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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 06-01-2017 , and ending 05-31-2018

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

C Name of organization
Owensboro Health Inc
% JOHN HACKBARTH
Doing business as

Number and street (or P O box if mail is not delivered to street address) 1201 Pleasant Valley Road
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Owensboro, KY 42303

D Employer identification number
61-1286361

E Telephone number
(270) 417-2000

G Gross receipts $ 694,934,778

F Name and address of principal officer
GREG STRAHAN
1201 PLEASANT VALLEY ROAD
OWENSBORO, KY 42303

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www owensborohealth org

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

L Year of formation 1995

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OWENSBORO HEALTH, INC EXISTS TO HEAL THE SICK AND IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	4,050
6	Total number of volunteers (estimate if necessary)	**6**	177
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	432,809
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	245,326	1,007,524
9	Program service revenue (Part VIII, line 2g)	560,676,118	574,258,544
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,611,493	11,320,934
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,178,567	6,911,771
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	575,711,504	593,498,773
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,359,905	2,064,470
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)	219,684,838	222,629,345
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)	379,771,932	282,972,411
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	601,816,675	507,666,226
19	Revenue less expenses Subtract line 18 from line 12	-26,105,171	85,832,547

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,234,473,746	1,302,588,540
21	Total liabilities (Part X, line 26)	809,561,214	791,643,793
22	Net assets or fund balances Subtract line 21 from line 20	424,912,532	510,944,747

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 — Date: 2018-10-11

JOHN HACKBARTH SVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENNIFER D RHODERICK	JENNIFER D RHODERICK	2018-10-11		P00395735

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000
INDIANAPOLIS, IN 46204

Phone no (317) 681-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OWENSBORO HEALTH, INC EXISTS TO HEAL THE SICK AND IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE

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 $ 370,692,294 including grants of $ 2,064,470) (Revenue $ 575,384,125)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 370,692,294

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	161		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,050		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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	12		
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JOHN HACKBARTH 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 (270) 417-2000

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								7,806,194	0	742,388

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 ▶ 180

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CROTHALL LAUNDRY SERVICES, 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	LAUNDRY SVC & HK SVC	2,417,656
MAYO COLLABORATIVE SVCS INC, PO BOX 9146 MINNEAPOLIS, MN 554809146	LABORATORY SERVICES	1,736,549
OBHG KENTUCKY PSC, 10 CENTIMETERS DRIVE MAULDIN, SC 29662	OBSTETRICS SERVICES	1,386,855
GE HEALTHCARE, PO BOX 96483 CHICAGO, IL 60693	RADIOLOGY SERVICES	1,257,804
RENAL TREATMENT CTR, PO BOX 781607 PHILADELPHIA, PA 191781607	RENAL SERVICES	1,105,325

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 ▶ 59

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** 0				
	d Related organizations **1d** 205,010				
	e Government grants (contributions) **1e** 792,213				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 10,301				
	g Noncash contributions included in lines 1a-1f $ 0				
	h Total. Add lines 1a-1f . . . . . ▶	1,007,524			
Program Service Revenue		Business Code			
	2a MEDICARE/MEDICAID PAYMENT	622110	282,815,487	282,815,487	0	0
	b ~~PATIENT REVENUE-OTHER INS~~	622110	290,107,909	290,107,909	0	0
	c ~~REVENUE - OASF~~	621493	1,384,381	1,384,381	0	0
	d ~~REVENUE - CANCER RESEARCH~~	622110	-511	-511	0	0
	e ~~REVENUE - OCHN~~	622110	-48,722	-48,722	0	0
	f All other program service revenue					
	g Total. Add lines 2a-2f . . . . ▶	574,258,544				
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	3,406,902			3,406,902
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real	(ii) Personal		
	6a Gross rents	3,012,371			
	b Less rental expenses	588,189			
	c Rental income or (loss)	2,424,182	0		
	d Net rental income or (loss) . . . . . ▶	2,424,182			2,424,182
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	108,299,809			
	b Less cost or other basis and sales expenses	100,368,181	17,596		
	c Gain or (loss)	7,931,628	-17,596		
	d Net gain or (loss) . . . . . ▶	7,914,032	-17,596		7,931,628
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from fundraising events . . ▶	0			
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a** 678,540				
	b Less cost of goods sold . . **b** 462,039				
	c Net income or (loss) from sales of inventory . . ▶	216,501			216,501
	Miscellaneous Revenue	Business Code			
	11a CAFETERIA & VENDING REV	722514	2,695,102	0	0	2,695,102
	b LAUNDRY, CATERING & 990T	812300	425,144	0	425,144	0
	c CALL CENTER REVENUE	622110	150,517	150,517	0	0
	d All other revenue		1,000,325	992,660	7,665	
	e Total. Add lines 11a-11d . . . . . ▶		4,271,088			
	12 Total revenue. See Instructions . . . . . ▶		593,498,773	575,384,125	432,809	16,674,315

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,838,362	1,838,362		
2 Grants and other assistance to domestic individuals See Part IV, line 22	226,108	226,108		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	6,720,695	0	6,720,695	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	845,162	353,962	491,200	0
7 Other salaries and wages	165,948,006	143,507,041	22,440,965	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,847,675	12,642,013	4,205,662	0
9 Other employee benefits	19,830,439	12,214,217	7,616,222	0
10 Payroll taxes	12,437,368	10,554,078	1,883,290	0
11 Fees for services (non-employees)				
a Management	3,949,810	2,564,060	1,385,750	0
b Legal	1,407,917	0	1,407,917	0
c Accounting	253,556	0	253,556	0
d Lobbying	126,646	0	126,646	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	365,505		365,505	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,844,362	33,055,113	8,789,249	0
12 Advertising and promotion	1,639,791	77,170	1,562,621	0
13 Office expenses	7,429,017	3,152,292	4,276,725	0
14 Information technology	9,501,957	7,616,462	1,885,495	0
15 Royalties . .	170,275	93,351	76,924	0
16 Occupancy	11,491,550	4,695,629	6,795,921	0
17 Travel	762,616	559,463	203,153	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	162,365	93,137	69,228	0
20 Interest	27,160,496	0	27,160,496	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization . .	36,322,321	0	36,322,321	0
23 Insurance . . .	912,409	0	912,409	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	103,980,977	103,843,915	137,062	0
b BAD DEBT	25,629,363	25,629,363	0	0
c PROVIDER TAX	5,008,972	5,008,972	0	0
d DIETARY PATIENT SUPPLIES	2,405,308	2,405,308	0	0
e All other expenses	2,447,198	562,278	1,884,920	
25 **Total functional expenses.** Add lines 1 through 24e	507,666,226	370,692,294	136,973,932	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,546	1	13,626
	2	Savings and temporary cash investments		44,021,961	2	48,883,535
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		332,294,748	4	470,555,208
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		12,468,753	8	13,914,208
	9	Prepaid expenses and deferred charges		18,659,458	9	18,775,144
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 867,496,010			
	b	Less accumulated depreciation	10b 368,950,587	561,320,235	10c	498,545,423
	11	Investments—publicly traded securities		168,903,053	11	180,348,256
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		23,306,238	13	29,030,306
	14	Intangible assets		11,348,434	14	11,348,434
	15	Other assets See Part IV, line 11		62,137,320	15	31,174,400
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,234,473,746	16	1,302,588,540
Liabilities	17	Accounts payable and accrued expenses		60,687,718	17	59,945,796
	18	Grants payable		0	18	0
	19	Deferred revenue		10,407,967	19	12,460,573
	20	Tax-exempt bond liabilities		607,213,990	20	598,924,579
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		131,251,539	25	120,312,845
	26	**Total liabilities.** Add lines 17 through 25		809,561,214	26	791,643,793
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		424,912,532	27	510,944,747
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		424,912,532	33	510,944,747
	34	Total liabilities and net assets/fund balances		1,234,473,746	34	1,302,588,540

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	593,498,773
2	Total expenses (must equal Part IX, column (A), line 25)	2	507,666,226
3	Revenue less expenses Subtract line 2 from line 1	3	85,832,547
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	424,912,532
5	Net unrealized gains (losses) on investments	5	199,668
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	510,944,747

