



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



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
Pikeville Medical Center Inc

Doing business as

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

911 Bypass Road

City or town, state or province, country, and ZIP or foreign postal code
Pikeville, KY 41501

F Name and address of principal officer
Walter E May
911 Bypass Road
Pikeville, KY 41501

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number
61-0458376

E Telephone number
(606) 218-3501

G Gross receipts \$ 488,071,535

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.pikevillehospital.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1923

M State of legal domicile KY

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities The Center's Mission is TO PROVIDE world class HEALTH CARE IN A CHRISTIAN ENVIRONMENT			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3,125	
	6 Total number of volunteers (estimate if necessary)	6	148	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,219,460	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-33,233	
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	75,150		110,593
	9 Program service revenue (Part VIII, line 2g)	381,107,493		466,322,210
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	550,780		994,946
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,852,478		10,706,455
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	393,585,901		478,134,204
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	90,351		105,739
	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)	217,429,086		249,357,328
	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)	166,348,221		200,848,567
Net Assets or Fund Balances	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	383,867,658		450,311,634
	19 Revenue less expenses Subtract line 18 from line 12	9,718,243		27,822,570
			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	500,349,042		535,912,611
	21 Total liabilities (Part X, line 26)	227,164,767		234,566,906
	22 Net assets or fund balances Subtract line 21 from line 20	273,184,275		301,345,705

Part II Signature Block

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

Sign Here

Signature of officer

2017-08-15
Date

Michelle Hagy CFO
Type or print name and title

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

Paid Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form990(2015)

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

PIKEVILLE MEDICAL CENTER's Mission IS TO PROVIDE world class health care in A CHRISTIAN ENVIRONMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 87,817,270 including grants of \$) (Revenue \$ 47,380,061)
See Additional Data	

4b	(Code) (Expenses \$ 71,383,114 including grants of \$) (Revenue \$ 149,595,378)
See Additional Data	

4c	(Code) (Expenses \$ 12,976,919 including grants of \$) (Revenue \$ 56,157,345)
See Additional Data	

See Additional Data

4d	Other program services (Describe in Schedule O)
(Expenses \$ 224,332,406 including grants of \$ 105,739) (Revenue \$ 215,884,089)	

4e	Total program service expenses ▶ 396,509,709
-----------	---

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 Yes	
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	No
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 Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	138	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	3,125	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records Michelle Hagy CFO 911 Bypass Road Pikeville, KY 41501 (606) 218-3974	

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

[illegible]

Part VII

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	9,014,320	0	629,678

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 ► 232

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
Rose Builders 7 Stacy Street Harold, KY 41635	Construction services	6,333,042
GNC Consulting Inc 21195 S Lagrange Rd Frankfort, IL 60423	Professional services	3,525,851
Precyse Solutions LLC 1275 drummers lane wayne, PA 19087	him services	2,727,004
Laboratory Corporation of America PO Box 12140 Burlington, NC 27216	professional services	2,606,546
Philips Healthcare Inc PO Box 100355 Atlanta, GA 30384	Professional services	2,437,464

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 ► 46

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	30,566				
	d	Related organizations . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	80,027				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			110,593			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 621110	466,322,210	466,322,210			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			466,322,210			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,174,420			1,174,420
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties		5,247			5,247	
6a		(i) Real		(ii) Personal				
		Gross rents		238,868				573,680
		Less rental expenses		227,787				0
		Rental income or (loss)		11,081				573,680
d		Net rental income or (loss)		584,761	-17,535	602,296		
7a		(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						15,860
		Less cost or other basis and sales expenses						195,334
		Gain or (loss)						-179,474
d		Net gain or (loss)		-179,474			-179,474	
8a		Gross income from fundraising events (not including \$ 30,566 of contributions reported on line 1c) See Part IV, line 18			10,122			
		a	19,776					
		b	9,654					
c		Net income or (loss) from fundraising events . .					10,122	
9a		Gross income from gaming activities See Part IV, line 19						
		a						
		b						
c		Net income or (loss) from gaming activities . . .						
10a		Gross sales of inventory, less returns and allowances .			3,551,231		310,890	3,240,341
	a	13,055,787						
	b	9,504,556						
	c							
Miscellaneous Revenue		Business Code						
11a	Cafeteria	900099	3,162,593			3,162,593		
b	Rebate Income	900099	1,477,642	1,477,642				
c	EHR REVENUE	900099	1,234,556	1,234,556				
d	All other revenue		680,303		306,274	374,029		
e	Total. Add lines 11a-11d			6,555,094				
12	Total revenue. See Instructions			478,134,204	469,016,873	1,219,460	7,787,278	

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	76,550	76,550		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	29,189	29,189		
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	4,033,780		4,033,780	
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	176,271,851	159,008,611	17,263,240	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,274,081	2,005,475	268,606	
9	Other employee benefits	56,254,538	49,609,965	6,644,573	
10	Payroll taxes	10,523,078	8,893,856	1,629,222	
11	Fees for services (non-employees)				
a	Management	219,399	205,788	13,611	
b	Legal	2,169,582		2,169,582	
c	Accounting	66,023		66,023	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	97,595		97,595	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,492,199	22,443,601	5,048,598	
12	Advertising and promotion	3,468,182	376,949	3,091,233	
13	Office expenses	933,343	674,114	259,229	
14	Information technology	5,896,201	5,199,764	696,437	
15	Royalties				
16	Occupancy	4,777,297	4,374,433	402,864	
17	Travel	706,288	331,199	375,089	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	176,026	80,675	95,351	
20	Interest	6,151,780	5,425,155	726,625	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,613,020	19,942,056	2,670,964	
23	Insurance	6,465,398	6,388,605	76,793	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	supplies & drugs	88,141,575	87,260,159	881,416	
b	equipment rental & main	9,853,346	9,001,391	851,955	
c	Professional Fees	6,652,923	6,652,923		
d	Provider tax expense	3,234,696	3,234,696		
e	All other expenses	11,733,694	5,294,555	6,439,139	
25	Total functional expenses. Add lines 1 through 24e	450,311,634	396,509,709	53,801,925	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		10,439	1	10,954	
	2	Savings and temporary cash investments		160,751,624	2	169,647,627	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		58,105,995	4	82,548,693	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		13,006,333	8	14,189,073	
	9	Prepaid expenses and deferred charges		3,370,192	9	3,636,927	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	413,187,894			
	b	Less: accumulated depreciation	10b	179,693,552	230,822,091	10c	233,494,342
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		6,464,616	12	8,544,748	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		0	14		
	15	Other assets. See Part IV, line 11		27,817,752	15	23,840,247	
16	Total assets. Add lines 1 through 15 (must equal line 34)		500,349,042	16	535,912,611		
Liabilities	17	Accounts payable and accrued expenses		42,097,385	17	49,710,359	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		171,493,750	20	169,459,212	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23	4,810,467	
	24	Unsecured notes and loans payable to unrelated third parties		256,341	24	241,251	
	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		13,317,291	25	10,345,617	
	26	Total liabilities. Add lines 17 through 25		227,164,767	26	234,566,906	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		272,559,653	27	300,693,337	
	28	Temporarily restricted net assets		418,622	28	446,368	
	29	Permanently restricted net assets		206,000	29	206,000	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		273,184,275	33	301,345,705	
	34	Total liabilities and net assets/fund balances		500,349,042	34	535,912,611	

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	478,134,204
2	Total expenses (must equal Part IX, column (A), line 25)	2	450,311,634
3	Revenue less expenses Subtract line 2 from line 1	3	27,822,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	273,184,275
5	Net unrealized gains (losses) on investments	5	322,246
6	Donated services and use of facilities	6	-11,130
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	27,744
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	301,345,705

Part XII

Financial Statements and Reporting

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

☒

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

Additional Data

Software ID:
Software Version:
EIN: 61-0458376
Name: Pikeville Medical Center Inc

