM SPENT 600+ HOURS PLANNING AND ORGANIZING UNITED WAY ACTIVITIES CBISA TRAINING- KDMC KNOWS THE IMPORTANCE OF COMMUNITY BENEFIT AND THEREFORE SENT AN EMPLOY EE TO TWO DAY TRAINING IN ATLA NTA WITH LY ON'S SOFTWARE IN FY 2016 THE PURPOSE WAS FOR THIS TEAM MEMBER TO LEARN MORE ABO UT THE COMMUNITY BENEFIT REPORTING TOOL, CBISA COMMUNITY LEADERSHIP DEVELOPMENT- KDMC PAR TNERS WITH THE LOCAL CHAMBER OF COMMERCE EVERY Y EAR TO PLAN AND HOST THE COMMUNITY LEADERS HIP DEVELOPMENT PROGRAM KDMC PROVIDES ONE STAFF MEMBER TO SERVE ON THE PLANNING COMMITTEE AND ALSO HOSTS/SPONSORS THE GROUP DURING THE HEALTHCARE SESSION THE GROUP STARTS THE DAY AT A VARIETY OF NON-PROFITS IN THE AREA (HOSPICE, DRESSING ROOM, COMMUNITY KITCHEN) AND T HEN IS PROVIDED WITH A TOUR AND LUNCH FROM KDMC THE PURPOSE OF THIS PROGRAM IS TO BUILD F UTURE LEADERS FOR OUR AREA PROGRAM PARTICIPANTS VISIT DIFFERENT LOCATIONS EACH WEEK KDMC ALSO SENDS TEAM MEMBERS THROUGH THE PROGRAM Y EARLY NON-PROFIT BOARDS AND ACTIVITIES-KDMC 'S LEADERSHIP TEAM GIVES BACK TO THE COMMUNITY BY SERVING ON BOARDS AND PARTICIPATING IN A CTIVITIES FOR LOCAL NON-PROFITS KDMC HAS TEAM MEMBERS SERVING FOR COMMUNITY HOSPICE, THE NEIGHBORHOOD, ASHLAND Y MCA, RIVER CITIES HARVEST, BIG BROTHER'S, BIG SISTERS AND MANY MORE THE LEADERSHIP TEAM AND EMPLOY EES PUT IN MORE THAN 1,000 COMMUNITY HOURS IN FY 2016 THE HEALTH AND WELL-BEING OF THE COMMUNITY IS VITALLY IMPORTANT TO US AT KING'S DAUGHTERS WE OWE OUR VERY EXISTENCE TO FORW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ARD-THINKING COMMUNITY MEMBERS, TO VOLUNTEERS WHO HELPED SHAPE KING'S DAUGHTERS, AND TO TH E PATIENTS AND FAMILIES WHO CHOOSE US FOR THEIR CARE. OUR COMMITMENT TO COMMUNITY DRIVES U S TO GIVE BACK. OUR TEAM MEMBERS, PHY SICIANS AND HEALTH PROFESSIONALS PROVIDE FREE SCREENI NGS AND EDUCATION, AND PARTICIPATE IN HEALTH FAIRS AND OTHER SPECIAL EVENTS DESIGNED TO HE LP PEOPLE AND THE COMMUNITY BE HEALTHIER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE AHC BOARD IS MADE UP OF THE FOLLOWING MEMBERS DAVID JONES, CHAIR, STEPHEN ADDINGTON, VICE CHAIR, KRISTIE WHITLATCH, CHIEF EXECUTIVE OFFICER, JOHN STEWART, TRUSTEE, TOM BURNETTE, TRUSTEE, AND DR RAYMOND MECCA, TRUSTEE. ELECTION AND COMPOSITION THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE TRUSTEES CHAIR, ANY VICE-CHAIRS, THE CHIEF EXECUTIVE OFFICER, AND ANY OTHER TRUSTEE RECOMMENDED BY THE CHAIR AND APPROVED BY THE TRUSTEES THE TRUSTEES CHAIR SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE. THE CHIEF EXECUTIVE OFFICER SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE. POWERS AND FUNCTIONS THE EXECUTIVE COMMITTEE SHALL HAVE ALL POWERS AND AUTHORITY OF THE TRUSTEES TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION, SUBJECT TO ANY LIMITATIONS IMPOSED BY THE TRUSTEES, THE BYLAWS OR BY APPLICABLE LAW MEETINGS OF THE EXECUTIVE COMMITTEE SHALL BE HELD AS NEEDED THE EXECUTIVE COMMITTEE SHALL FROM TIME TO TIME, AS IT DETERMINES APPROPRIATE, REVIEW AND RECOMMEND REVISIONS