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 61-1286361

Name: Owensboro Health Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

OWENSBORO HEALTH, INC ("OH") IS THE PARENT ORGANIZATION OF A DIVERSIFIED SYSTEM OF HEALTH CARE ORGANIZATIONS THAT PROVIDES A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES AND OTHER COMPLEMENTARY HEALTH CARE SERVICES OH EMPLOYS HEALTHCARE PROFESSIONALS, INCLUDING PHYSICIANS, NURSES, ADVANCE PRACTICE REGISTERED NURSES, PHYSICIAN ASSISTANTS AND OTHER LICENSED PROFESSIONALS WHO PROVIDE DIRECT PATIENT CARE IN THE ORGANIZATION'S MAIN HOSPITAL, OWENSBORO HEALTH REGIONAL HOSPITAL IN ADDITION, THE ORGANIZATION OPERATES SEVERAL WHOLLY OWNED AND CONTROLLED SUBSIDIARIES, INCLUDING OH MUHLENBERG, LLC (OHMCH), OWENSBORO HEALTH MEDICAL GROUP, INC , OWENSBORO HEALTH FOUNDATION, INC , ONE HEALTH NETWORK, LLC, ONE HEALTH SOLUTIONS, LLC, COMMONWEALTH MEDICAL MANAGEMENT, LLC AND THE HEALTH NETWORK OF WESTERN KENTUCKY, LLC OH'S PRIMARY ACTIVITY CONSISTS OF PROVIDING MEDICAL AND PATIENT CARE SERVICES IN ITS MAIN HOSPITAL, OWENSBORO HEALTH REGIONAL HOSPITAL, SERVING 14 COUNTIES IN WESTERN KENTUCKY AND SOUTHERN INDIANA OUR MEDICAL SERVICES ARE DELIVERED BY HIGHLY SKILLED PHYSICIANS ALONG WITH A CARING AND COMPASSIONATE NURSING STAFF OH SUPPORTS OUR CARE TEAMS WITH STATE-OF-THE ART EQUIPMENT TO PROVIDE OUR PATIENTS WITH ADVANCED MEDICAL TREATMENTS AND PROCEDURES IN THE FISCAL YEAR ENDED MAY 31, 2018, OH AND OHMCH HAD TOTAL ADMISSIONS OF 17,187, PATIENT DAYS OF 93,383, AND TOTAL ER VISITS OF 86,911 COST OF PARTICIPATING IN GOVERNMENT PROGRAMS OH IS COMMITTED TO SERVING ALL PERSONS IN NEED, REGARDLESS OF RACE, CREED, SEX, NATIONALITY, RELIGION, DISABILITY, AGE OR ABILITY TO PAY TO PROMOTE ACCESS TO CARE, OH PARTICIPATES IN THE FOLLOWING PUBLIC HEALTH PROGRAMS MEDICAID, MEDICARE, TRICARE AND LOCAL HEALTH DEPARTMENTS IN GENERAL, PAYMENTS FROM THESE PROGRAMS FREQUENTLY DO NOT COVER THE COSTS OH INCURS TO SERVE PROGRAM BENEFICIARIES UNCOMPENSATED CARE AND FINANCIAL ASSISTANCE OH PROVIDES MEDICAL CARE WITHOUT CHARGE, OR AT REDUCED COST, TO RESIDENTS OF THE COMMUNITIES THAT IT SERVES OH'S FINANCIAL ASSISTANCE PROGRAM WAS ESTABLISHED TO ASSIST PATIENTS WHO DO NOT QUALIFY FOR MEDICAL ASSISTANCE PROGRAMS, LIKE MEDICAID, AND WHOSE ANNUAL INCOMES ARE AT OR BELOW CERTAIN PERCENTAGES OF THE FEDERAL POVERTY GUIDELINES DURING THE REPORTING PERIOD, OH PROVIDED $13,259,530 IN FINANCIAL ASSISTANCE TO LOW-INCOME AND/OR UNINSURED PATIENTS OH DOES NOT INCLUDE IN THAT AMOUNT $25,629,363 OF BAD DEBT EXPENSE, WHICH ARE AMOUNTS WRITTEN OFF FOR PROVIDING SERVICES TO PERSONS WHO MAY BE ABLE, BUT ARE UNWILLING, TO PAY FOR THE SERVICES THEY RECEIVE AS DESCRIBED ELSEWHERE, OH BELIEVES A PORTION OF ITS BAD DEBT EXPENSE DERIVES FROM PATIENTS WHO MIGHT HAVE QUALIFIED FOR FINANCIAL ASSISTANCE HAD THEY SUBMITTED ASSISTANCE APPLICATIONS OH IS COMMITTED TO EXPANDING ITS PROGRAMS TO IMPROVE ACCESS TO HEALTH CARE IN ITS PRIMARY AND SECONDARY SERVICE AREAS, WHICH INCLUDE RURAL AND ECONOMICALLY DEPRESSED AREAS AND AREAS THAT LACK ADEQUATE NUMBERS OF PRIMARY CARE AND SPECIALTY PROVIDERS

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			
Millsap Mark MD Board Member	30 00	X						0	0	0
Wells Jack VICE CHAIR	30 20	X		X				0	0	0
Yeiser Michael MD Board Member	30 20	X						0	0	0
Harrison William MD Secretary	30 00	X		X				0	0	0
Blazar Suzanne Northern Board Member	30 00	X						0	0	0
Farmer Robert Board Member	30 50	X						0	0	0
Stogsdill Vicki Board Member	30 00	X						0	0	0
Harris Susanne Board Member	30 00	X						0	0	0
Burshears Bridget MD Board Member (Beg 10/2017)	30 00	X						0	0	0
Nunley-Winters Deborah Board Member	30 20	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			
Presser Ron Board Member (Thru 10/2017)	30 00	X						0	0	0
Knight Robert MD Board Member (Thru 10/2017)	30 00	X						0	0	0
Roberts Gavin Board Member (Beg 10/2017)	30 10	X						0	0	0
Thompson Angela Board Member (Beg 10/2017)	30 00	X						0	0	0
Scherm Janice Board Member (Thru 10/2017)	30 00	X						0	0	0
Woodward Terry Board Member	30 00	X						0	0	0
Carpenter Jeff Board Chair	30 30	X		X				0	0	0
Hackbarth Jr John Chief Financial Officer	40 0 10 0			X				505,398	0	44,009
Heath Jr Edward L COO - OHMCH	45 0 50			X				309,344	0	49,243
Strahan Greg PRESIDENT AND CEO	40 0 10 0			X				924,144	0	49,396

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			
Scherm Michael J MD CHIEF MEDICAL OFFICER	40 0 10 0				X			430,403	0	46,999
Begley II Ernest E Chief Legal Officer	40 0 10 0				X			396,390	0	51,569
Jones Lisa VP ANCILLARY SERVICES	40 0 10 0				X			300,425	0	43,907
Medley Jr Richard W MD Chief Medical Officer	40 0 10 0				X			470,090	0	33,575
Ranallo Russell VP FINANCE	40 0 10 0				X			351,548	0	46,941
Johnson Stephen M VP GOVT AND COMMUNITY AFFAIRS	40 0 10 0				X			195,206	0	42,172
Suter Mia Chief Administrative Officer	40 0 10 0				X			422,777	0	32,986
Danhauer David E MD VP CMIO	40 0 10 0				X			384,439	0	47,313
Jacildo Ruby VP Accounting/Controller	40 0 10 0				X			225,247	0	44,907
Bryant MD Bill VP QUALITY AND PATIENT SAFETY	40 0 10 0				X			375,736	0	26,153

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			
Cordini Rosalind VP LEGAL SERVICES AND CCO	40 0 10 0				X			233,349	0	16,352
Bostic Deborah K COO-OHRH	40 0 10 0				X			447,137	0	20,678
Myer Mitchell Kathleen K VP Pt Care Svcs and CNO-MCH	45 0 5 0				X			154,367	0	11,341
Looney Luara L Director of EPIC Applications	40 0 10 0					X		170,373	0	12,893
Haynes Heather Director of Pharmacy	40 0 5 0					X		183,682	0	19,476
Taylor Joseph W Executive Director, Facilities	40 0 10 0					X		184,191	0	39,945
Montaven Simone J Exec Dir of Human Resources	40 0 10 0					X		174,738	0	29,912
Roberts Kenneth W DIR OF COMPLIANCE AND CONTRACT	40 0 10 0					X		169,010	0	32,621
Patterson Philip Former President/CEO	0 0 0 0						X	798,200	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 61-1286361

Name: Owensboro Health Inc

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284015088

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

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	**Employer identification number**
Owensboro Health Inc	61-1286361

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

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

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

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		81,015
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		45,631
j	Total Add lines 1c through 1i			126,646
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES PERCENTAGE OF LOBBYING ACTIVITIES FROM KENTUCKY HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION DUES
SCHEDULE C, PART II-B, LINE 1G	IRS INSUBSTANTIAL LOBBYING WITHIN THE CONTEXT OF GOVERNMENTAL, COMMUNITY AND LEGISLATIVE AFFAIRS, OH HAS ONE EMPLOYEE THAT ENGAGES IN LOBBYING ACTIVITIES OR ATTEMPTS TO INFLUENCE LEGISLATION HOWEVER, UNDER NO CIRCUMSTANCES IS THERE ANY ENGAGEMENT IN POLITICAL ACTIVITIES LOBBYING ACTIVITIES INCLUDE BOTH DIRECT LOBBYING AND GRASS ROOTS LOBBYING FROM A DIRECT LOBBYING PERSPECTIVE, THE EXECUTIVE DIRECTOR OF GOVERNMENTAL, COMMUNITY AND LEGISLATIVE AFFAIRS ENGAGES IN LOBBYING ACTIVITIES AT THE FEDERAL, STATE AND LOCAL LEVELS THE EXECUTIVE DIRECTOR DOES MEET WITH MEMBERS OF CONGRESS ON OCCASION DURING THE YEAR EITHER IN WASHINGTON OR IN OWENSBORO AT THE STATE LEVEL, THE EXECUTIVE DIRECTOR IS REGISTERED AS A LEGISLATIVE AGENT WITH THE KENTUCKY GENERAL ASSEMBLY LOBBYING EFFORTS ARE GENERALLY LIMITED TO THAT PERIOD OF TIME IN WHICH THE GENERAL ASSEMBLY IS IN SESSION THIS PERIOD INCLUDES A 30-DAY LEGISLATIVE SESSION IN ODD NUMBERED YEARS AND A 60-DAY LEGISLATIVE SESSION IN EVEN NUMBERED YEARS IN ADDITION, LOBBYING AT THE LOCAL LEVEL IS GENERALLY CONFINED TO REGULATORY MATTERS AND IS NOT ONGOING FROM A GRASS ROOTS LOBBYING PERSPECTIVE, THE EXECUTIVE DIRECTOR OVERSEES THE HEALTH IN ACTION NETWORK HEALTH IN ACTION IS AN ELECTRONIC EMAIL SYSTEM THAT PROVIDES OH EMPLOYEES WITH UPDATES ON LEGISLATION AND 'CALLS TO ACTION' WHEN APPROPRIATE JOINING THE NETWORK AND CHOOSING TO RESPOND ARE VOLUNTARY THIS NETWORK IS ONLY ACTIVATED WHEN ISSUES OF CONCERN ARE BEING CONSIDERED AT THE FEDERAL AND STATE LEVELS IT IS ESTIMATED THAT DURING THE FISCAL YEAR ENDING MAY 31, 2018, ALL LOBBYING ACTIVITY BY THE EXECUTIVE DIRECTOR DID NOT EXCEED 30% OF TOTAL WORK-RELATED DUTIES AND RESPONSIBILITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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" on Form 990, Part IV, line 10.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,465,893		15,465,893
b Buildings		562,761,159	121,908,283	440,852,876
c Leasehold improvements				
d Equipment		285,837,351	247,042,304	38,795,047
e Other		3,431,607		3,431,607
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				498,545,423