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$ 87,817,270 including grants of \$) (Revenue \$ 47,380,061)
	<p>PHYSICIAN PRACTICES Currently, over 340 physicians are members of Pikeville Medical Center's Medical Staff In FY 2016, PMC welcomed 47 physicians, five physician assistants, six certified registered nurse anesthetists, and 12 nurse practitioners The physicians recruited during that time period consist of nine anesthesiologists, one colorectal surgeon, three intensivists, twelve emergency medicine physicians, one general surgeon, six hospitalists, one interventional radiologist, one nephrologist, two obstetrcians/gynecologists, one ophthalmologist, two oral/maxillofacial surgeons, one orthopedic hand surgeon, two podiatrists, one orthopedic trauma surgeon, two pulmonologists, one trauma surgeon, and one vascular surgeon With the addition of these new physicians, PMC offers more than 400 services, including every specialty and many subspecialties PMC is a proud member of the Mayo Clinic Care Network This partnership - the first of its kind to be formed in the area - is a powerful tool that extends Mayo Clinic's knowledge and expertise to physicians and providers interested in working together in the best interest of their patients PMC providers have access to Mayo Clinic resources, including its online point-of-care information system and electronic consulting process that connects physicians with Mayo Clinic specialists on questions of diagnosis, therapy or care management The primary goal of the Mayo Clinic Care Network is to provide the benefits of Mayo Clinic knowledge and expertise close to home, decreasing the patient's need to travel outside the region for healthcare PMC recently completed a tremendous expansion The addition of an 11-story clinic building and a 10-story parking garage to the main campus has made health care more accessible and efficient The PMC Clinic houses eight additional operating rooms, six endoscopy suites, 23 pre-op rooms, 27 post-op rooms and most of PMC's physician practices including cardiothoracic surgery, vascular surgery, trauma surgery, general surgery, colorectal surgery, interventional radiology, gastroenterology, endocrnology, urology, orthopedic trauma surgery, orthopedic surgery, hand surgery, podiatry, sports medicine, obstetrcs/gynecology, pediatrics, infectious disease, nephrology, neurology, neurosurgery, physiatry, pulmonology, ophthalmology, optometry, oral/maxillofacial surgery, otolaryngology, rheumatology, plastic/reconstructive surgery, and vitreoretinal surgery The 1,162-space parking garage connects to the PMC Clinic on each floor, allowing patients to conveniently park on the same floor as their physician's office In addition to physician practices found in the clinic, PMC offers banatrc surgery in Pikeville (Kentucky), cardiology general/invasive/interventional/electrophysiology in Pikeville, Whitesburg, Prestonsburg, South Williamson and Lexington (Kentucky) and Grundy (Virginia), oncology medical/hematology/radiation/gynecologic in Pikeville (Kentucky), neurology in Whitesburg, McDowell, South Williamson, Paintsville and Prestonsburg (Kentucky), family medicine in Harold and Shelby Valley (Kentucky), obstetrcs/gynecology in Harold (Kentucky), pain management, dermatopathology, pathology, psychology, cardiac rehabilitation and pulmonary rehabilitation in Pikeville (Kentucky) In addition to specialized medical/surgical services, PMC also offers emergency medicine services and utilizes around-the-clock Hospitalists, Intensivists and Neonatologists who devote their professional time to the care of hospitalized patients PMC physicians completed 294,241 patient visits dunnng FY 2016, an increase of 18 percent from the previous year Many existing physician practices experienced significant growth during the year obstetrcs/gynecology (71% volume increase), pediatrics (65% volume increase) trauma surgery (45% volume increase), intensivists (37% volume increase), and hospitalists (36% volume increase) New practices in the specialties of emergency medicine, oral/maxillofacial surgery, optometry, and colorectal surgery encountered more than 13,700 patient visits during the fiscal year The continued expansion of Pikeville Medical Center's speciality capabilities has resulted in fewer patients being transferred out of PMC to larger hospitals and an increase in the number of patient transfers in to PMC from other hospitals, rising from 1,346 in 2010 to 5,498 in 2016 PMC also operates the only Family Practice/Neuromuscular Medicine Residency Program in Kentucky, the only One-Year Neuromuscular Medicine/Osteopathic Manipulative Medicine (Plus One) Residency Program in Kentucky and one of only four Family Practice and Osteopathic Manipulative Treatment Medicine Residency Programs in Kentucky The Family Practice Clinic in conjunction with the Residency Program had more than 9,800 patient visits dunnng FY 2016 PMC purchased the Inviso UroNavFusion Biopsy System dunnng FY 2016 for treatment of urology practice patients The system is on target to become the new standard in prostate care as it fuses pre-biopsy MRI images of the prostate with ultrasound guided biopsy images, in real time for superb delineation of suspicious lesions, as well as providing the physician with clear visualization of the biopsy needle The Spectralis Tracking OCT System was purchased during FY 2016 for the vitreoretinal surgery practice This ophthalmic imaging platform combines scanning laser imaging modalities including dye-based Fluorescan Angiography with simultaneous OCT imaging The capital investment for physician practices totaled \$338,643 dunnng FY 2016</p>

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 71,383,114 including grants of \$) (Revenue \$ 149,595,378)

Surgical SERVICES The surgical services division of Pikeville Medical Center is home to some of the most sophisticated, technologically advanced medical equipment available. The recruitment of new surgeons from varied specialties has not only resulted in substantial expansion of service offerings but has also led to the increase in the number of OR suites available to meet patient demand. PMC has 20 operating rooms, including 2 open heart surgery operating rooms, and six endoscopy rooms in operation currently. The number of surgical services cases increased by seven percent in FY 2016 from FY 2015. Cases included inpatient and outpatient endoscopy procedures, inpatient and outpatient surgical procedures, and C-sections. During FY 2016 PMC purchased the Siemens Cios Alpha C-arm for use in complex vascular surgical procedures such as percutaneous valves. The Cios Alpha is a high-end X-ray C-arm that produces high-resolution images in both a fluoroscopy and single image mode. PMC purchased two Vitrectomy Constellation Laser Vision Systems in FY 2016 for use in vitreoretinal surgeries. The ophthalmic microsurgical systems are used in photocoagulation of both anterior and posterior segments of the eye. An additional Prosound F75 Premier EUS/EBUS Processor was purchased during FY 2016 to meet patient demand within Endoscopy. Two endo suites are now equipped and available for EBUS related procedures at all times. The EBUS processor is utilized in all bronchoscopy procedures, as well as in colorectal and gastroenterology procedures. A BK Medical Flex Focus Ultrasound System was purchased in FY 2016. This ultrasound is utilized with both the Davinci robotic surgical system as well as the Uronav navigation system. The capital investment for surgical services during FY 2016 totaled \$784,204.

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ 12,976,919 including grants of \$) (Revenue \$ 56,157,345)

Imaging ServicesPikeville Medical Center (PMC) takes pride in offering state-of-the-art diagnostic and therapeutic radiology services. The cutting-edge technology currently available includes two linear accelerators, one 32-slice large bore CT scanner, two 64-slice CT scanners, two 320-slice CT scanners, a PET/CT scanner, a Spect/CT scanner, two 1.5T open MRIs, a 3.0T open MRI and an IR Allura Xper FD 20 cardiovascular system. PMC completed phase 2 construction within the fully equipped Interventional Radiology Lab during FY 2016. IR specializes in minimally invasive image-guided procedures that diagnose and treat diseases in most every organ system in the body. In addition to procedure rooms, the IR Lab houses nine pre-operative and post-operative bays, a centralized nurse's station and two outpatient rooms for minor ultrasound procedures. Interventional Radiology performed more than 2,670 procedures during FY 2016, an increase of 121% over FY 2015. Additionally, imaging services upgraded two existing Easy Diagnost Fluoro R/F units to the latest hardware and software versions available during FY 2016. The upgrades provide digital imaging, reduction in radiation dose to the patient and staff, and a reduction in repeat images. Due to the increase in patient census during FY 2016 an additional mobile X-Ray unit was also purchased. The AMX4 Plus mobile unit is utilized throughout PMC's medical, surgical and critical care nursing units to provide bedside x-ray imaging of patients that cannot be transported to the Radiology department for imaging. The total capital investment in imaging services during FY 2016 was \$1,663,056.

(Code)	(Expenses \$)	224,332,406	including grants of \$	105,739	(Revenue \$)	215,884,089
Pikeville Medical Center	provides comprehensive health care services through its licensed 300-bed acute care and inpatient rehabilitation hospital, Level II Trauma Center, Outpatient Diagnostic Center, Orthopedic and Rehabilitation Center, Sleep Labs, Home Health, Home Medical Equipment, Family Practice Residency Program, Cancer Center, Pain Management Clinic and multi-specialty physician practices					
PMC	offers more than 400 services, including every major specialty and many subspecialties, and employs more than 3,200 people					
PMC	plays an essential role in the health care delivery system in Eastern Kentucky, the broad range of services offered has elevated PMC to the status of regional referral center for smaller community hospitals that have patients with complex needs whom they cannot serve					
PMC	was granted a Certificate of Need for 29 additional acute care beds during FY 2016 by the Kentucky Cabinet for Health and Family Services					
PMC	total inpatient admissions during FY 2016 was 14,705 an 11% increase over prior year, resulting in a total adult and neonatal inpatient occupancy rate of 88%					
PMC	From 2009 to 2012, PMC was named National Hospital of the Year by the American Alliance of Healthcare Providers - the nation's only three time winner of this award					
PMC	was named one of the Best Places to Work in Kentucky for seven years and honored as one of the Best Places to Work in the nation by Modern Healthcare for five years					
The hospital's	compassionate, dedicated employees and physicians are focused on providing world class patient care in a Christian environment					
As the premier hospital in a multi-state region,	PMC is home to some of the most sophisticated, technologically advanced medical equipment in Eastern Kentucky and is continually growing and looking for new ways to provide the very best in health care to its patients and the broader population					
PMC is a certified Kentucky Cabinet of Health and Family Services' Department of Public Health Level II Trauma Center and has also received Level II Trauma verification from the American College of Surgeons	PMC is the only Level II Trauma Center in the Commonwealth of Kentucky and is the designated hospital for all trauma cases in Eastern Kentucky					
As a verified Trauma Center, PMC is equipped and staffed to provide comprehensive emergency care to patients suffering traumatic injuries	The spectrum of care encompasses the pre-hospital phase through the rehabilitation process					
PMC's Trauma Center serves more than 400,000 people, significantly increasing those individuals' chance of survival should they be injured	The number of trauma patients PMC served increased by 43.2% between 2015 and 2016					
Heart disease is one of the most prevalent health problems affecting the region that Pikeville Medical Center (PMC) serves	The hospital continues its mission to offer a world-class cardiac program so that patients can receive care close to home					
PMC is an accredited Chest Pain Center with Primary PCI and is a Level IV Cycle V Chest Pain Center	PMC is also accredited by the American Association of Cardiovascular and Pulmonary Rehabilitation for meeting strict standards of practice					
Cardiac services offered by PMC include general cardiology, invasive cardiology, interventional cardiology, electrophysiology, cardiothoracic surgery, vascular surgery, echocardiography, and cardiac rehabilitation	PMC is a member of the American Heart Association's Mission Lifeline					
The American Heart Association developed Mission Lifeline to transform heart attack patient outcomes by connecting healthcare providers, pre-hospital providers and community stakeholders in a proactive system of care that saves and improves lives	- from symptom onset through cardiac rehabilitation					
All Mission Lifeline participants share a common commitment to American Heart Association guidelines and data-based quality measures	Since PMC began implementing the AHA best-practice strategies, Pike County, KY has gone from being ranked as one of the worst places in the nation to have a heart attack, to one of the safest					
The increase in the offering of cardiac specialty services and the outreach of satellite cardiac clinics have contributed to a large volume increase in cardiac procedures during FY 2016	The hospital completed 62,093 cardiac procedures during the fiscal year, an increase of ten percent over the prior year					
11th Floor May Tower Restaurant Construction	The interior construction of 24,000 square foot of space located on the 11th Floor of the May Tower to relocate and consolidate the PMC Cafeteria and Grille from the original locations on the 1st floor was completed during FY 2016					
The ultra-modern PMC Restaurant, consists of food preparation areas for patients and the public, food serving area for the public, and dining area	The restaurant offers a room service program to patients that provides meal options based on the individual's dietary requirements					
The project included the purchase of new kitchen equipment, smallwares, and dining furniture	The capital investment totaled \$6,281,866					
May Tower Elevator Addition	During FY 2016, the installation of two new elevators in the May Tower into existing shafts available from the original May Tower construction was completed					
The new elevators were necessary to provide visitors and staff adequate access to the new PMC Restaurant located on the 11th Floor of the May Tower, as well as improving access to each of PMC's nursing units located throughout the May Tower and Elliott Building	The capital investment totaled \$1,326,299					
4th Floor Critical Care Unit Renovation	The interior renovation and equipment to convert nine existing patient rooms located on the 4th Floor of the May Tower to nine additional ICU rooms and a nurse's station was completed during FY 2016					
Equipment purchased included a 9-bed patient monitoring system, SpoRT2 patient beds and a bronch cart	The capital investment totaled \$1,024,888					
10th Floor Medical Unit Renovation	The interior renovation to transform 13 patient rooms formerly designated for inpatient rehab occupancy on the 10th Floor of the May Tower to board medical nursing patients was completed during FY 2016					
The total capital investment was \$399,073	Other Capital Investments					
Implementation of the PeopleSoft Financial and Human Capital Management computer software system was completed during FY 2016	PeopleSoft delivers a complete industry solution for healthcare providing automation and integration across the Finance, Materials Management, and Human Resource departments					
This major capital investment totaled \$5,989,755	During FY 2016, PMC purchased property located at 131 Summit Drive, within the city limits of Pikeville, for the expansion and development of health care services					
The property will be used for the Medical Leader, the hospital's newspaper, as well as offices for financial services and other departments	The capital investment including renovations totaled \$3,183,650					
Upgrade of the Information Technology UPS Computer Room was finalized during FY 2016	The upgrade consisted of complete remodeling and rewiring of the area, in addition to installation of an HVAC unit					
The capital investment totaled \$383,022	National Recognition					
Pikeville Medical Center (PMC) strives to be recognized as a leader in healthcare	The commitment of PMC's leadership team, physicians, and staff to carry out the hospital's mission "to provide world-class health care in a Christian environment" led to notable recognition and awards during FY 2016 including					
November '15 Chest Pain Center with Primary PCI accreditation from the Society of Cardiovascular Patient Care	November '15 America's Best Hospitals for Bariatric Surgery					
Women's Choice Award from WomenCertified	November '15 America's Best Hospitals for Obstetrics					
Women's Choice Award from WomenCertified	November '15 America's Best Hospitals for Orthopedics					
Women's Choice Award from WomenCertified	November '15 Silver Award Winner from U.S. Department of Health and Human Services for promoting enrollment in state organ donor registries					
January '16 National Outstanding Achievement Award with Commendation Gold Status from Commission on Cancer of the American College of Surgeons for achieving excellence in providing highest quality care to cancer patients						