TO THE BYLAWS FOR CONSIDERATION AND APPROVAL BY THE TRUSTEES THE EXECUTIVE COMMITTEE SHALL ALSO RECEIVE SUCH REPORTS AS THE COMMITTEE MAY DIRECT FROM THE EXECUTIVE OR ANY SIMILAR COMMITTEE OF THE BOARD OF DIRECTORS OF EACH AFFILIATED ORGANIZATION CONCERNING THE ACTIVITIES OF SUCH COMMITTEE AND PROVIDE PERIODIC REPORTS ON SUCH ACTIVITIES TO THE TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	KING'S DAUGHTERS HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF ASHLAND HOSPITAL CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AS THE PARENT ORGANIZATION OF THE HEALTH CARE SYSTEM, KDHS HAS CERTAIN GOVERNANCE RIGHTS WITH RESPECT TO AHC THOSE RIGHTS INCLUDE ELECTING OR REMOVING AHC'S DIRECTORS AND OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS THE PARENT ORGANIZATION OF THE HEALTH CARE SYSTEM, KDHS HAS CERTAIN GOVERNANCE RIGHTS WITH RESPECT TO AHC. THOSE RIGHTS REQUIRE CERTAIN SIGNIFICANT AHC ACTIONS TO NOW ALSO BE APPROVED BY KDHS, INCLUDING, AMONG OTHERS, A CHANGE OF MEMBERSHIP OR SALE OF AHC, ELECTING OR REMOVING AHC'S DIRECTORS AND OFFICERS, AMENDING AHC'S ARTICLES AND BYLAWS, OR ANY BANKRUPTCY, LIQUIDATION OR DISSOLUTION OF AHC, INCLUDING THE TAX-EXEMPT ORGANIZATION TO WHOM AHC'S ASSETS ARE DISTRIBUTED UPON ITS DISSOLUTION. KDHS' BOARD OF TRUSTEES MAY IDENTIFY ADDITIONAL AHC ACTIONS THAT MUST BE APPROVED BY KDHS IN ADDITION TO THOSE SPECIFICALLY LISTED IN AHC'S ARTICLES AND BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 WILL BE REVIEWED BY THE CFO AND CONTROLLER AFTER THIS REVIEW, BUT BEFORE IT IS FILED WITH THE IRS, THE FINAL 990 WILL BE PROVIDED TO THE FULL BOARD OF DIRECTORS USING BOARD EFFECTS SOFTWARE AN E-MAIL WITH A LINK TO THE POSTING WILL BE SENT TO EACH BOARD MEMBER ONCE THE REPORT HAS BEEN POSTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	KING'S DAUGHTERS MEDICAL CENTER REQUIRES ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO COMPLY WITH ITS CONFLICTS OF INTEREST POLICY, WHICH TRACKS THE IRS'S RECOMMENDED POLICY WITH RESPECT TO SUCH OFFICERS AND DIRECTORS MEMBERS OF THE MEDICAL CENTER'S BOARD OF DIRECTORS MUST ANNUALLY IDENTIFY, IN WRITING, ANY INTEREST THAT COULD GIVE RISE TO A CONFLICT, SUCH AS A LEADERSHIP POSITION IN A CONFLICTING ORGANIZATION, DISCLOSURE IS NOT LIMITED TO FINANCIAL CONFLICTS LEADERSHIP EMPLOYEES MUST ANNUALLY CERTIFY, IN WRITING, THAT THEY KNOW OUR CONFLICTS OF INTEREST POLICY AND PROCEDURE AND HAVE NO CONFLICTS OF INTEREST IN ADDITION, EMPLOYEES OF THE MEDICAL CENTER CERTIFY THAT NO CONFLICTS OF INTEREST EXIST OR OBTAIN AN ADVANCE WAIVER OF ANY CONFLICTS THE MEDICAL CENTER'S HUMAN RESOURCES DEPARTMENT MAINTAINS ALL RELEVANT DISCLOSURES AND SIGNATURES IF A CONFLICT OF INTEREST IS REPORTED, THE VICE PRESIDENT TO WHOM THE REPORTING EMPLOYEE DIRECTLY OR INDIRECTLY REPORTS, TOGETHER WITH THE CEO, CHIEF CORPORATE COMPLIANCE OFFICER AND GENERAL COUNSEL, DETERMINES IF A CONFLICT EXISTS IF THE REPORTING EMPLOYEE IS A VICE PRESIDENT, THE CEO, IN CONSULTATION WITH THE GENERAL