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	0
DUE TO THIRD PARTY PAYORS	20,940,998
ACCRUED PENSION	55,524,689
WORKMAN'S COMP RESERVE	4,675,119
MALPRACTICE RESERVE	11,711,502
OHMCH LEASE OBLIGATION	2,683,333
INTRACOMPANY A/P	24,777,204
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	120,312,845

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 61-1286361

Name: Owensboro Health Inc

Supplemental Information

Return Reference	Explanation
FIN 48(ASC740) Footnote	FORM 990, SCHEDULE D, PART X, LINE 2 The System applies Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740 (Topic 740), Accounting for Uncertainty in Income Taxes Topic 740 provides guidance on when tax positions are recognized in an entitys financial statements and how the values of these positions are determined There is currently no impact on the Systems consolidated financial statements as a result of the application of Topic 740

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 225 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 375 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,881,557		3,881,557	0 810 %
b Medicaid (from Worksheet 3, column a)			97,342,868	77,227,174	20,115,694	4 170 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			101,224,425	77,227,174	23,997,251	4 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	583	506,706	610,407	29,564	580,843	0 120 %
f Health professions education (from Worksheet 5)	66	234	215,887	0	215,887	0 040 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	358	410,850	1,085,012		1,085,012	0 230 %
j **Total.** Other Benefits	1,007	917,790	1,911,306	29,564	1,881,742	0 390 %
k **Total.** Add lines 7d and 7j	1,007	917,790	103,135,731	77,256,738	25,878,993	5 370 %

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	24		69,739	144	69,595	0 010 %
3 Community support	5	290	538		538	0 %
4 Environmental improvements						
5 Leadership development and training for community members	4	70	733		733	0 %
6 Coalition building	3		61		61	0 %
7 Community health improvement advocacy	2	28	218		218	0 %
8 Workforce development	23	751	1,916		1,916	0 %
9 Other						
10 Total	61	1,139	73,205	144	73,061	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1			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	25,629,363		
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	12,814,612		
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	151,948,936		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	175,773,928		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-23,824,992		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	OWENSBORO CHN	PROVIDER NETWORK	50 %		50 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **2**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group OWENSBORO HEALTH INC

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See Part V, Section C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)

OWENSBORO HEALTH INC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225 % and FPG family income limit for eligibility for discounted care of 375 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) www owensborohealth org			
b	☑ The FAP application form was widely available on a website (list url) www owensborohealth org			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www owensborohealth org			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

OWENSBORO HEALTH INC

Name of hospital facility or letter of facility reporting group

		Yes	No
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 nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

OWENSBORO HEALTH INC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group OH MUHLENBERG LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 17			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
	If "Yes" (list url) SEE PART V, SECTION C			
a				
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)

OH MUHLENBERG LLC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225 % and FPG family income limit for eligibility for discounted care of 375 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) www owensborohealth org			
b	☑ The FAP application form was widely available on a website (list url) www owensborohealth org			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www owensborohealth org			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

OH MUHLENBERG LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
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 nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

OH MUHLENBERG LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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? **1**