(Code	(Expenses \$	including grants of \$	(Revenue \$
Other program services continued May '16 - PMC named one of "America's 100 Best Hospitals for Patient Experience" by WomenCertified August '16 - PMC among a select group of hospitals recognized by the U S Department of Health and Human Services Health Resources and Services Administration for promoting organ, eye, tissue donation in a national campaign sponsored by HRSA PMC's commitment to provide world class care in a proactive, innovative, and visionary environment, where patients' needs are placed first, will allow the organization to continue on its path of growth while redefining the health care model			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
RonaLD BURCHETT board vice-president	4 00 1 00	X						0	0	0
JOE DEAN ANDERSON board secretary / Treasurer	4 00 1 00	X						0	0	20,804
AARON CRUM MD Board-CHIEF OF STAFF(10 1 15-12 31 15)	2 00 0 00	X						445,750	0	33,133
DEBra BLACKBURN BOARD MEMBER	2 00 0 00	X						0	0	7,878
Samuel L King MD Board-CHIEF OF STAFF(1 1 16-9 30 16)	2 00 0 00	X						0	0	0
DAVID COLLINS CPA board member	2 00 0 00	X						0	0	20,804
HOBERT CLAY JOHNSON board member	2 00 0 00	X						0	0	0
DENNIS HALBERT MD board member	4 00 0 00	X						0	0	20,804
JOHN LABRECHE board member	4 00 1 00	X						0	0	5,969
Julius CLINTON MARTIN II board member	2 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEX POULOS MD BOARD MEMBER	4 00 1 00	X						0	0	20,804
JO NELL ROBINSON BOARD MEMBER	4 00 1 00	X						0	0	7,878
MARY SIMPSON PHD BOARD MEMBER	2 00 0 00	X						0	0	0
SUE SMALLWOOD board member	4 00 1 00	X						0	0	7,878
BURLIN COLEMAN EMERITUS BOARD MEMBER	0 00 0 00	X						0	0	0
JUDITH HINKLE EMERITUS BOARD MEMBER	0 00 0 00	X						0	0	0
LACeY PUCKETT EMERITUS BOARD MEMBER	0 00 0 00	X						0	0	0
WALTER E MAY President/CEO	40 00 1 00	X		X				658,511	0	35,373
MICHELLE HAGY CFO - VP Finance	40 00 0 00			X				316,504	0	28,755
JUANITA DESKINS Chief operating OFFICER	40 00 0 00			X				348,408	0	36,673

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA PARSONS CHIEF NURSING OFFICer	40 00 0 00				X			229,476	0	15,607
cherYL HICKMAN Assistant to president	40 00 0 00				X			191,871	0	28,053
russELL SHANKLIN Assistant Chief Informatio	40 00 0 00				X			175,324	0	30,403
PEGGY JUSTICE VP PHYSICIAN NETWORK	40 00 0 00				X			166,184	0	29,821
deborah Puckett VP rehAB SERVICES	40 00 0 00				X			156,204	0	30,156
CATHERINE JORGENSEN VP Corporate Compliance &	40 00 0 00				X			193,712	0	32,652
Ralph Lomma VP Facilities	40 00 0 00				X			211,597	0	13,956
Michelle Rainey Assistant Chief Nursing Officer	40 00 0 00				X			161,061	0	28,123
Sonja Elder Chief Information Officer	40 00 0 00				X			195,781	0	14,022
Aaron Brown MD Trauma Surgeon	40 00 0 00					X		1,141,332	0	33,133

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Denzil Harris MD Cardiologist	40 00 0 00					X		1,191,878	0	27,600
Kevin Pugh MD Orthopedic Surgeon	40 00 0 00					X		1,042,487	0	33,133
Keith Hall MD Orthopedic Surgeon	40 00 0 00					X		1,046,908	0	33,133
William Peery II MD Trauma Surgeon	40 00 0 00					X		1,141,332	0	33,133

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 Pikeville Medical Center Inc	Employer identification number 61-0458376
--	--

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 <u>Activities Test</u> Answer (a) and (b) below.	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
3 <u>Parent of Supported Organizations</u> 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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). <input type="checkbox"/>		

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

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 Pikeville Medical Center Inc	Employer identification number 61-0458376
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Y e s** ☐ **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

- 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?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
- j** Total Add lines 1c through 1i

(a)		(b)
Yes	No	Amount
	No	
	No	
	No	
	No	
	No	
	No	
	No	
	No	
Yes		9,930
		9,930
	No	

- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- 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).

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
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
- 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
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
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	Other Activity costs are the corporation's portion of trade dues (i.e. Kentucky Hospital Association)

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
Pikeville Medical Center Inc

Employer identification number
61-0458376

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

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

Held at the End of the Year

2b

2c

2d

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2015

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	624,622	705,176	206,000	206,000	206,000
b Contributions			499,176		
c Net investment earnings, gains, and losses	27,746	-80,554			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	652,368	624,622	705,176	206,000	206,000

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 32.000 %

c Temporarily restricted endowment ▶ 68.000 %

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

(i) unrelated organizations

(ii) related organizations

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

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

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	1,868,888	7,430,626		9,299,514
b Buildings	6,399,786	231,263,052	69,641,860	168,020,978
c Leasehold improvements		1,076,513	884,443	192,070
d Equipment	46,027	153,913,000	109,167,249	44,791,778
e Other		11,190,002		11,190,002
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				233,494,342

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

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	
reserve for reciprocal of amer claims	2,382,282
Estimated Cost Report Settlements	1,497,551
Deferred Compensation Liability	3,758,141
reserves for workers compensation claims	2,509,806
Capital Lease Obligation	197,837
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	488,198,444
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	322,246
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	9,741,994
e	Add lines 2a through 2d	2e	10,064,240
3	Subtract line 2e from line 1	3	478,134,204
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	478,134,204

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	460,064,758
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	11,130
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	9,741,994
e	Add lines 2a through 2d	2e	9,753,124
3	Subtract line 2e from line 1	3	450,311,634
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	450,311,634

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: 61-0458376
Name: Pikeville Medical Center Inc

Supplemental Information

Return Reference	Explanation
Part V , Line 4	THE AMOUNT OF \$206,000 IS A PERMANENT RESTRICTED ENDOWMENT-HERBERT FABER ENDOWMENT FUND T HE JEAN H JOHNSON CHARITABLE REMAINDER UNITRUST IS A TEMPORARILY RESTRICTED ENDOWMENT IN THE AMOUNT OF \$446,368

Supplemental Information

Return Reference	Explanation
Part X, Line 2	THE HOSPITAL AND PIKEVILLE MEDICAL CENTER FOUNDATION FOR QUALITY HEALTHCARE, INC ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PIKEVILLE MEDICAL CENTER DEVELOPMENT CORPORATION AND LANDMARK PROPERTIES OF PIKEVILLE, INC ARE TAXABLE ENTITIES TO WHICH APPLICABLE CORPORATE INCOME TAXES APPLY NO INCOME TAXES WERE OWED BY PIKEVILLE MEDICAL CENTER DEVELOPMENT CORPORATION OR LANDMARK PROPERTIES OF PIKEVILLE, INC FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015 THE HOSPITAL HAD NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2016 AND 2015 AT SEPTEMBER 30, 2016, TAX RETURNS FOR 2013 THROUGH 2015 ARE SUBJECT TO EXAMINATION BY THE IRS