COUNSEL, DETERMINES IF A CONFLICT EXISTS A MEMBER OF THE MEDICAL CENTER'S BOARD OF DIRECTORS REPORTS ANY CONFLICT OR POTENTIAL CONFLICT TO THE CHAIRMAN OF THE BOARD, THE CEO AND/OR THE GENERAL COUNSEL OF THE MEDICAL CENTER, AS APPPROPRIATE. IF IT IS DETERMINED THAT A CONFLICT EXISTS, THE EMPLOYEE OR BOARD MEMBER IS REMOVED FROM ANY PART OF THE DECISION-MAKING PROCESS, AND HAS NO ROLE IN THE INSTANCE IN WHICH THE CONFLICT EXISTS A BOARD MEMBER WHO HAS A CONFLICT OF INTEREST MUST ABSTAIN FROM ANY RELEVANT DISCUSSION OR VOTE. IF A CONFLICT OF INTEREST IS DISCOVERED AFTER THE FACT, THE CEO AND VICE PRESIDENT, TOGETHER WITH THE GENERAL COUNSEL, IF APPPROPRIATE, REVIEWS THE INSTANCE IN WHICH THE CONFLICT OCCURRED THOSE LEADERS ENSURE THAT THE CONFLICTED INDIVIDUAL DID NOT INFLUENCE DECISION-MAKING OR PROFIT FROM THE CONFLICT THE CONFLICTED INDIVIDUAL IS REMOVED FROM ANY FURTHER INVOLVEMENT IN ADDITION, ANY FAILURE TO REPORT CONFLICTS OF INTEREST VIOLATES THE MEDICAL CENTER'S POLICY AND COULD RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT OR REMOVAL FROM THE MEDICAL CENTER'S BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AT THE DIRECTION OF THE HUMAN RESOURCES & COMPENSATION COMMITTEE OF THE BOARD OF KING'S DAUGHTERS HEALTH SYSTEM, KDHS ENGAGED SULLIVAN COTTER AND ASSOCIATES, INC , A LEADING INDEPENDENT COMPENSATION CONSULTING COMPANY SPECIALIZING IN EXECUTIVE, EMPLOYEE AND PHYSICIAN COMPENSATION AND BENEFITS FOR THE HEALTH CARE AND NOT-FOR-PROFIT INDUSTRY , TO ASSIST IN DETERMINING COMPENSATION OF THE CEO, VICE PRESIDENTS, AND CHIEF MEDICAL OFFICERS THIS IS AN ANNUAL PROCESS AND SULLIVAN COTTER'S MOST RECENT EXECUTIVE COMPENSATION REVIEW WAS PERFORMED IN 2015 AND REMAINS IN PROCESS THE PRINCIPLE OBJECTIVE OF THIS STUDY WAS TO ASSEMBLE A DETAILED PROFILE OF THE CURRENT COMPENSATION LEVELS AVAILABLE TO EXECUTIVES MANAGING SIMILAR TASKS AND RESPONSIBILITIES AS MEMBERS OF THE KDHS EXECUTIVE TEAM MOREOVER, THE OBJECTIVE WAS TO COMPILE MARKET DATA FOR EACH POSITION THAT WAS REFLECTIVE OF THE PAY LEVELS OFFERED BY INDEPENDENT, NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS OF COMPARABLE SIZE WITH OPERATIONS IN THE UNITED STATES THE SULLIVAN COTTER DATA COUPLED WITH THE PERFORMANCE OF THE ORGANIZATION AS WELL AS THE PERSONAL PERFORMANCE OF EACH EXECUTIVE IS THE BASIS FOR KDHS'S HUMAN RESOURCE & COMPENSATION COMMITTEE'S REVIEW AND RECOMMENDATIONS, AND THE BOARD'S REVIEW AND APPROVAL OF ANNUAL COMPENSATION INCREASES THE PROCESS INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THIS PROCESS WAS USED TO DETERMINE COMPENSATION FOR THE FOLLOWING POSITIONS PRESIDENT/CEO VP, CHIEF COMPLIANCE OFFICER VP, CHIEF FINANCIAL OFFICER VP, CHIEF LEGAL & REGULATORY OFFICER/GENERAL COUNSEL CHIEF MEDICAL OFFICERS VP, CHIEF STRATEGY/INFORMATION SERVICES & TECHNOLOGY OFFICER VP, EXECUTIVE DIRECTOR KING'S DAUGHTERS INTEGRATED PHYSICIANS VP, PATIENT SERVICES/CHIEF NURSING OFFICER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ON A QUARTERLY BASIS, THE FINANCIAL STATEMENTS ARE REPORTED TO EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS) AND MADE AVAILABLE ON THEIR WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN MARKET VALUE INTEREST RATE SWAP -6,346,648 CHANGE IN MARKET VALUE SELF INSURANCE FUNDS -5 PENSION LIABILITY ADJUSTMENT -5,583,061 WRITE OFF OF DUE FROM AFFILIATE -13,274 ADJUSTMENT FOR ACCUMULATED LOSS ON SWAP 79,570