	Name and address	Type of Facility (describe)
1	OWENSBORO AMBULATORY SURGICAL FACILITY 1000 BRECKENRIDGE OWENSBORO, KY 42303	AMBULATORY SURGERY CENTER
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7	BAD DEBT EXPENSE WHEN CALCULATING THE COMMUNITY BENEFIT PERCENTAGES IN PART I, LINE 7, BAD DEBT EXPENSE OF $25,629,363, WAS EXCLUDED FORM 990, SCHEDULE H, PART II COMMUNITY BUILDING ACTIVITIES IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY WE SERVE, OWENSBORO HEALTH ("OH") PARTICIPATES IN NUMEROUS COMMUNITY BUILDING ACTIVITIES WHICH ARE NOT A PART OF PART I CHARITY CARE AND OTHER COMMUNITY BENEFITS, AND ARE NOT INCLUDED ELSEWHERE ON SCHEDULE H AS THE LARGEST EMPLOYER IN THE REGION, OH RECOGNIZES THE RESPONSIBILITY WE HAVE TO IMPROVE THE HEALTH OF OUR COMMUNITY IRRESPECTIVE OF IRS COMMUNITY BENEFIT CLASSIFICATION IN GENERAL, OUR EFFORTS IN COMMUNITY BUILDING ACTIVITIES ADDRESS COMMUNITY ISSUES INCLUDING HEALTH IMPROVEMENT, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT AND ACCESS TO CARE MORE SPECIFICALLY AND, AS AN OUTGROWTH OF OUR COMMUNITY BENEFIT GRANT PROGRAM NOW REFERRED TO AS THE COMMUNITY HEALTH INVESTMENT GRANT PROGRAM, OH ENCOURAGES OUR EMPLOYEES TO PARTNER WITH ANY OF OUR MORE THAN A HUNDRED COMMUNITY AND SOCIAL SERVICE ORGANIZATIONS FROM AROUND THE REGION THAT ARE WORKING TO ADDRESS ROOT CAUSES OF HEALTH PROBLEMS THAT IMPACT THE HEALTH OF OUR COMMUNITY OWENSBORO HEALTH ENGAGES WITH OUR GRANT PARTNERS AND ASSISTS IN IDENTIFYING COLLABORATIVE WAYS THAT WE CAN ADVANCE SOCIAL IMPACT AND IMPROVE THE HEALTH OF OUR POPULATION COLLECTIVELY MOREOVER, OUR EMPLOYEES SERVE ON A MYRIAD OF COMMUNITY, ARTS AND SOCIAL SERVICE BOARDS THEY ADVOCATE ON KEY HEALTH ISSUES AND ADVOCACY PROGRAMS SUCH AS SMOKE-FREE KENTUCKY TO PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE ADVOCACY PROGRAMS SPECIFICALLY IDENTIFIED INCLUDE OUR EFFORTS WITH LOCAL CHAMBERS OF COMMERCE AND THE LIFE SCIENCES ACADEMY OUR DUES AND CONTRIBUTIONS TO AREA CHAMBERS AND ECONOMIC DEVELOPMENT AGENCIES ALLOW THOSE ORGANIZATIONS TO INVEST IN ECONOMIC DEVELOPMENT ACTIVITIES CREATING NEW EMPLOYMENT OPPORTUNITIES, WORKER TRAINING AND WORKFORCE HEALTH PROMOTION OUR INVESTMENT IN THE KENTUCKY CHAMBER OF COMMERCE HAS ASSISTED IN THE DEVELOPMENT AND ADVOCACY OF A STATEWIDE WORKFORCE HEALTH IMPROVEMENT PROGRAM THESE ORGANIZATIONS HAVE ALSO BEEN ENGAGED IN COALITION BUILDING AND LEADERSHIP DEVELOPMENT FOR OUR COMMUNITY MEMBERS FORM 990, SCHEDULE H, PART III, LINE 2 BAD DEBT ESTIMATE PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR BAD DEBTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES HISTORICAL COLLECTIONS AND WRITE-OFFS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR BAD DEBTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATION OF THE SUFFICIENCY OF THE ALLOWANCE FOR BAD DEBTS FORM 990, SCHEDULE H, PART III, LINE 3 BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FAP FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAS ALREADY PAID, THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS DECLINE TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE DISCOUNTED RATE AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS WRITTEN OFF AGAINST THE ALLOWANCE FOR BAD DEBTS FORM 990, SCHEDULE H, PART III, LINE 4 TEXT OF BAD DEBT EXPENSE FOOTNOTE SEE AUDITED FINANCIAL STATEMENTS - FOOTNOTE 8, PAGE 19
FORM 990, SCHEDULE H, PART III, LINE 8	TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT THE COSTING METHODOLOGY USED IS THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF PART I OF SCHEDULE H OF THIS 990 THE CHARGES AND PAYMENTS ARE FROM THE MEDICARE PAID CLAIMS REPORTS AS A MEDICARE DESIGNATED SOLE COMMUNITY HOSPITAL, WE ARE THE ONLY PROVIDER IN THE REGION TO PROVIDE CERTAIN SERVICES (PSYCH AND OB SERVICES, FOR EXAMPLE) TO MEDICARE PATIENTS AND THOSE COSTS ARE TYPICALLY NOT COVERED BY THE PAYMENTS RECEIVED WE ARE ENSURING ACCESS TO SERVICES AND CARE FOR THE COUNTIES WE SERVE THEREFORE, ALL OF THE SHORTFALL IS CONSIDERED COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	APPLICATION OF COLLECTION PRACTICES TO THOSE QUALIFYING FOR FINANCIAL ASSISTANCE THE POLICIES OF OWENSBORO HEALTH (OH) ATTEMPT TO ENSURE ALL UNINSURED PATIENTS OF OH HAVE THE OPPORTUNITY TO APPLY AND QUALIFY FOR FINANCIAL ASSISTANCE PROGRAMS OH HAS FINANCIAL AID APPLICATIONS AVAILABLE AT REGISTRATION AREAS, VIA THE INTERNET, VIA PHONE, AND ARE SENT ROUTINELY VIA MAIL TO PATIENTS OF THE HOSPITAL OH EMPLOYS PATIENT FINANCIAL ADVOCATES TO ENSURE PATIENTS ARE EVALUATED FOR ELIGIBILITY IN THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE OH DOES USE AN EARLY OUT COLLECTION AGENCY VENDOR THAT FUNCTIONS AS AN EXTENSION OF THE OH BUSINESS OFFICE OH DOES NOT CONTRACT PRIMARY COLLECTION AGENCIES ALL SELF-PAY AND BALANCE AFTER INSURANCE ACCOUNTS ARE REVIEWED BY HOSPITAL STAFF TO ENSURE THAT THE PATIENT IS GIVEN EVERY OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE SELF-PAY DISCOUNTS ARE AVAILABLE TO ALL UNINSURED PATIENTS AS LONG AS THEY COMPLETE THE FINANCIAL ASSISTANCE APPLICATION DISCOUNTS GIVEN ARE EQUIVALENT TO THE AVERAGE GENERALLY BILLED TO MEDICARE ADDITIONALLY, PATIENTS WITH A BALANCE ARE PERMITTED TO ESTABLISH PAYMENT PLANS OH DOES NOT CHARGE INTEREST TO ITS PATIENTS
SCHEDULE H, PART VI, LINE 2, NEEDS ASSESSMENT	OH COLLABORATED ON DEVELOPMENT OF ITS FIRST AND SECOND CHNA WITH THE GREEN RIVER DISTRICT HEALTH DEPARTMENT (GRDHD) THE CHNA IS A COMMUNITY-WIDE PROCESS TO ANALYZE COMMUNITY HEALTH NEEDS AND IDENTIFY THE HEALTH PRIORITIES THE COMMUNITY HEALTH ASSESSMENT IS A FEDERAL REQUISITE FOR OBTAINING PUBLIC HEALTH DEPARTMENT ACCREDITATION DETAILS OF THE MAPP PROCESS, COMMUNITY SURVEYS, PUBLIC FORUMS, DISPARATE POPULATION FOCUS GROUPS AND COLLECTION OF PRIMARY DATA WERE ALL COMPONENTS OF THE CHNA AND ARE DETAILED IN SCHEDULE H, PART V, SECTION C NARRATIVE FOR SCHEDULE H, PART V, SECTION B, LINE 5 OH WORKS WITH COMMUNITY PARTNERS ON AN ONGOING BASIS TO ADDRESS PRIORITY NEEDS STRATEGIES AND ACTIVITIES IMPLEMENTED TO ADDRESS THOSE NEEDS ARE ANNUALLY ASSESSED AND AT TIMES, REVISED WHEN NEEDED OH IS A PARTNER TO OTHER ORGANIZATIONS, AND ENTITIES' ASSESSMENT PROCESSES AS WELL, WHO ARE WORKING AS THEIR MISSIONS DIRECT TO ADDRESS SPECIFIC PRIORITY AREAS AND SOCIAL DETERMINANTS OF HEALTH THESE PARTNERSHIPS, COMMUNITY EFFORTS AND OH SPECIFIC STRATEGIES ARE ANNUALLY UPDATED ON SCHEDULE H IN ADDITION THOSE EFFORTS OUTSIDE THE CHNA, OH CONTINUALLY ASSESSES SERVICE LINES AND OH MEDICAL GROUP / SPECIFIC HEALTH INDICATORS SUCH AS CANCER, HEART DISEASE, STROKE AND DIABETES LOOKING AT SPECIFIC POPULATIONS REPRESENTATIVE OF THE COMMUNITIES WE SERVE COLLABORATIVE EFFORTS ARE BEING MADE TO ADDRESS PRIORITY COMMUNITY HEALTH ISSUES THROUGHOUT THE SYSTEM TO UTILIZE AVAILABLE OH RESOURCES TO IMPACT COMMUNITY HEALTH NEEDS SCHEDULE H, PART VI, LINE 3, PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE OH EDUCATES ITS PATIENTS IN A VARIETY OF WAYS OH HAS SIGNAGE AT ACCESS POINTS REGARDING FINANCIAL ASSISTANCE OFFERINGS OH HAS FINANCIAL AID APPLICATIONS AVAILABLE AT REGISTRATION AREAS, VIA THE INTERNET AT THE HOSPITAL WEBSITE, VIA PHONE, AND SENT ROUTINELY VIA MAIL TO PATIENTS OF THE HOSPITAL OH EMPLOYS PATIENT FINANCIAL ADVOCATES AND CONTRACTS WITH AN OUTSIDE FIRM TO ENSURE PATIENTS ARE INTERVIEWED AND EVALUATED FOR ELIGIBILITY IN THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE ALL SELF-PAY AND BALANCE AFTER INSURANCE ACCOUNTS ARE REVIEWED BY HOSPITAL STAFF TO ENSURE THAT THE PATIENT IS GIVEN EVERY OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE ADDITIONALLY INFORMATION ABOUT APPLYING FOR FINANCIAL ASSISTANCE IS INCLUDED ON THE PATIENT STATEMENTS, BILLS, AND LETTERS AND THE PATIENT GUIDE THEY MAY