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Expenses reclassified to Revenue Section 9,732,340 Fundraising expenses 9,654

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Expenses reclassified to revenue section 9,732,340 Fundraising Expenses 9,654

Supplemental Information

Return Reference	Explanation
Form 990, Part IV Line 12	FORM 990, PART IV LINE 12 HAS BEEN CHECKED NO PER 990 INSTRUCTIONS PART XI, XII, AND XIII ARE NOT REQUIRED AS THE ORGANIZATION IS PART OF A CONSOLIDATED FINANCIAL STATEMENT THE CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AND PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES However, the organization opted to voluntarily complete these sections

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Pikeville Medical Center Inc

Employer identification number
61-0458376

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Colors of Courage 5K Run/Walk (event type)	Reclaim your life 5k run/walk (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	25,407	24,935		50,342
	2 Less Contributions	16,440	14,126		30,566
	3 Gross income (line 1 minus line 2)	8,967	10,809		19,776
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	455	459		914
	7 Food and beverages	68	45		113
	8 Entertainment	1,793	1,174		2,967
	9 Other direct expenses	2,717	2,943		5,660
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				9,654
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				10,122

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No
- 13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14

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

Name ▶

Address ▶

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

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

Part IV

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

Return Reference	Explanation
------------------	-------------

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 Pikeville Medical Center Inc	Employer identification number 61-0458376
--	--

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,688,210	2,386,312	3,301,898	0 730 %
b Medicaid (from Worksheet 3, column a)			89,319,584	94,495,480	-5,175,896	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			95,007,794	96,881,792	-1,873,998	0 730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	286	1,194	521,992		521,992	0 120 %
f Health professions education (from Worksheet 5)	88	1,933	1,458,875	782,214	676,661	0 150 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	53		85,152		85,152	0 020 %
j Total. Other Benefits	427	3,127	2,066,019	782,214	1,283,805	0 290 %
k Total. Add lines 7d and 7j	427	3,127	97,073,813	97,664,006	-590,193	1 020 %

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	162	18,164	251,955	3,243	248,712	0.060 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy	18	933	39,084	50,642	-11,558	0 %
8	Workforce development	12		467,715		467,715	0.100 %
9	Other						
10	Total	192	19,097	758,754	53,885	704,869	0.160 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

37,258,719

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

132,444,483

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

115,904,169

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

16,540,314

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

No

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

No

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				

Section A. Hospital Facilities

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)

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

PIKEVILLE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 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	3 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	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http://www.pikevillehospital.org/patientsvisitors/2016-2019-community-health</u> b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input checked="" type="checkbox"/> Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	7 8 10	Yes
a If "Yes" (list url) <u>http://www.pikevillehospital.org/patientsvisitors/2016-2019-community-health</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" 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)

		PIKEVILLE MEDICAL CENTER	
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http //www pikevillehospital org/billing/financial-assistance-policy/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>http //www pikevillehospital org/billing/financial-assistance-policy/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http //www pikevillehospital org/billing/financial-assistance-policy/</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

PIKEVILLE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)	19		No
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 <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	Yes	

Part V **Facility Information** *(continued)*

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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? **18**

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 II, Community Building Activities	PIKEVILLE MEDICAL CENTER'S MISSION STATEMENT, "TO PROVIDE WORLD CLASS HEALTH CARE IN A CHRISTIAN ENVIRONMENT" IS THE CATALYST BEHIND PMC'S EFFORTS TO IMPROVE THE PHYSICAL, MENTAL AND SPIRITUAL WELL BEING OF THE PUBLIC DURING FY 2016, PIKEVILLE MEDICAL CENTER REPORTED TAKING PART IN 192 COMMUNITY BUILDING ACTIVITIES, SERVING OVER 19,000 PEOPLE AND TOTALING NEARLY \$705,000 THESE ACTIVITIES FOCUSED ON PROMOTING THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE THROUGH HEALTH EDUCATION, AWARENESS, PREVENTION AND TREATMENT, AS WELL AS, WORKFORCE DEVELOPMENT, ECONOMIC DEVELOPMENT AND FUTURE PLANNING SOME OF THESE EVENTS LISTED UNDER THE COMMUNITY BUILDING ACTIVITIES SECTION INCLUDED FIRST-AID BOOTH AT HILLBILLY DAYS, SUPPORT OF THE MARCH OF DIMES WALK AND RELAY FOR LIFE PIKE COUNTY, COLORS OF COURAGE 5K RUN/WALK, SMOKING CESSATION CLASSES, RECLAIM YOUR LIFE 5K RUN/WALK, A CHRISTMAS LIVE NATIVITY, AND NEARLY 600 MEALS PER MONTH PROVIDED TO MEALS ON WHEELS

Form and Line Reference	Explanation
Part III, Line 4	SEE PAGE 10 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS The hospital has a detailed Financial Assistance Policy and makes every effort to educate patients with limited ability to pay regarding financial assistance, in addition, PMC Patient Financial Counselors are available to assist those in need throughout the financial assistance application process For this reason the organization believes that it accurately captures charity care deductions provided according to the financial assistance policy and the amount of bad debt expense attributable to patients eligible under the organization's charity care policy is negligible

Form and Line Reference	Explanation
Part III, Line 8	No shortfall existed in FY 2016 The source used to determine the amount of Medicare allowable costs reported for Part III, Section B, Medicare has been provided from the Year Ended Sept 30, 2016 report Hospital Statement of Reimbursable Cost

Form and Line Reference	Explanation
Part III, Line 9b	<p>PMC will not engage in extraordinary collection actions (ECAs) against patients before making reasonable efforts to determine whether the individual is eligible for assistance under PMC's Financial Assistance Policy. PMC makes reasonable effort to orally notify the patient about PMC's financial assistance policy and how they may receive assistance with the application process. Each patient billing statement and all written communications concerning the patients' bill include a conspicuous written notice that informs recipients about the availability of financial assistance, the notice includes the telephone number of PMC's patient financial counseling department as well as the web site address where copies of the financial assistance policy, financial application forms, and a plain language summary of the financial assistance policy may be obtained. In addition, Billing department personnel inform each patient about PMC's FAP in all oral communications regarding amounts due. Once a patient has been determined eligible for financial assistance under the In-House Sliding Scale Program, their eligibility will remain intact for a term of one (1) year from the date of approval unless PMC becomes aware of a material change in the patient's financial circumstances.</p>

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

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

Form and Line Reference	Explanation
Part VI, Line 4	PIKEVILLE MEDICAL CENTER PROVIDES HEALTHCARE SERVICES TO RESIDENTS OF PIKE, FLOYD, JOHNSON, MAGOFFIN, MARTIN, LETCHER AND PERRY COUNTIES IN KENTUCKY, MINGO COUNTY IN WEST VIRGINIA AND BUCHANAN COUNTY IN VIRGINIA PMC IS COMMITTED TO MAKING HIGH QUALITY SPECIALTY SERVICES AVAILABLE TO MEET ITS PATIENTS' NEEDS SO THEY CAN RECEIVE THEIR HEALTH CARE LOCALLY PMC USES THE MOST RECENT U S CENSUS BUREAU DATA AND INFORMATION FROM THE KY STATE DATA CENTER WHEN TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES BASED ON 2016 DATA AVAILABLE, PMC'S SERVICE AREA CONTAINS A POPULATION OF APPROXIMATELY 242,270 INDIVIDUALS THERE IS A RELATIVELY EVEN DISTRIBUTION OF MALES (49 6%) TO FEMALES (50 4%) THE AVERAGE HOUSEHOLD SIZE IS 2 INDIVIDUALS AND 17 4% OF THE POPULATION IS AGE 65 AND OVER THE IMPOVERISHED AREA SERVED BY PIKEVILLE MEDICAL CENTER HAS A MEDIAN FAMILY INCOME OF \$31,005 WITH 28 8% OF THE POPULATION LIVING UNDER THE POVERTY LINE