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ASHLAND MEDICAL PROPERTIES INC 2201 LEXINGTON AVENUE ASHLAND, KY 41101 61-1079090	RENTALS	KY	ASHLAND HOSPITAL CORPORATION	C	-3,915	43,182	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

		Yes	No
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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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**
ASHLAND NURSING HOME CORP 2500 STATE ROUTE 5 ASHLAND, KY 41102 61-1386016	NURSING HOME	KY	501(C)(3)	9	ASHLAND HOSPITAL CORPORATION	Yes	
CHILD DEVELOPMENT CENTER CORP 2201 LEXINGTON AVENUE ASHLAND, KY 41101 01-0560598	CHILD CARE	KY	501(C)(3)	9	ASHLAND HOSPITAL CORPORATION	Yes	
KENTUCKY HEART INSTITUTE 2201 LEXINGTON AVENUE ASHLAND, KY 41101 61-1255904	PHYSICIANS	KY	501(C)(3)	9	ASHLAND HOSPITAL CORPORATION	Yes	
KENTUCKY HEART FOUNDATION 2201 LEXINGTON AVENUE ASHLAND, KY 41101 26-0791997	MEDICAL RESEARCH	KY	501(C)(3)	7	ASHLAND HOSPITAL CORPORATION	Yes	
KENTUCKY MEDICAL LOGISTICS INC 425 22ND STREET ASHLAND, KY 41101 26-4736971	MEDICAL TRANSPORT	KY	501(C)(3)	9	ASHLAND HOSPITAL CORPORATION	Yes	
KING'S DAUGHTERS HEALTH FOUNDATION INC 2201 LEXINGTON AVENUE ASHLAND, KY 41101 61-1035701	FUNDRAISING	KY	501(C)(3)	11-III-FI	ASHLAND HOSPITAL CORPORATION	Yes	
KING'S DAUGHTERS HEALTH SYSTEM INC 2201 LEXINGTON AVENUE ASHLAND, KY 41101 27-4553836	HEALTHCARE	KY	501(C)(3)	11-II	N/A		No
KING'S DAUGHTERS MEDICAL SPECIALTIES INC 2201 LEXINGTON AVENUE ASHLAND, KY 41101 26-4183569	PHYSICIANS	KY	501(C)(3)	9	ASHLAND HOSPITAL CORPORATION	Yes	
PORTSMOUTH HOSPITAL CORP 1901 ARGONNE AVENUE PORTSMOUTH, OH 45662 45-3215312	HEALTHCARE	OH	501(C)(3)	3	ASHLAND HOSPITAL CORPORATION	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ASHLAND NURSING HOME CORP	C	1,500,000	ALL TRANSACTIONS BETWEEN
(1)	ASHLAND NURSING HOME CORP	R	2,367,982	COMPANIES ARE CAPTURED AT COST
(2)	ASHLAND NURSING HOME CORP	S	2,419,525	IN THE DUE TO/FROM
(3)	KENTUCKY HEART FOUNDATION INC	A	19,176	ACCOUNTS THE TYPES OF
(4)	KENTUCKY HEART FOUNDATION INC	O	298,308	TRANSACTIONS THAT HIT THIS
(5)	KENTUCKY HEART FOUNDATION INC	R	355,778	ACCOUNT ARE TRACKED MONTHLY
(6)	KENTUCKY MEDICAL LOGISTICS INC	O	356,255	
(7)	KENTUCKY MEDICAL LOGISTICS INC	R	842,233	
(8)	KENTUCKY MEDICAL LOGISTICS INC	S	298,801	
(9)	KING'S DAUGHTERS MEDICAL SPECIALTIES INC	O	949,532	
(10)	KING'S DAUGHTERS MEDICAL SPECIALTIES INC	R	13,792,494	
(11)	KING'S DAUGHTERS MEDICAL SPECIALTIES INC	S	1,309,103	
(12)	KING'S DAUGHTERS HEALTH FOUNDATION INC	S	565,000	
(13)	PORTSMOUTH HOSPITAL CORPORATION	R	2,384,254	
(14)	PORTSMOUTH HOSPITAL CORPORATION	S	4,005,927	