RECEIVE FROM OH THE OH POLICY FOR FINANCIAL ASSISTANCE INCLUDES THE FOLLOWING ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE, THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS, METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE, MEASURES TO WIDELY PUBLICIZE THE POLICY, WRITTEN POLICY REQUIRING THE ORGANIZATION TO PROVIDE CARE FOR EMERGENCY MEDICAL CONDITIONS WITHOUT DISCRIMINATION AS DESCRIBED ABOVE THE ORGANIZATION DOES NOT CHARGE GROSS CHARGES TO PATIENTS AND LIMITS AMOUNTS CHARGED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE TO AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE MEDICARE THE ORGANIZATION DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIVITY BEFORE EFFORTS TO DETERMINE ELIGIBILITY FOR ASSISTANCE HAVE BEEN MADE SCHEDULE H, PART VI, LINE 4, COMMUNITY INFORMATION - OWENSBORO HEALTH THE "PRIMARY SERVICE AREA" FOR OH (AND THE DEFINED COMMUNITY FOR THE CHNA) IS DAVIESS COUNTY, KENTUCKY OWENSBORO IS THE COUNTY SEAT OF DAVIESS COUNTY, KENTUCKY, AND LIES ON THE SOUTHERN BANKS OF THE OHIO RIVER IN WESTERN KENTUCKY OWENSBORO HEALTH REGIONAL HOSPITAL IS THE ONLY HOSPITAL LOCATED WITHIN ITS PRIMARY SERVICE AREA OF DAVIESS COUNTY OWENSBORO IS LOCATED 39 MILES SOUTHEAST OF EVANSVILLE, INDIANA, 131 MILES NORTH OF NASHVILLE, TENNESSEE, AND 111 MILES SOUTHWEST OF LOUISVILLE, KENTUCKY THE TOTAL POPULATION OF DAVIESS COUNTY IS 100,379 ACCORDING TO 2018 CLARITAS DATA MEDIAN HOUSEHOLD INCOME FOR THE PRIMARY SERVICE AREA IS $52,378 WITH 2,829 (10 49%) FAMILIES LIVING BELOW THE POVERTY LEVEL OTHER KEY DEMOGRAPHIC AND HEALTH INDICATORS CAN BE FOUND ON THE OH WEBSITE WITHIN THE COMMUNITY HEALTH INDICATORS AND DASHBOARD AT HTTPS //WWW OWENSBOROHEALTH ORG/HEALTH-RESOURCES/HEALTH-NEEDS-ASSESSMENT/? HCN=INDICATORS SCHEDULE H, PART VI, LINE 4 COMMUNITY INFORMATION - OH MUHLENBERG THE "PRIMARY SERVICE AREA" FOR OHMCH (AND THE DEFINED COMMUNITY FOR THE CHNA) IS MUHLENBERG COUNTY, KENTUCKY GREENVILLE IS THE COUNTY SEAT OF MUHLENBERG COUNTY, LOCATED APPROXIMATELY 43 MILES SOUTH OF OWENSBORO AND 94 MILES NORTH-NORTHWEST OF NASHVILLE, TENNESSEE THE TOTAL POPULATION OF MUHLENBERG COUNTY IS 30,884 ACCORDING TO 2018 CLARITAS DATA MEDIAN HOUSEHOLD INCOME FOR THE PRIMARY SERVICE AREA IS $42,552 WITH 1,221 (14 61%) FAMILIES LIVING BELOW THE POVERTY LEVEL OTHER KEY DEMOGRAPHIC AND HEALTH INDICATORS CAN BE FOUND ON THE OH WEBISTE WITHIN THE COMMUNITY HEALTH INDICATORS AND DASHBOARD AT HTTPS //WWW OWENSBOROHEALTH ORG/HEALTH-RESOURCES/HEALTH-NEEDS-ASSESSMENT/? HCN=INDICATORS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5, PROMOTION OF community health	OH IS NOT JUST THE LARGEST EMPLOYER IN THE REGION, IT IS ALSO THE LARGEST PRIVATE EMPLOYER IN THE COMMONWEALTH OF KENTUCKY WEST OF LOUISVILLE, AND THE 35TH LARGEST PRIVATE EMPLOYER IN THE STATE AS SUCH, WE CONSIDER OUR RESPONSIBILITY TO SERVE AND STRENGTHEN OUR COMMUNITIES IN WAYS MUCH BROADER THAN PROVIDING DIRECT HEALTH SERVICES OR ADDRESSING ONLY "IDENTIFIED HEALTH NEEDS" WE BELIEVE THE SECOND PART OF OUR MISSION PROFESSING TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE OFTEN INVOLVES SUPPORT OF COMMUNITY BUILDING ACTIVITIES INVOLVING PHYSICAL IMPROVEMENTS IN HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT FOR COMMUNITY MEMBERS, COALITION BUILDING, COMMUNITY HEALTH ADVOCACY AND WORKFORCE DEVELOPMENT WE BELIEVE THESE IRS CATEGORIZED COMMUNITY BUILDING ACTIVITIES ARE EQUALLY AS IMPORTANT TO OUR CHARITABLE PURPOSES AS ARE OUR COMMUNITY BENEFIT ACTIVITIES WHERE CASH AND IN-KIND ALLOCATIONS FROM OUR COMMUNITY BENEFIT GRANT PROGRAM ARE MADE FOR COMMUNITY BUILDING PROGRAMS AND ACTIVITIES, WE STILL REQUIRE THESE ORGANIZATIONS TO IDENTIFY ON THEIR REQUEST FOR FUNDING HOW THESE PROGRAMS AND ACTIVITIES ADDRESS ROOT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH OF OUR COMMUNITY IN THIS WAY, THESE ORGANIZATIONS ARE ALSO ABLE TO UNDERSTAND HOW IMPROVING THE HEALTH OF OUR COMMUNITY CAN BE ACCOMPLISHED IN MANY DIFFERENT WAYS IN PARTNERSHIP WITH ONE ANOTHER ADDITIONALLY, WE ARE OFTEN ASKED TO BE A FACILITATOR FOR COMMUNITY CONCEPTS TO ADVANCE ECONOMIC DEVELOPMENT PLANS, MEET URGENT NEEDS SUCH AS FOOD INEQUITY OR BRING LIKE ORGANIZATIONS TOGETHER TO PLAN AND COLLABORATE IN WAYS THAT HAVE NOT BEEN DONE PREVIOUSLY ASSISTING THE LOCAL FOOD BANK AND LIKE ORGANIZATIONS DEVELOPING A TRAUMA INFORMED COMMUNITY ARE SUCH EXAMPLES COMMUNITY APPOINTED MEMBERS WHO SERVE ON THE OWENSBORO HEALTH BOARD OF DIRECTORS AND THE COMMUNITY NEEDS AND STRATEGIC PLANNING COMMITTEE OVERSEE THE COMMUNITY BENEFIT WORK CONSEQUENTLY, THEY ARE ALSO WORKING TO ENSURE THAT STRATEGIC PLANNING FOR THE HOSPITAL WORKS IN CONJUNCTION WITH INTERNAL AND EXTERNAL EFFORTS AND DEALINGS WITH COMMUNITY ORGANIZATIONS TO ADDRESS PRIORITY HEALTH NEEDS AND RELIEVE THE BURDEN FROM LOCAL AND STATE GOVERNMENTS
SCHEDULE H, PART VI, LINE 6, AFFILIATED HEALTH CARE SYSTEM	OH, AS REQUIRED, CONDUCTS A CHNA IN PARTNERSHIP WITH PUBLIC HEALTH AND MANY COMMUNITY PARTNERS OH DEVELOPS AN IMPLEMENTATION STRATEGY STATING HOW IT WILL ADDRESS NAMED PRIORITY HEALTH NEEDS HOWEVER WHILE PRESENT IRS GUIDELINES ONLY ALLOW COMMUNITY BENEFIT WHICH IS CONDUCTED UNDER OH TO BE REPORTED, IT FAR FROM TELLS THE STORY OF WHAT OWENSBORO HEALTH, THE SYSTEM, IS DOING COLLECTIVELY TO ADDRESS PRIORITY HEALTH NEEDS BOTH THE OWENSBORO HEALTH MEDICAL GROUP AND OWENSBORO HEALTH FOUNDATION ARE CLOSELY ALIGNED WITH OH IN STRIVING TO MEET PRIORITY HEALTH NEEDS AS WE FURTHER DEVELOP AND REFINE OUR SYSTEM STRATEGIC PLANNING PROCESS TO IMPACT THE HEALTH OF THE POPULATION WE WILL NEED ALL AVAILABLE RESOURCES WITHIN OUR SYSTEM TO MEET OUR MISSION TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE OWENSBORO HEALTH REGIONAL HOSPITALS COMMUNITY HEALTH INVESTMENTS GRANT PROGRAM AVERAGES OVER $700,000 IN DIRECT GRANT FUNDS TO ORGANIZATIONS WITH COMMUNITY PROGRAMS FOCUSED ON ADDRESSING PRIORITY HEALTH AREAS NAMED IN COMMUNITY HEALTH NEEDS ASSESSMENTS PLANNING WILL TAKE PLACE SO THAT SYSTEM POPULATION HEALTH GOALS CAN BE SUPPORTED BY COMMUNITY PARTNERSHIPS AND FUNDING OF THOSE PARTNERSHIP PROJECTS IN THE COMMUNITY THE GRANT DOLLARS COME FROM THE HOSPITAL, BUT SYSTEM-WIDE PLANNING AND ADDITIONAL SUPPORT IS OFTEN NEEDED TO ASSIST LOCAL NONPROFIT ORGANIZATIONS EFFORTS THE OWENSBORO HEALTH SYSTEM CONTINUES TO INVEST SIGNIFICANT DOLLARS TO INCREASE COMMUNITY ACCESS POINTS AND THE NUMBER OF PROVIDERS IN RECOGNITION OF ACCESS TO CARE BEING A RECOGNIZED PRIORITY HEALTH ISSUE THE OWENSBORO HEALTH SYSTEM HAS ADDED COMPLEX CARE NAVIGATORS TO MANAGE THE HEALTH OF SPECIFIC PATIENT POPULATIONS WHILE EFFORTS TO REACH ADDITIONAL TARGETED UNDERSERVED POPULATIONS IN THE COMMUNITY THERE ARE DEDICATED STAFF UNDER THE MEDICAL GROUP WHO ALSO SUPPORT OH STRATEGIES, AND THOUGH NOT COUNTABLE ON THE IRS FROM 990 H, CERTAINLY MAKE SIGNIFICANT CONTRIBUTIONS TO THE IMPACT WE CAN HAVE TO ADDRESS CHRONIC HEALTH DISEASE AND PRIORITY HEALTH ISSUES IN ASSISTING COMMUNITY EFFORTS TO INCREASE ACCESS POINTS, IT IS OFTEN THE PROVIDERS IN THE MEDICAL GROUP, NAVIGATORS AND AS WELL AS SPECIALISTS FROM THE MEDICAL FITNESS FACILITY WITHIN OUR SYSTEM WHO PLAY AN INSTRUMENTAL ROLE IN CARRYING OUT THE WORK TO ENSURE WE ARE MEETING THE NEEDS OF THE UNDERSERVED THEY ALSO PROVIDE OUTREACH EFFORTS TO IMPACT COMMUNITY MEMBERS WHO ARE REPRESENTATIVE OF THE PRIORITY HEALTH ISSUES WE ISOLATE THE INVESTMENTS WE MAKE PER 501 (R) GUIDELINES WHILE RECOGNIZING THE CHALLENGE OF CAPTURING AND QUANTIFYING IN MONETARY TERMS THE TRUE MAGNITUDE OF OUR COMMUNITY BENEFIT EXPENDITURES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7, STATE FILING OF COMMUNITY BENEFIT REPORT	THERE ARE NO REQUIREMENTS IN THE STATE OF KENTUCKY TO FILE A COMMUNITY BENEFIT REPORT AT THIS TIME