Form and Line Reference	Explanation
Part VI, Line 5	<p>Pikeville Medical Center (PMC), a radiant gem located in the coalfields of eastern Kentucky, is known for its compassionate employees, unparalleled service, advanced technology, and unmatched generosity to the community. Regarded as the premier hospital in a multi-state region, PMC is continually growing and looking for new ways to offer the best in health care to its patients and the broader population. The mission of Pikeville Medical Center is "to provide world class health care in a Christian environment." This mission is fulfilled on a daily basis, as the dedicated staff portrays a sense of teamwork with a sincere passion to help others. PMC has undergone substantial change throughout its 92-year history, as the Hospital has continually responded to and met the healthcare needs of the community. Beginning as a small, rural, 50-bed facility at its inception in 1924, the Medical Center is today a comprehensive medical complex comprised of a 300-bed facility encompassing over one million square feet with both the main facility and surrounding supportive services. PMC recently opened a new 11-story clinic and 10-story parking garage on the hospital's main campus. This expansion increased efficiency in operations and enhanced patient convenience. A one-of-a-kind facility in the area, the PMC Clinic houses most of PMC's physician practices under one roof as well as clinical space for additional surgical and endoscopy suites. The enclosed 10-story parking garage added 1,162 parking spaces to the main campus and enables patients to conveniently park on the same floor as their physician's office. The Hospital also expanded in other areas. The outpatient Diagnostic Center was expanded to permit additional laboratory and radiology testing of patients. The Pain Management building expansion increased the number of patient exam rooms available to serve patients in need of quality pain management training by more than 100%. An Interventional Radiology suite was built with new state-of-the-art equipment. The Miner's Building was also the site for the development of an area for diagnosis and handling of patients with Ebola. In addition to physical expansion, PMC, accredited by The Joint Commission, has experienced significant growth in patient volumes. Admissions increased to 14,705 in FY 2016 from 13,240 in FY 2015, surgical procedures increased to 22,165 in FY 2016 from 20,922 in FY 2015, trauma cases increased to 1,437 in FY 2016 from 994 in FY 2015, and physician outpatient visits increased to 185,263 in FY 2016 from 182,185 in FY 2015. PMC continues to recruit highly-qualified professionals aspiring to practice in a progressive, growing medical community that demands quality and cultivates excellence. Currently, PMC employs more than 3,200 people. Approximately 400 providers are credentialed to practice at PMC. During FY 2016 the hospital engaged 47 new employed physicians and contracted 10 additional with start dates ranging from October 2016 to August 2020. The hospital offers over 400 services, including every major specialty and many subspecialties, and is a proud member of the Mayo Clinic Care Network. This tremendous physical growth, along with sound financial leadership, has allowed PMC to significantly expand the health care services offered to the region. Current services include a verified Level II Trauma Center, an award-winning, full-service Cancer Treatment Center, Chest Pain Center with Primary PCI, 40-bed Inpatient Physical Rehabilitation Hospital, an Accredited Gold Plus Stroke Center, Neurosurgery, Level II Neonatal Intensive Care Unit, Bariatric Surgery Center of Excellence, Joint Commission Gold Seal Certified Orthopedic Program, Pain Management, Pulmonary Rehabilitation, two satellite Sleep Lab facilities, a Diagnostic Center, integrated family and specialty physician practices, along with a retail clinic at Walmart. Pikeville Medical Center is dedicated to providing patients with cutting edge treatment technology. PMC's state-of-the-art diagnostic and therapeutic radiology services consists of two linear accelerators, one 32-slice large bore CT scanner, two 320-slice CT scanners, two 64-slice CT scanners, a PET/CT scanner, a Spect/CT scanner, two 1.5T open MRI's, a 3.0T open MRI, as well as a fully equipped Interventional Radiology Suite. PMC has been recognized at many levels for providing quality health care and being an employer of choice. The nation's only three-time winner of National Hospital of the Year. PMC was named one of the Best Places to Work in Kentucky for seven years and for five years, PMC was honored by Modern Healthcare as one of the best places to work in the nation. In addition to expanding the range and dimension of health care services provided to patients in the region, Pikeville Medical Center's growth has played an integral part in enhancing the Hospital's outreach to the community. PMC provides a variety of educational, wellness, and preventive health services that are</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>essential to PMC's mission "to provide world class health care in a Christian environment " Charity Care Through defined policies and procedures, PMC recorded uncompensated charity of more than \$17,211,000 during FY 2016 (services at hospital's established rates) Health Care Support Services Blood Drives - PMC was host to five blood drives during FY 2016 Preparation for blood drives includes publicity before and after the event, obtaining give-away items for donors, reserving a location, helping with set-up and take-down, and pre-registering donors Blood drives are conducted in accordance with the Kentucky Blood Center In FY 2016, 196 donors participated in PMC's five blood drives, providing life-saving blood products to an estimated 546 recipients These events cost PMC \$1,692 Meals on Wheels - In FY 2016, PMC provided 7,157 meals at a cost of \$43,277 Guest Meals - PMC donated 4,514 food trays to guests at a cost of \$29,317 in FY 2016 Indigent Support Services - Many patients need financial assistance with prescribed medications, in-home medical equipment, transportation, and other items or services To help reduce financial burden, PMC's Chaplain Services, Case Management, and Leonard Lawson Cancer Center departments provided assistance to 293 patients totaling \$25,544 in FY 2016 Assistance went to patients needing prescribed medications and transportation upon discharge Transportation support was also provided to patients needing to travel to and from the hospital to receive care In addition, the hospital purchased child car seats, home medical equipment, and medical supplies for patients in need Spiritual - PMC's Chaplaincy department works around the clock to ensure patients' spiritual needs are met The staff make rounds daily on each patient, offering words of encouragement and prayer In FY 2016, 520 Bibles for newborns were distributed and Holy Week Services were conducted This service provided a community benefit of more than \$8,888 Community Financial Donations In FY 2016, PMC once again proved to be a strong corporate citizen In addition to encouraging employee participation in community activities and events, the hospital gave \$76,550 in financial support to such entities as American Cancer Society March of Dimes Kentucky Chamber Foundation University of Pikeville Operation UNITE Pikeville Rotary Club Blessed Beyond Measure One East Kentucky Corporation After Breast Cancer Support Group Pikeville Medical Center is an avid supporter of Operation UNITE (Unlawful Narcotics Investigations, Treatment and Education) Operation UNITE serves 32 counties in southern and eastern Kentucky by empowering community coalitions to combat drug abuse within the region PMC also supports the One East Kentucky Corporation, a regional economic development organization whose mission is to recruit industry and investment to eastern Kentucky through implementation of economic development strategies and partnership of private businesses, communities and chambers of commerce Fundraising During August 2016, PMC hosted its third annual "Colors of Courage" 5K fundraiser in Pikeville to benefit underinsured cancer patients of the hospital's Leonard Lawson Cancer Center Nearly 500 runners and walkers came together for this common cause Hospital employees organized, publicized, and worked the event The total community benefit was \$20,374 The cost of fundraising was \$5,033 The PMC Weight Loss Surgery Center Reclaim Your Life 5K & 1 Mile Fun Run/Walk fundraiser was held in April 2016 to promote the importance of health and fitness and to support those in various stages of their weight loss journey More than 600 participants registered for the event The total community benefit was \$20,315 The cost of fundraising was \$4,620</p>

Form and Line Reference	Explanation
Part VI line 5	<p>PROMOTION OF COMMUNITY HEALTH (CONTINUED)Health Screenings PMC participated in 20 free co mmunity health fairs/screenings during FY 2016 including six diabetes screening events and a World Hepatitis Day health screening event Health education materials were distributed at the events, which were attended by more than 1,505 people All screenings were hosted by PMC physicians, nurses and/or support staff The events provided a community benefit of \$32,529 Other events during which PMC hosted free health screenings included - First-Aid Booth Hillbilly Days Festival- Stroke Awareness Day- Whitesburg Days-Mountain Heritage Festival - Pikeville Senior Citizens Health Fair- Betsy Layne Senior Citizens Health Fair- A merican National University Healthy Fun Fair- Thankful Hearts Food Pantry Back to School H ealth Fair- Big Sandy Community Action Health Fair- Elkhorn City Library Health Fair- Elkh orn City Senior Citizens Health Fair- East KY Sport/Boat/RV ShowCommunity Health Education PMC's staff remains involved in educating the community on important health care topics Throughout FY 2016, hospital representatives from various departments spoke to local civi c clubs, schools, medical professionals, and the public at large Through its 162 communit y education efforts in FY 2016, PMC contributed \$573,924PMC employees participated in the following lectures/presentations/publications during FY 2016 - American Diabetes Month Out reach Event- Pikeville YMCA Senior Injury Prevention and Safety Presentation- Millard Elem entary Injury Prevention Presentation- Life is Cool-KODA Event (2)- Pike County Highway Sa fety Team Celebration Drive (2)- Senior Citizens Safety and Trauma Awareness Day- Betsy La yne Senior Citizen Center Safety Fair- Letcher County Farmers' Market Opening- Treatment o f Burn Injuries Demonstration- Disaster Preparedness Demonstration Dyno Noble- Influenza E ducation Program- Heart Month Education Program- Childbirth Classes (51) - Health Talk Pro grams (12)- Mayo Minute Programs (9)- Back to School Safety Education Program- Medical Lea der Community Publication and Website- Stroke Awareness Day- Trauma Outreach Education (9) - Weight Loss Surgery Education Seminars (12)- Whitesburg Days Mt Heritage Health FairChil dbirth Classes - PMC's Education Department hosts four childbirth classes a month to educa te parents-to-be on what to expect during labor and after bringing their baby home Inform ation discussed includes what to bring to the hospital, hospital services, available pedia tricians, kangaroo care, managing labor pain and epidurals, basic newborn care, circumcisi on, cord care, infant CPR, immunizations, and breastfeeding Attendees also receive a tour of the labor and delivery floor This service cost \$4,463 in FY 2016 Health Talk - Each week, PMC's Public Relations department records a 30-minute radio show that is aired on ni ne local radio stations covering Pike, Floyd, Letcher, Johnson, Knott, Magoffin, and Marti n counties in Kentucky and Mingo County, West Virginia Through this show, PMC informs lis teners of new health services, physicians and technology at the hospital This program edu cates the public on health topics of interest which have included family medicine, flu, pu lmonary rehabilitation, cancer symptoms, prevention and treatment, and diabetes In FY 201 6, the total cost for this program was nearly \$83,336 Mayo Minute - PMC regularly sponsors Mayo Minute radio spots from Mayo Clinic as a Mayo Clinic Care Network Member The 60-sec ond radio spots are aired on nine local radio stations covering Pike, Floyd, Letcher, John son, Knott, Magoffin and Martin Counties in Kentucky and Mingo County, West Virginia Mayo Minute covers a wide range of health topics In FY 2016, the total cost for this program was \$55,457 Medical Leader - PMC publishes a weekly newspaper, Medical Leader, in which he alth information is printed along with content about PMC services, physicians, and technol ogy The hospital prints 7,500 copies of Medical Leader weekly and distributes them, free of charge, to more than 150 locations in Pike, Floyd, and Letcher counties in Kentucky, an d Mingo County, West Virginia Medical Leader, which has its own website, has nearly 5,000 email subscribers and more than 5,800 social media followers This community benefit exce eded \$251,700 in FY 2016 Weight Loss Surgery Education Seminars - PMC's Weight Loss Surger y Center staff educates the public on various bariatric surgery, weight management, and nu trition topics Seminars are advertised prior to the events to increase public awareness During FY 2016, this community benefit totaled \$78,210 Community Self-Help Education Fift y-four smoking cessation classes were offered by PMC during FY 2016, reaching 45 participa nts at a cost of \$8,324 Health Professions Education During FY 2016, PMC invested \$676,66 1 in health professions education In affiliation with more than fifty academic institutio ns, PMC trained approximately 328 students during</p>

Form and Line Reference	Explanation
Part VI line 5	<p>2016, in more than twenty different specialties including nursing, respiratory therapy, pharmacy, and radiology. Schools affiliated with PMC include American National University-Cincinnati Campus, American National University-Florence Campus, American National University-Lexington Campus, American National University-Pikeville Campus, Appalachian Osteopathic Postgraduate Training Institute Consortium, Aspen University, AT Still University - Arizona School of Medicine, AT Still University/Kirksville College of Osteopathic Medicine, Beckfield College, Belfry Area Technology Center, Bellarmine University, Belmont University School of Occupational Therapy, Bluefield College, Campbellsville University, Chatham University, College of West Virginia, Des Moines University, DeVry University, Duke University, Eastern Kentucky University, Edward Via Virginia College of Osteopathic Medicine, Emergency Medical Educators, Frontier School of Midwifery and Family Nursing, Huntington Junior College, Hutchinson Community College, Indiana Wesleyan University, Iowa College Acquisition Corp. d/b/a Kaplan University, Jefferson College of Health Sciences, Johns Hopkins University, Kentucky Community Technical College System, Lake Erie College of Osteopathic Medicine, Letcher County Area Technology Center, Liberty University, Lincoln Memorial University, Lindsey Wilson College, Marietta College, Marshall University, Maryville University, Medical University of South Carolina, College of Health Professions, Meridian Institute of Surgical Assisting, Milligan College, Morehead State University, Northern Kentucky University, Norton Community Hospital, Nova Southeastern University, Phelps Vocational School, Ross University School of Medicine, Shawnee State University, South University School of Pharmacy, Southern West Virginia Community & Technical College, Southwest Virginia Community College, Spencerian College, St. James School of Medicine, Sullivan University College of Pharmacy, Tennessee Board of Regents on behalf of Austin Peay State University, East Tennessee State University, Middle Tennessee State University, Tennessee State University, Tennessee Technological University, and University of Memphis, Tennessee Technology Center at Elizabethton, Trans Star Training Academy, Union University, University of Alabama, University of Appalachia College of Pharmacy, University of Charleston, University of Cincinnati, University of the Cumberlands, University of Kentucky, University of Louisville, University of North Carolina, University of North Texas, Texas Health Science Center at Fort Worth, University of Pikeville, University of South Alabama, University of Wisconsin, Oshkosh, Virginia Highland Community College, Mountain Empire Community College, and Southwest Virginia Community College agencies of the Commonwealth of Virginia, Appalachian Tri-college Nursing Program, Virginia Commonwealth University, Walden University, West Virginia School of Osteopathic Medicine, West Virginia University Board of Governors, Western Kentucky University, Wheeling Jesuit University, William Carey University College of Osteopathic Medicine, Windsor University School of Medicine.</p>

Form and Line Reference	Explanation
Part VI line 5	<p>PROMOTION OF COMMUNITY HEALTH (CONTINUED)Residency Program - PMC's Residency Program is accredited by the American Osteopathic Association and is sponsored by the Appalachian Osteopathic Postgraduate Training Institute Consortium. PMC operates the only Integrated Osteopathic Family Medicine and Manipulative Treatment/Neuromusculoskeletal Medicine Residency Program in Kentucky, the only Plus-One Neuromusculoskeletal and Osteopathic Manipulative Medicine Residency Program in Kentucky, and one of only four Family Practice and Osteopathic Manipulative Treatment Medicine Residency Programs in Kentucky. The hospital, in conjunction with the Residency Program, operates a Family Practice Clinic which treats approximately 9,850 patients annually. This service allows PMC to educate and retain competent, skilled physicians in the region. During the residency year of July 2015 to June 2016, PMC trained 11 residents. This program provided a community benefit of \$657,503. Pikeville Medical Center has also partnered with the University of Pikeville - Kentucky College of Optometry, a not-for-profit Optometric education institution engaged in educating Optometric students and advancing Optometric education to provide clinical care space and equipment as a Core Site to accommodate optometry patient care for the education and training of Optometric students. Continuing Health Professionals Education - PMC has an active Medical Library staff that coordinates and oversees Continuing Medical Education (CME) hours offered at the hospital. Most CMEs are open to not only PMC staff, but to other medical professionals throughout the region. In FY 2016, PMC offered 76 CME presentations, reaching more than 1,900 attendees. This service provided a community benefit of \$30,657. The educational opportunities offered by the hospital during FY 2016 covered the following topics - Advanced Cardiovascular Life Support (13 events) - Breast Cancer Symposium Challenges and Opportunities - Cancer Case Conference (12 events)- Heart Symposium Time is Muscle- Infectious Disease conference (12 events)- Oncology Grand Rounds - Pediatric Abusive Head Trauma- Pediatric Advanced Life Support (9 events)- Research Procedure Training- Stroke Case Conference (12 events)- Stroke Symposium- Trauma Grand Rounds (12 events)Physician, Midlevel and Nursing Professional Recruitment. The primary goal of PMC's recruitment program is to provide patients within the service area with quality medical care by recruiting an adequate number of primary care physicians along with a desired mix of specialty physicians. Physician recruitment is essential to enhancing the health and well being of the region. PMC is a regional referral center for specialty and sub-specialty services not provided by other local hospitals. During FY 2016, PMC recruiters attended 12 physician recruitment conferences. Forty-seven physicians, twenty-three midlevel professionals and 206 registered nurses were added to PMC's team of healthcare providers during the fiscal year. The total community benefit associated with recruitment of these providers during FY 2016 was \$467,715. The recruited physicians practice in the following specialties - Anesthesiology- Cardiology- Colorectal Surgery- Critical Care- Emergency Medicine- Hospitalist Medicine- Interventional Radiology- Nephrology- Obstetrics/Gynecology- Oral/Maxillofacial Surgery- Orthopedic Surgery- Podiatry- Pulmonology- Retina Surgery- Trauma Surgery- Vascular SurgerySupport Groups. In FY 2016, PMC hosted/sponsored 38 support group meetings, reaching 438 people and providing \$11,813 in community benefits. Below is a list of the support groups PMC hosted/sponsored - After Breast Cancer (ABC) Support Group- Man to Man Prostate Cancer Support Group- Diabetes Support Group- Weight Loss Surgery Support GroupOther Community Support Throughout FY 2016, PMC hosted, sponsored, or participated in several events to support the community including - First-Aid Booth Hillbilly Days Festival--a nationally known annual event held in downtown Pikeville to benefit the Shriners' Children's Hospital- Kids Night at Elkhorn City Elementary- Live Nativity- March of Dimes Walk- PMC Booth at Nightmare on Main- Relay For Life- Shaping Our Appalachian Region (SOAR)- YMCA Healthy Kids Day & Easter Egg HuntPMC is a proud member of SOAR, an Appalachian Kentucky network committed to the common purpose of improving education, health and the economy for all citizens of the region through innovation. PMC executives and staff participate in the annual conferences to assist in shaping a better future for the region. The total community benefit for the other community support events was \$61,630.</p>

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 61-0458376
Name: Pikeville Medical Center Inc

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	PIKEVILLE MEDICAL CENTER 911 bypass road pikeville, KY 41501 www.pikevillehospital.org 100366	X	X	X			X			

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 - OBGYN PHYSICIAN PRACTICE - HAROLD 246 KY ROUTE 979 Harold,KY 41635	PHYSICIAN PRACTICE
1 2 - PMC-LEONARD LAWSON CANCER CENTER 172 SOUTH MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
2 3 - HOME MEDICAL EQUIPMENT 1370 S MAYO TRAIL PIKEVILLE,KY 41501	MEDICAL EQUIPMENT
3 4 - HOME HEALTH SERVICES 1370 S MAYO TRAIL PIKEVILLE,KY 41501	Home Health Services
4 5 - pmc SPECIALTY CLINIC-WHITESBURG 255 MAIN ST WHITESBURG,KY 41858	pHYSICIAN PRACTICE
5 6 - BARIATRIC SURGERY PHYSICIAN PRACTICE 1098 S MAYO TRAIL STE 103 PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
6 7 - PMC SPECIALTY CLINIC-PRESTONSBURG 311 NORTH ARNOLD AVE PRESTONSBURG,KY 41653	PHYSICIAN PRACTICE
7 8 - PMC Clinic - WALMART Pikeville 251 CASSIDY BLVD PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
8 9 - PMC SPECIALTY CLINIC-GRUNDY 1520 SLATE CREEK ROAD STE 205 GRUNDY,VA 24614	PHYSICIAN PRACTICE
9 10 - SLEEP LAB - WHITESBURG 60 MAIN STREET WHITESBURG,KY 41858	sleep lab
10 11 - PRIMARY CARE PRACTICE - SHELBY VALLEY 6800 US HWY 23 S STE 3 PIKEVILLE,KY 41501	phySICIAN PRACTICE
11 12 - PRIMARY CARE PRACTICE - HAROLD 246 KY RT 979 HAROLD,KY 41635	PHYSICIAN PRACTICE
12 13 - PIKEVILLE FAMILY PRACTICE CLINIC 184 S MAYO TRAIL PIKEVILLE,KY 41501	PHYSICIAN PRACTICE
13 14 - PMC SPECIALTY CLINIC-SOUTH WILLIAMSON 411 CENTRAL AVE STE 7 SOUTH WILLIAMSON,KY 41503	PHYSICIAN PRACTICE
14 15 - CARDIOLOGY PRACTICE - LEXINGTON 989 GOVERNORS LANE LEXINGTON,KY 40513	PHYSICIAN PRACTICE

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - OPHTHALMOLOGY - HAZARD 101 TOWN COUNTRY DRIVE STE 100 HAZARD,KY 41701	PHYSICIAN PRACTICE
1 17 - PMC SPECIALTY CLINIC-PAINTSVILLE 826 SOUTH MAYO TRAIL PAINTSVILLE,KY 41240	PHYSICIAN PRACTICE
2 18 - PMC SPECIALTY CLINIC-MCDOWELL ARH MCDOWELL BLDG MCDOWELL,KY 41647	PHYSICIAN PRACTICE

2015

61-0458376

Schedule I (Form 990) 2015

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
(1) ASSISTANCE FOR UNINSURED PATIENTS FOR PRESCRIPTIONS, CAFE VOUCHERS, TRANSPORTATION, MEDICAL EQUIPMENT AND CANCER TREATMENT TRAVEL ASSISTANCE	458	26,478			

Part IV

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

Return Reference	Explanation
Part I, Line 2	All grants are provided to public charities for general support. Pikeville Medical Center, Inc. does not monitor the use of these funds by these public charities.
Part III, Column (A)	ASSISTANCE FOR UNINSURED PATIENTS FOR PRESCRIPTIONS, CAFE VOUCHERS, TRANSPORTATION, MEDICAL EQUIPMENT AND CANCER TREATMENT TRAVEL ASSISTANCE. THERE WERE 634 PRESCRIPTIONS PROVIDED, 171 CAFE VOUCHERS PROVIDED, AND 414 instances OF TRAVEL ASSISTANCE.