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health 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? **2** 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	OWENSBORO HEALTH INC 1201 PLEASANT VALLEY RD OWENSBORO, KY 42303 www owensborohealth org 100092	X	X					X			
2	OH MUHLENBERG LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 WWW OWENSBOROHEALTH ORG 100344	X	X					X			

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3e	Owensboro Health & OH MUHLENBERG The significant health needs of the community identified in Owensboro Health and OH Muhlenberg's CHNA are presented as prioritized descriptions FO RM 990, SCHEDULE H, PART V, SECTION B, LINE 5 OWENSBORO HEALTH CHNA COMMUNITY INPUT FOR DE VELOPMENT OF THE SECOND CHNA, OWENSBORO HEALTH COLLABORATED WITH THE GREEN RIVER DISTRICT HEALTH DEPARTMENT (GRDHD), WHOSE CATCHMENT AREA INCLUDES IN ADDITION TO DAVIESS, THE COUNT IES OF HANCOCK, HENDERSON, MCLEAN, OHIO, UNION, AND WEBSTER THIS ASSESSMENT INCLUDED A CO MMUNITY-WIDE PROCESS TO ANALYZE COMMUNITY HEALTH NEEDS AND IDENTIFY THE HEALTH PRIORITIES FOR THE REGION THIS COMMUNITY HEALTH ASSESSMENT IS A REQUISITE FOR OBTAINING PUBLIC HEALT H ACCREDITATION GRDHD UTILIZED THE STRATEGIC PLANNING FRAMEWORK KNOWN AS MOBILIZING FOR A CTION THROUGH PLANNING AND PARTNERSHIPS (MAPP), DEVELOPED BY THE NATIONAL ASSOCIATION OF C OUNTY & CITY HEALTH OFFICIALS (NACCHO) OWENSBORO HEALTH STARTED THE CHNA IN 2015 AND IT W AS COMPLETED IN MAY 2016 FOR ADDITIONAL INFORMATION GO TO HTTP //WWW HEALTHDEPARTMENT ORG / THE ASSESSMENTS AND INFORMATION COLLECTED BY THE GRDHD INCLUDED COLLECTION OF QUANTITATI VE DATE THROUGH AN ASSESSMENT OF SECONDARY DATA, A CDC SURVEY TOOL (CASPER), FOCUS GROUPS AND COMMUNITY FORUMS TO OBTAIN INFORMATION AND COLLABORATE WITH STAKEHOLDERS THESE TOOLS AND STAKEHOLDERS WORKED TO IDENTIFY KEY COMMUNITY HEALTH ISSUES THE CASPER ASSESSMENT IS A TOOL AND METHODOLOGY PROMOTED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR COND UCTING A POST-DISASTER RAPID NEEDS AND HEALTH ASSESSMENT THE GRDHD CONDUCTED THE CASPER A SSESSMENT OVER 4 DAYS IN SEVEN COUNTIES, DAVIESS, HANCOCK, HENDERSON, MCLEAN, OHIO, UNION, AND WEBSTER OVER THE FOUR DAYS OF SAMPLING, INTERVIEWS WERE COMPLETED AT 235 HOUSEHOLDS FOR A COMPLETION RATE OF 85 5% (235/275) FOR THE OWENSBORO HEALTH CHNA AND IN COMMUNITY M EETINGS FOCUSED ON DAVIESS COUNTY, FINDINGS FROM DAVIESS COUNTY CASPER RESULTS WERE UTILIZ ED FOR MORE INFORMATION ON THE ASSESSMENT PROCESS REFER TO HTTP //WWW HEALTHDEPARTMENT O RG/CHA_CHIP/CASPER%20DATA%20SHEET FINAL PDF ALTHOUGH THE COMMUNITY SURVEY CAPTURED OPINION S FROM A REPRESENTATIVE SAMPLE, THE NEEDS OF DISPARATE POPULATIONS MAY NOT HAVE BEEN ADEQU ATELY COVERED THEREFORE FOCUS GROUPS WERE HELD IN DAVIESS COUNTY TO ELICIT INPUT FROM LOW INCOME, TRANSIENT AND MINORITY POPULATIONS ADDITIONALLY, THE GRDHD FACILITATED TWO COMMU NITY FORUMS HELD IN THE FIRST HALF OF 2015 TO ENGAGE WITH COMMUNITY STAKEHOLDERS AND COLLE CT THEIR INPUT THE COMMUNITY FORUMS WERE ATTENDED BY BETWEEN 75 AND 100 COMMUNITY MEMBERS REPRESENTING A DIVERSE GROUP OF NON-GOVERNMENTAL ORGANIZATIONS, NOT-FOR-PROFIT HUMAN SERV ICE AND ARTS ORGANIZATIONS, BUSINESSES, CITIZENS, HEALTHCARE INSURERS AND PROVIDERS, AND, GOVERNMENT AGENCIES IN MAY 2015 A SUMMARY OF THE VISIONING, ASSESSMENTS AND PERSPECTIVES WAS PRESENTED AT A COMMUNITY HEALTH IMPROVEMENT PLAN FORUM WITH PRIORITY ISSUES ESTABLISHE D THE FORUM ALSO FEATURED LIV

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3e	E AUDIENCE VOTING THAT FACILITATED DIALOGUE AND FINAL SELECTION OF THE STRATEGIC INITIATIV ES FOLLOWING THIS PROCESS, OWENSBORO HEALTH ENGAGED XEROX HEALTHY SOLUTIONS (FORMERLY KNO WN AS HEALTHY COMMUNITIES INSTITUTE AND NOW KNOWN AS CONDUENT) TO CONDUCT ADDITIONAL PRIMA RY DATA COLLECTION WHILE GRDHD'S MAPP ASSESSMENT AND PLANNING PROCESS PRODUCED MANY FINDI NGS ON COMMUNITY HEALTH IN DAVIESS COUNTY, ADDITIONAL INSIGHTS INTO THE COUNTY'S HEALTH NE EDS AND STRENGTHS WERE COLLECTED TO PROVIDE A BETTER UNDERSTANDING OF THE LOCAL CONTEXT X EROX COMMUNITY HEALTH SOLUTIONS A K A CONDUENT CONDUCTED EIGHT KEY INFORMANT INTERVIEWS T O PROBE MORE DEEPLY INTO HEALTH AND QUALITY OF LIFE THEMES WITHIN THE COUNTY COMMUNITY RE SOURCES WERE ALSO IDENTIFIED IN THESE INTERVIEWS COMMENTS AND FEEDBACK ON THE CHNA ARE EN COURAGED/INVITED AS REFLECTED ON OUR CHNA WEBPAGE A PHONE NUMBER AND EMAIL ADDRESS IS POS TED TO THE WEBSITE SHOULD SOMEONE HAVE QUESTIONS OR COMMENTS OWENSBORO HEALTH HAS NOT REC EIVED COMMENTS FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5 OH MUHLENBERG CHNA COMMUNI TY INPUT Owensboro Health Muhlenberg Community Hospital partnered with the Muhlenberg Coun ty Health Department (Director and Nursing Supervisor) to complete the 2018 Community Heal th Needs Assessment In addition to participating in the preparation and planning for the CHNA, the Health Department was involved on the CHNA Steering Committee and distributed CH NA surveys at their facility - Other members of the Steering Committee included represent atives from - Felix E Martin Jr Foundation - Muhlenberg County Board of Education - UK Cooperative Extension Office - Pennyroyal Mental Health Center - Central City Convention C enter - Muhlenberg County Head Start - Greenville - Muhlenberg County Head Start Central C ity - Greater Muhlenberg Chamber of Commerce - Hope2All Food Bank - Muhlenberg County Seni or Citizens Center - Community Health Centers of Western Kentucky - Owensboro Health Muhle nberg Community Hospital EMS - Muhlenberg County Community Service Center - Department of Community Based Services - Eades Family Dentistry - Muhlenberg County Health Department - Owensboro Health Muhlenberg Community Hospital - Community and Economic Development Initia tive of Kentucky (CEDIK) facilitated the process of primary data collection through commun ity surveys, focus groups and key informant interviews to create an implementation plan to address identified health needs In addition, county specific secondary data was gathered to help examine the social determinants of health Throughout the process, CEDIK and the community steering committee made it a priority to get input from populations that are oft en not engaged in conversations about their health needs or gaps in service CEDIK conduct ed six key informant interviews to probe more deeply into health and quality of life theme s within the county Current community resources and potential barriers to accessing resou rces were also identified in t

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3e	hese interviews - Key informant interviews were conducted with the following experts - P athway of Hope, Pregnancy Crisis Center in Muhlenberg County - Pennyroyal Center, Director of Substance Abuse Services - Muhlenberg County Schools, Superintendent - Muhlenberg Coun ty Schools, H S Senior - A New Start Medication Assisted Treatment for Opioid Addiction - Muhlenberg County Baptist Association, Director of Missions The steering committee met fo r the first time on February 19, 2018, focus groups were held, surveys were distributed, a nd the steering committee reconvened on March 26, 2018 for the final meeting to choose the priority health areas

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

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7A AND LINE 10A	FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7A OWENSBORO HEALTH - LINK TO CHNA https //www owensborohealth org/health-resources/health-needs-assessment/ FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10A OWENSBORO HEALTH - LINK TO IMPLEMENTATION STRATEGY https //www owensborohealth org/health-resources/health-needs-assessment/ FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7A OH MUHLENBERG (OHMCH) - LINK TO CHNA https //www owensborohealth org/health-resources/health-needs-assessment/ FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10A OH MUHLENBERG (OHMCH) - LINK TO IMPLEMENTATION STRATEGY https //www owensborohealth org/health-resources/health-needs-assessment/