Additional Data

Software ID:
Software Version:
EIN: 61-0458376
Name: Pikeville Medical Center Inc

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
1 East Kentucky Corporation 1 Bert T Combs Drive Suite 205 Prestonsburg, KY 41653	47-4557366	501c3	30,000				ECONOMIC DEVELOPMENT CONTRIBUTION
Kentucky Chamber of Commerce 464 Chenault Road Frankfort, KY 40601	61-0405718	501c6	15,000				SPONSORSHIP CONGRESSIONAL FORUM
Unite Foundation Inc 2292 South Hwy 27 Somerset, KY 42501	56-2338443	501c3	15,000				SPONSORSHIP NATIONAL RX DRUG ABUSE SUMMIT

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
March of Dimes Bluegrass Division 207 E Reynolds Road Suite 110 Lexington, KY 40517	13-1846366	501c3	8,000				SPONSORSHIP CENTRAL APPALACHIA MARCH FOR BABIES
AMERICAN CANCER SOCIETY INC PO Box 1517 Pikeville, KY 41502	13-1788491	501c3	5,000				SPONSORSHIP RELAY FOR LIFE PIKE COUNTY

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
Pikeville Medical Center Inc

Employer identification number
61-0458376

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate 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. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
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 Yes	
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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 Yes	
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	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 7	There was a bonus program during the year. The bonus percentage was calculated as a percentage of PMC's total margin for the quarter ended . The percentage was the same for all eligible employees each quarter and did not vary based on department or job title.

Additional Data

Software ID:
Software Version:
EIN: 61-0458376
Name: Pikeville Medical Center Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(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				
1AARON CRUM MD Board-CHIEF OF STAFF (10 1 15-12 31 1	(i)	445,283	0	467	10,256	22,877	478,883	0
	(ii)	0	0	0	0	0	0	0
1WALTER E MAY President/CEO	(i)	658,254	0	257	12,496	22,877	693,884	0
	(ii)	0	0	0	0	0	0	0
2MICHELLE HAGY CFO - VP Finance	(i)	311,018	4,326	1,160	6,165	22,590	345,259	2,181
	(ii)	0	0	0	0	0	0	0
3JUANITA DESKINS Chief opERATING OFFICER	(i)	347,080	0	1,328	13,796	22,877	385,081	0
	(ii)	0	0	0	0	0	0	0
4DEBRA PARSONS CHIEF NURSING OFFICer	(i)	225,000	2,878	1,598	6,144	9,463	245,083	1,383
	(ii)	0	0	0	0	0	0	0
5cherYL HICKMAN Assistant to president	(i)	187,250	2,793	1,828	11,610	16,443	219,924	1,474
	(ii)	0	0	0	0	0	0	0
6russELL SHANKLIN Assistant Chief Informatio	(i)	171,695	2,544	1,085	8,663	21,740	205,727	1,342
	(ii)	0	0	0	0	0	0	0
7PEGGY JUSTICE VP PHYSICIAN NETWORK	(i)	162,750	2,390	1,044	8,138	21,683	196,005	1,261
	(ii)	0	0	0	0	0	0	0
8deborah Puckett VP rehAB SERVICes	(i)	152,378	2,266	1,560	8,518	21,638	186,360	1,196
	(ii)	0	0	0	0	0	0	0
9CATHERINE JORGENSEN VP Corporate Compliance &	(i)	189,609	2,628	1,475	10,799	21,853	226,364	1,302
	(ii)	0	0	0	0	0	0	0
10Ralph LommaVP Facilities	(i)	193,673	2,875	15,049	5,021	8,935	225,553	0
	(ii)	0	0	0	0	0	0	0
11Michelle Rainey Assistant Chief Nursing Officer	(i)	154,569	2,150	4,342	6,468	21,655	189,184	0
	(ii)	0	0	0	0	0	0	0
12Sonja Elder Chief Information Officer	(i)	192,752	2,769	260	166	13,856	209,803	1,790
	(ii)	0	0	0	0	0	0	0
13Aaron Brown MD Trauma Surgeon	(i)	1,141,052	0	280	10,256	22,877	1,174,465	0
	(ii)	0	0	0	0	0	0	0
14Denzil Harms MD Cardiologist	(i)	564,402	627,196	280	9,000	18,600	1,219,478	0
	(ii)	0	0	0	0	0	0	0
15Kevin Pugh MD Orthopedic Surgeon	(i)	1,042,176	0	311	10,256	22,877	1,075,620	0
	(ii)	0	0	0	0	0	0	0
16Keith Hall MD Orthopedic Surgeon	(i)	1,046,596	0	312	10,256	22,877	1,080,041	0
	(ii)	0	0	0	0	0	0	0
17William Peery II MD Trauma Surgeon	(i)	1,141,052	0	280	10,256	22,877	1,174,465	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227023297

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Pikeville Medical Center Inc

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

Employer identification number
61-0458376

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF PIKEVILLE KY	61-6001897	72134PAR3	04-27-2011	90,370,651	SEE BELOW		X		X		X
B CITY OF PIKEVILLE KY	61-6001897	72134PAW2	02-18-2016	45,649,350	See BELOW		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	90,370,651		45,649,350					
4	Gross proceeds in reserve funds	3,563,671							
5	Capitalized interest from proceeds			482,500					
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,328,586		329,000					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	41,241,831		42,996,595					
11	Other spent proceeds	44,236,563		1,390,800					
12	Other unspent proceeds			450,455					
13	Year of substantial completion	2014		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 0 2 0 %		0 7 5 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								
6	Total of lines 4 and 5	1 0 2 0 %		0 7 5 0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 61-0458376
Name: Pikeville Medical Center Inc

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ADRIENNE ADKINS	STEP GRANDDAUGHTER OF WALTER E MAY, PMC PRESIDENT/CEO	73,451	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS STAFF REGISTERED NURSE		No
(1) ANDREA ALLARA	DAUGHTER OF JOE DEAN ANDERSON, PMC BOARD MEMBER	43,041	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS RADIOLOGY COORDINATOR		No
(2) ANDREA ROBINETTE LOWE	STEP DAUGHTER OF WALTER E MAY, PMC PRESIDENT/CEO	131,489	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS VP-Human Resources		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) BART DAVIS	Grandson of Jo Nell Robinson, PMC Board Member	51,928	Employed By Pikeville Medical Center as Director of Fleet		No
(1) BRANDI MAY	DAUGHTER IN LAW OF WALTER E MAY, PMC PRESIDENT/CEO	91,346	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A Clinic NURSE PRACTITIONER		No
(2) CAMILLA DAMRON	DAUGHTER OF JO NELL ROBINSON, PMC BOARD MEMBER	76,050	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A SPEECH LANGUAGE PATHOLOGIST		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
(7) City of Pikeville	ENTITY OF WHICH SPOUSE of DEBra BLACKBURN HAS BUSINESS relationship	822,444	SPOUSE OF PMC BOARD MEMBER, Debra BLACKBURN, EMPLOYED AS CITY MANAGER OF CITY OF PIKEVILLE SERVICES PROVIDED BY CITY OF PIKEVILLE TO PIKEVILLE MEDICAL CENTER GAS, TRASH, WATER, AND SEWER UTILITY PAYMENTS, \$820,160 20 -ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$2,283 70		No
(1) COMMUNITY TRUST BANK	ENTITY OF WHICH BOARD MEMBER HAS BUSINESS RELATIONSHIP	8,028,298	DAVID COLLINS SERVES AS BOARD MEMBER OF BOTH ENTITIES SERVICES PROVIDED BY COMMUNITY TRUST BANK TO PIKEVILLE MEDICAL CENTER - INTEREST INCOME BANKING SERVICES & FUNDS IN TRUST, \$632,380 25 -SAFE DEPOSIT BOX FEES/LINE OF CREDIT FEES/BOND ACCT MGMT FEES, \$9,958 74 - INSTALLMENT LOAN PAYMENTS, \$7,367,604 16 - ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$18,354 80		No
(2) Cordell Weatherford	Grandson in law of Walter E May, PMC President/CEO	93,856	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS ASSISTANT VICE PRESIDENT- ADMINISTRATION		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
(10) EAST KY BROADCASTING & EAST KY RADIO NETWORK (TOTAL OF NINE RADIO STATIONS)	ENTITIES MORE THAN 35% OWNED BY WALTER E MAY, PMC PRESIDENT/CEO	1,671,269	ENTITIES PROVIDE ADVERTISING SERVICES TO PMC, \$1,581,508 48 - ENTITIES PROVIDE ADVERTISING INCOME-MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$89,760 40		No
(1) KAMINSKI ROBINSON	HUSBAND OF JO NELL ROBINSON, PMC BOARD MEMBER	65,978	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR-CHAPLAIN SERVICES		No
(2) Miranda Forsyth	SISTER IN LAW OF Debra Blackburn, PMC BOARD MEMBER	63,327	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS STAFF REGISTERED NURSE		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
(13) RANDY L JOHNSON	SON IN LAW OF WALTER E MAY, PMC PRESIDENT/CEO	59,625	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS assistant DIRECTOR-CHAPLAIN SERVICES		No
(1) Rhonda Coleman	SISTER IN LAW OF Debra Blackburn, PMC BOARD MEMBER	31,197	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS AN INSURANCE COORDINATOR		No
(2) Rita Crum	SISTER IN LAW OF AARON CRUM, M D , PMC BOARD MEMBER	72,415	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR of EMPLOYEE DEVELOPMENT/EDUCATION		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
(16) ROBERT BELL	STEP SON OF HOBART JOHNSON, PMC BOARD MEMBER	101,628	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS Nutritional Services Head Chef		No
(1) SARAH Taylor	DAUGHTER OF CHERYL HICKMAN, PMC KEY EMPLOYEE	80,921	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS IT-Project Manager		No
(2) TRISTAN BLACKBURN	Son of Debra Blackburn, PMC Board Member	29,733	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS Network Administrator		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
(19) US BANK	ENTITY OF WHICH FAMILY MEMBER OF PEGGY JUSTICE HAS BUSIness Relationship	1,306,270	BROTHER OF KEY EMPLOYEE, PEGGY JUSTICE, SERVES AS BOARD MEMBER OF ENTITY AARON CRUM, M D , PMC BOARD CHIEF OF STAFF, SERVES AS BOARD MEMBER of both entities SERVICES PROVIDED BY US BANK TO PIKEVILLE MEDICAL CENTER INSTALLMENT LOAN PAYMENTS, \$1,196,833 92 - RENT, \$109,110 76 -ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$325 00		No
(1) East Kentucky Law Group PSC	Entity more than 35% owned by spouse of Walter E May, PMC President/CEO	1,760,507	FIRM PROVIDES LEGAL SERVICES TO PIKEVILLE MEDICAL CENTER		No
(2) Chloe Partners LLC	ENTITY OF WHICH PMC KEY EMPLOYEE, PEGGY JUSTICE'S FAMILY has OWNERSHIP	2,900,000	ENTITY SOLD COMMERCIAL REAL ESTATE TO PIKEVILLE MEDICAL CENTER		No

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
Pikeville Medical Center Inc

Employer identification number

61-0458376

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Dr Alex Poulos & Dr Dennis Halbert partners in Pikeville Radiology

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The process of reviewing the form 990 entails a detailed review by the CFO prior to filing. Additionally, the governing body will review the final Form 990 including requested schedules at the next board meeting. Copies are provided to each voting member of the organization's governing body upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>AS TO BOARD MEMBERS, UPDATES TO THE CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY WITH VOLUNTARY DISCLOSURE OF CONFLICT ON ANY PARTICULAR ISSUE THERE IS NO PARTICIPATION, DISCUSSION OR VOTE TAKEN ON THESE, HOWEVER, THE BOARD ATTORNEY IS PROVIDED A COPY OF ALL INTERESTS OF EACH MEMBER TO ENSURE COMPLIANCE WITH THE POLICY THESE ARE REGULARLY AND CONSISTENTLY MONITORED FOR ANY CHANGES AS TO EMPLOYEES, THERE IS A WRITTEN CONFLICT OF INTEREST POLICY WHICH TOO IS REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED BY HUMAN RESOURCES AND ADMINISTRATION AS NECESSARY THIS POLICY IS INTENDED TO IDENTIFY AND RESOLVE CONFLICTS OF INTEREST WHICH MAY OCCUR RELATED TO FINANCIAL, BUSINESS, OR PROFESSIONAL INTERESTS THE POLICY IS IN PLACE TO IDENTIFY AND RESOLVE A CONFLICT OF INTEREST WHICH MAY OCCUR ANY TIME THERE IS A SITUATION IN WHICH ONE'S ABILITY TO MAKE OBJECTIVE, JOB RELATED BUSINESS DECISIONS MAY BE INFLUENCED BY, OR HAVE THE APPEARANCE OF BEING INFLUENCED BY, OUTSIDE ACTIVITIES OR PERSONAL INTERESTS POTENTIAL CONFLICTS OF INTEREST MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING 1 WORKING A SECOND JOB AT A COMPETING HEALTHCARE ENTITY WHICH MAY ALLOW THE TRANSFER OF CONFIDENTIAL BUSINESS INFORMATION OR INFLUENCE REFERRAL PATTERNS 2 ALLOWING THE DEMANDS OF OUTSIDE ACTIVITIES TO HINDER OR DISTRACT YOU FROM THE PERFORMANCE OF YOUR JOB OR CAUSE YOU TO USE PIKEVILLE MEDICAL CENTER RESOURCES FOR OTHER THAN PIKEVILLE MEDICAL CENTER PURPOSES 3 HOLDING AN OWNERSHIP INTEREST, MANAGEMENT, OR BOARD OF DIRECTORS POSITION IN A COMPANY WITH WHOM PIKEVILLE MEDICAL CENTER DOES BUSINESS WHICH MAY LEAD TO THE INDIVIDUAL'S PERSONAL GAIN/BENEFIT "OWNERSHIP INTEREST" MEANS SERVING AS A BOARD DIRECTOR OR OFFICER OR OWNING MORE THAN 5% OF THE BUSINESS OR CORPORATION 4 HAVING AN IMMEDIATE FAMILY MEMBER OR SIGNIFICANT OTHER WHO HOLDS AN OWNERSHIP INTEREST IN A COMPANY WITH WHOM PIKEVILLE MEDICAL CENTER DOES BUSINESS WHICH MAY LEAD TO THE INDIVIDUAL'S PERSONAL GAIN/BENEFIT "OWNERSHIP INTEREST" MEANS SERVING AS A BOARD DIRECTOR OR OFFICER OR OWNING MORE THAN 5% OF THE BUSINESS OR CORPORATION 5 HAVING AN IMMEDIATE FAMILY MEMBER OR SIGNIFICANT OTHER EMPLOYED BY THE PIKEVILLE MEDICAL CENTER AND WORKING WITHIN THE SAME DIRECT LINE OF AUTHORITY (ABOVE OR BELOW) AS THE FIRST EMPLOYEE IMMEDIATE FAMILY MEMBERS INCLUDE SPOUSES, CHILDREN, GRANDCHILDREN, BROTHERS AND SISTERS AND THE SPOUSES OF THOSE INDIVIDUALS THE SCOPE OF THIS POLICY INCLUDES PIKEVILLE MEDICAL CENTER AND ALL ITS DEPARTMENTS AND SERVICES WHEREVER LOCATED THE COVERED INDIVIDUALS ARE TO FOLLOW THESE PROCEDURES 1 ALL LICENSED CLINICAL STAFF, SUPERVISORS, AND MANAGEMENT PERSONNEL SHALL COMPLETE A DUALITY AND CONFLICT OF INTEREST FORM AT THE TIME OF INITIAL EMPLOYMENT AND ANNUALLY THEREAFTER 2 EMPLOYEE CONFLICT OF INTEREST FORMS SHALL BE FILED IN THEIR PERSONNEL FILES 3 IN THE EVENT THAT AN EMPLOYEE'S JOB DESCRIPTION OR DUTIES REQUIRES A BUSINESS RELATED DECISION TO BE MADE IN AN AREA IN WHICH A PE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	PERSONAL CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE EMPLOYEE SHALL NOTIFY HIS/HER SUPERVISOR TO ARRANGE FOR AN ALTERNATIVE DECISION MAKING PROCESS WHICH WILL MAINTAIN OBJECTIVITY AND ELIMINATE PERSONAL BIAS, I E PERSONAL WITHDRAWAL FROM THE DECISION MAKING PROCESS, SOLICITATION OF CLOSED BIDS, OR UTILIZATION OF AN INDEPENDENT SELECTION COMMITTEE 4 IF AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF ETHICS IS IDENTIFIED INVOLVING PATIENT CARE OR TREATMENT, THE EMPLOYEE SHOULD SEEK ASSISTANCE FROM THEIR SUPERVISOR TO FIND A RESOLUTION WHICH WOULD HAVE MINIMUM IMPACT ON PATIENT CARE, TREATMENT, OR SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE SALARY OF THE ORGANIZATION'S CEO. THE COMMITTEE USES COMPARATIVE DATA FROM NATIONAL SALARY SURVEYS. MOTION AND APPROVALS FROM THE COMMITTEE ARE KEPT IN THE MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization does make the financial statements available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	INTEREST IN CHARITABLE REMAINDER TRUST 27,743 rounding 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII	Oversight of Audit Process The Board of Directors assumes responsibility for oversight of the audit of the financial statements and no processes have changed from the prior year

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization
Pikeville Medical Center Inc

Employer identification number
61-0458376

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Pikeville Medical Center Foundation For Quality Healthcare 911 Bypass Road Pikeville, KY 41501 47-2020718	Support	KY	501(c)(3)	Line 11a, I	Pikeville Medical Center Inc	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		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
PIKEVILLE mEDICAL DEVELOPMENT (1)CORPORATION 911 bypass road PIKeville, KY 41501 20-2487928	INACTIVE	KY	N/A	C	-349	6,920	100 000 %		No
landmark properties of (2)pikeville inc PO Box 1259 Pikeville, KY 41502 46-2494613	Lodging/Dining	KY	Pikeville Medical Center	C	742,453	4,830,043	100 000 %	Yes	

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)landmark Properties	B	1,384,466	cash
(2)landmark Properties	D	274,469	cost
(3)landmark Properties	J	12	Cost
(4)landmark Properties	M	2,546,227	COST
(5)Landmark Properties	K	35,000	cost

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------