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	OWENSBORO HEALTH - HOW THE HOSPITAL IS ADDRESSING SIGNIFICANT NEEDS AREAS OF NEED IDENTIFI ED BY COMMUNITY THE OWENSBORO/DAVIESS COUNTY COMMUNITY, THROUGH A COLLABORATIVE EFFORT BE TWEEN THE GREEN RIVER DISTRICT HEALTH DEPARTMENT, OWENSBORO HEALTH, AND NUMEROUS OTHER COM MUNITY STAKEHOLDERS, SELECTED THREE PRIORITY HEALTH AREAS TO ADDRESS IN ITS MOST RECENT CO MMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THIS CHIP WAS THE CULMINATION OF THE HEALTH DEPART MENT'S MAPP PROCESS (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) THE FOLLOWI NG THREE PRIORITY HEALTH AREAS CONTAINED IN THE CHIP WERE INCORPORATED INTO OWENSBORO HEAL TH'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) 1 SUBSTANCE ABUSE (ATOD ALCOHOL, TOBACCO AND OTHER DRUGS) 2 OBESITY 3 ACCESS TO CARE OWENSBORO HEALTH STAFF MEMBERS ARE SERVING O N, AND IN SOME CASES, CO-FACILITATING LOCAL COMMUNITY AND STATE HEALTH COUNCIL'S SUBCOMMIT TEES THAT WERE FORMED FROM THE COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS EACH OF THE TH REE NAMED PRIORITY AREAS ADDITIONAL AREAS OF IDENTIFIED NEED TWO ADDITIONAL COMMUNITY HE ALTH AREAS OF NEED, MENTAL HEALTH AND ORAL HEALTH, WERE IDENTIFIED IN THE ASSESSMENT PROCE SS AND IT WAS DECIDED BY THIS COMMUNITY TO INCORPORATE THOSE ISSUES INTO EXISTING COMMUNIT Y ACTIONS PLANS TO INCLUDE STRATEGIES ADDRESSING MENTAL AND ORAL HEALTH IN EACH EXISTING P LAN ADDRESSING THE THREE PRIORITY AREAS OHRH is addressing all needs identified in its mo st recent CHNA through hospital or collaborative strategies STRATEGIES SUBSTANCE ABUSE I NCLUDING TOBACCO USE AND CESSATION * Established internal cross organizational team to ad dress tobacco and other related diseases across the system * Established BPA (Best Practi ce Alert) for Low Dose CT screening Primary care physicians can now submit orders, shared decision making on form * Working to educate physicians and community * Process put in place to refer to Smoking Cessation program, Freedom from Smoking via EPIC electronic medi cal records system to Wellness team - Classes have been full, 12 have quit and remain "qu it" Some are completing class again * COPD materials under review that would be distribu ted to patients system wide containing language to empower self-management * Considerati o n of adding Tobacco Intervention Specialists to inpatient and community wellness settings * Hospital representation and participation on the Kentucky Health Collaborative work tea m focused on tobacco and smoking cessation Allocated funds to be used for the Smoke Free Tomorrow initiative of the Foundation for a Healthy Kentucky * Owensboro Health Community Health Investments Grant Program - Since 2014, Owensboro Health Regional Hospital (OHRH) has provided financial support to the Green River District Health Department to promote t he Quit Now Kentucky phone coaching line In 2017 OHRH granted the GRDHD request to begin filling the gap for those needing access to Nicotine Replacement Therapy (NRT) The 2017 (fy18) allocation specifically

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	was $22,762 00 - To date, 2014-2018 OHRH has provided financial support specific to the GR DHD for Quit Now Kentucky and NRT in the amount of $116,335 50 o Quit now calls in the Gr een River Region have increased from a total of 3 calls in 2014 to the 2018 report of 324 calls! - In addition, in 2017, (fy18) the following investments were made from the OHRH Co mmunity Health Investments grant program o $3,789 Cliff Hagan Boys and Girls Club-tobacc o prevention and e-cigarette education o $10,000 Owensboro Regional Recovery-smoking cess ation education and financial incentives to residents who quit smoking o $59,895 Universi ty of Kentucky Research Foundation- Socially Responsible Marketing Campaign to Increase Lu ng Cancer Screening Awareness o $20,800 Mentor Kids Kentucky to develop a tobacco preventi on education and guidance handbook for the mentors and mentees in their program - In 2017 , (fy18) OHRH required all school systems that were planning to submit a grant application to show evidence of a 100% Tobacco Free District policy Further, it was announced that w ithin one year, all applicants would be required to do the same in 2018, (fy19) this requ irement would be in place for all applicants to the large grant program at OHRH MAINTAINE D ADVOCACY OF LOCAL, REGIONAL AND STATE EFFORTS FOR APPROPRIATE POLICIES FOR TOBACCO USE A ND SECOND HAND SMOKE REDUCTION * MAINTAIN COMMITMENT TO CAMPUS TOBACCO FREE POLICIES ALC OHOL AND OTHER DRUGS * CONTINUED WORK WITH LOCAL SUBSTANCE ABUSE COALITIONS AND COMMUNITY EFFORTS TO PROVIDE EDUCATION SPECIFIC TO OPIATE ABUSE AND HEROIN USE * SUPPORTED INTERNA L POLICY AND PROCESSES TO EDUCATE PHYSICIANS AND OTHER PROVIDERS ON PREVENTION EFFORTS * CONTINUED TO USE ANGEL VISITATION PROGRAM BRINGING PERSONS IN RECOVERY FROM COMMUNITY INTO HOSPITAL SETTING TO SHARE RECOVERY OPTIONS FOR THOSE IN NEED (Over 150 Angel Visits have taken place since its beginning in 2015) * continued to FINANCIALLY SUPPORT ORGANIZATION S WHOSE MISSIONS AND ABILITIES AND PROJECTS ARE SPECIFIC TO PROVIDING SUBSTANCE ABUSE PREV ENTION, TREATMENT AND RECOVERY SERVICES, HOUSING, EDUCATION AND ASSISTANCE TO ADDRESS SUBS TANCE ABUSE THROUGH OUR GRANT PROGRAMS PER GRANT GUIDELINES * CONTINUED TO HOST IN PARTNE RSHIP WITH LOCAL AND STATE ORGANIZATIONS FORUMS ON OPIATE PRESCRIBING, ISSUES OF ABUSE, PR EVENTION AND EDUCATION CONTINUED TO EXPLORE POTENTIAL COLLABORATIVE PARTNERSHIPS AND PROJ ECTS BETWEEN MOTHER/BABY AND NEONATAL SERVICES AND COMMUNITY ORGANIZATIONS FOCUSED ON PREV ENTION OF SUBSTANCE USE DURING PREGNANCY, LOCAL EFFORTS TO UNDERSTANDING THE ADVERSE CHILD HOOD EXPERIENCES (ACES) TO BECOME A TRAUMA INFORMED COMMUNITY PROVIDED SUPPORT TO TWO COM MUNITY COALITIONS STARTED TO ADDRESS ACES RESEARCH AND COMMUNITY STRATEGIES, HAVE MADE INV ESTMENTS IN BOTH FINANCIAL SUPPORT AND HUMAN CAPITAL TO ASSIST THESE CROSS-SECTOR COMMUNIT Y EFFORTS OBESITY NUTRITION, WEIGHT MANAGEMENT, FITNESS AND OBESITY RELATED DISEASES * CO NTINUED TO CONDUCT AND EVALUAT

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	E SCHOOL HEALTH ASSESSMENTS * CONTINUED TO SUPPORT OWENSBORO HEALTH HEALTHPARK AND ITS SC HOLARSHIP PROGRAM PROVIDING FINANCIAL ASSISTANCE, THE HEALTHPARK EDUCATIONAL PROGRAMMING, AND OUTREACH AND TARGETED EVIDENCED BASED PROGRAMMING * FINANCIALLY SUPPORTED AND ADVOCAT ED FOR COMMUNITY PROJECTS AND PROGRAMS WHICH FOCUS ON WORKING COLLABORATIVELY TO IMPROVE H EALTHY FOOD OPTIONS, APPROPRIATE TIME FOR PLAY AND EXERCISE, ART AND MUSIC OPPORTUNITIES A MONG OTHERS * UTILIZED COMMUNITY DATA TO TARGET SPECIFIC AREAS OF COMMUNITY WHICH COULD M OST BENEFIT BY CHANGES OF POLICY, STRUCTURAL IMPROVEMENT, AND COMMUNITY ASSETS AND WORK IN PARTNERSHIP TO DEVELOP IMPROVEMENT PLANS * SERVED ON LOCAL AND STATE TASK FORCES RELATED TO COMMUNITY DEVELOPMENT, CHAMBERS OF COMMERCE, WORKPLACE HEALTH, ECONOMIC DEVELOPMENT, H EALTH AND WELLNESS AND THE ARTS TO PROVIDE VOICE FOR COMMUNITY HEALTH IMPROVEMENT * PROVI DED EXPERTISE FROM STAFF TO THE COMMUNITY FOR EDUCATION AND PROGRAM GUIDANCE * PLANNING F OR BARIATRIC SURGERY CENTER AT OWENSBORO HEALTH ACCESS TO CARE PRIMARY CARE, ACCESS POINTS , TRANSPORTATION, LANGUAGE AND CULTURAL BARRIERS, FINANCIAL SUPPORT FOR PRESCRIPTIONS, EQU IPMENT AND SUPPLIES, CARE COORDINATION, EDUCATION REGARDING BENEFIT ENROLLMENT, STAFF ENGA GEMENT WITH COMMUNITY ACTION TEAM TO ADDRESS ACCESS TO CARE * OPENED THREE NEW HEALTHPLEX ES TO ADDRESS SHORTAGE OF PRIMARY CARE PHYSICIANS AND ACCESS POINTS TO PRIMARY AND SPECIAL TY CARE AND ANCILLARY SERVICES * CONTINUED EFFORTS TO PURSUE PRIMARY CARE RESIDENCY PROGR AM * WORKED TO PROVIDE OPPORTUNITIES FOR SERVICE LEARNING PROJECTS AND PROFESSIONAL EDUCA TIONAL OPPORTUNITIES WHICH CAN WORK IN TANDEM WITH EFFORTS OF COMMUNITY OUTREACH TO UNDERS ERVED POPULATIONS WITH HIGHEST RISK OF CHRONIC HEALTH DISEASE * TARGET POPULATIONS AND AR EAS OF COMMUNITY WITH HIGHEST INCIDENCE OF DIABETES AND WORKED IN COLLABORATION TO PROVIDE EDUCATION AND RESOURCES * FINANCIALLY SUPPORT COMMUNITY ORGANIZATIONS, PROJECTS AND PROG RAMS WHICH SERVE TO REACH COMMUNITY MEMBERS WITH ACCESS TO PRESCRIPTION MEDICINES, SUPPLIE S AND NEED EQUIPMENT * FINANCIALLY SUPPORTED ORGANIZATIONS THAT PROVIDE ASSISTANCE IN EAS ING LANGUAGE, CULTURAL, EDUCATIONAL, TRANSPORTATION OR OTHER BARRIERS TO HEALTH CARE SERVI CES AND HEALTH IMPROVEMENT * WORKED WITH COMMUNITY PARTNERSHIPS TO CONTINUALLY SEEK AREAS FOR IMPROVEMENT IN CARE COORDINATION AND COORDINATION OF COMMUNITY SUPPORT SYSTEMS TO KEE P CITIZENS HEALTHY AND IMPROVE QUALITY OF LIFE * CONTINUED WITH DEDICATED FINANCIAL COUNS ELORS, NAVIGATORS, AND CASE MANAGERS ARE AVAILABLE TO WORK WITH PATIENTS AND COMMUNITY MEM BERS IN UNDERSTANDING FINANCIAL ASSISTANCE, BENEFIT ENROLLMENT, AVAILABLE COMMUNITY RESOUR CES TO PREVENT BARRIERS TO ACCESS, AND, UNDERSTANDING OF THE HEALTHCARE SYSTEM AND HOW TO ACCESS CARE * CONTINUED PARTNERSHIP WITH AUDUBON COMMUNITY CARE CLINIC WITH WHOM WE PARTN ERED TO PROVIDE GRANT APPLICATION ASSISTANCE FOR THIS CLINIC TO REACH HOMELESS AND REFUGEE POPULATIONS * BASED ON DATA

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	OH MUHLENBERG - SIGNIFICANT NEEDS AREAS OF NEED IDENTIFIED BY COMMUNITY Our Community Hea lth Needs Assessment was completed and approved in May 2018, and our implementation strate gy in October 2018 Identified priority health needs from this CHNA are * Residents (vuln erable populations) lack of knowledge on available community and health resources in the c ounty * Adult obesity * Mental health depression, counseling and testing for mental health disorders * Youth health indicator needs* teen birth rate, obesity, lack of physical acti vity, lack of out of school meaningful activities * Substance use prescription, illegal an d illicit substances HOW OH MUHLENBERG IS ADDRESSING SIGNIFICANT IDENTIFIED NEEDS OHMCH i nternal Implementation Strategy team has developed strategies for each of the identified p riority areas named in the CHNA (see below for priority areas as listed on page 26 of the OHMCH CHNA and strategy descriptions found in the implementation plan) OHMCH will address each named prioritized area through hospital strategies or in collaboration or partnershi ps with community partners The full implementation strategy was approved in October 2018 and posted on the hospital website thereafter as required Updates will be provided annual ly in 990 Schedule H report OHMCH STRATEGIES TO IMPACT PRIORITY HEALTH NEEDS AS IDENTIFIE D IN THE CHNA * Provide leadership through in-kind staff to serve and assist with the dev elopment of a Muhlenberg County community health coalition * Provide financial support th rough mini-grants and sponsorships to organizations who seek to impact priority health are as through their projects and programming 1) Residents (vulnerable populations) lack of k nowledge on available community and health resources in the county a Distribute Lift mag azine to 10,000 households across the county which contains information about health issue s, activities and resources available in our community b Use social media to make citize ns aware of programs and services offered by our organization (flu shots, sports physicals , respiratory screenings, cessation classes, new providers, etc) c Host community educat ion forums on priority health areas 2) Adult Obesity a Support and plan community/emplo yee walks and runs (Note OHMCH is the second largest employer in the county With a smal l county population our employees represent a large segment of the population so supportin g efforts to address adult obesity with our employee base and their families can have an i mpact on the entire community) b Provide all Muhlenberg County elementary and middle sch ool students with a free school health assessment every other year and mail additional inf ormation to their families with the students results and education on healthy food and bev erage choices and physical activity (these assessments can also impact adults in the fami ly, see 4b) c Make referrals as appropriate to new access point Owensboro Health Surgic al Weight Loss Center 3) Ment

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	al health, depression, counseling and testing for mental health disorders a Increase depr ession screenings for patients in Emergency Room, Inpatient, and Long-Term Care b Increa se services with addition of a behavioral health provider at Owensboro Health Healthplex c Increase access to inpatient services provided by Owensboro Health Regional Hospital d Work to increase collaborative partnership with Pennyroyal Mental Health Center e Expa nd access to behavioral health telehealth services when in-person appointments are not ava ilable f Support educational offerings regarding suicide prevention 4) Youth health ind icator needs-teen birth rate, obesity, lack of physical activity, lack of out of school me aningful activities a Provide funding for school nurses and health technicians at each sc hool in Muhlenberg County to address students health needs and provide prevention and educ ation on priority health issues b Provide free school health assessments to students in Muhlenberg County elementary and middle schools with follow-up information provided about health food and beverage choices and the importance of physical activity c Assist in pro motion of physical activity and wellness events at local walking trails, athletic centers, Lu-Ray Park and Amphitheater d Provide free sports physicals and IMPACT concussion prog ram for student athletes e Partner with community organizations to support youth events (ex UK Extension Playing in the Park) 5) Substance use-prescription, illegal and illicit substances a Medical staff at OHMCH have an opioid stewardship committee whose charge i s to ensure safe opioid prescribing and assist in the decrease of opioid abuse and misuse by patients in our care i Criteria for screening and assessing/reassessing pain ii Algo rithms for the appropriate prescribing iii Pharmacological therapies iv Patient educatio n provided to reduce the risks of opioid use b Disposal bags for controlled substances wi ll be made available in ER to the community for their use c Grant provided to MCHS Proje ct Prom to encourage positive choices and lessen the opportunity to engage in high-risk al cohol and drug use d Freedom from Smoking classes offered for free at Coal Miners Respir atory Clinic at OHMCH e Seek funding for opioid prevention education in school and commu nity settings OHMCH will address all needs identified in its most recent CHNA through hos pital or collaborative strategies

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

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 20	OH MUHLENBERG AND OWENSBORO HEALTH FOUR SERIES OF BILLING STATEMENTS ARE SENT TO THE PATIENT WITHIN 120 DAYS WHICH NOTIFIES PATIENTS OF AVAILABLE ELIGIBILITY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284015088

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 36

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TUITION ASSISTANCE	62	186,560	0		
(2) PATIENT MEDICAL FUND	238	33,204	0		
(3) CANCER CENTER MEDICAL FUND	27	6,344	0		
(3)					
(4)					
(5)					
(6)					
(7)					

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
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2 SERVICES AND ACTIVITIES MUST SERVE INDIVIDUALS IN THE OWENSBORO HEALTH SERVICE AREA, INCLUDING DAVIESS, HANCOCK, OHIO, HENDERSON, HOPKINS, MCLEAN, MUHLENBERG, BRECKINRIDGE AND WEBSTER COUNTIES IN KENTUCKY AND SPENCER AND PERRY COUNTIES, INDIANA APPLICATIONS MUST SPECIFICALLY DESCRIBE HOW THE ORGANIZATION'S SERVICES ADDRESS ROOT CAUSES OF HEALTH PROBLEMS AFFECTING THE HEALTH OF OUR COMMUNITY ELIGIBLE GROUPS INCLUDE ECONOMIC, EDUCATIONAL, CIVIC, ARTS AND CULTURAL ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health 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
COMMUNITY DENTAL CLINIC 2811 NEW HARTFORD ROAD OWENSBORO, KY 42301	26-2343126	501(c)(3)	61,000				COMMUNITY SUPPORT COMMUNITY SUPPORT
University of Kentucky Research Foundation 301 Peterson Service Building LEXINGTON, KY 40506	61-6033693	501(c)(3)	59,895				COMMUNITY SUPPORT

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
UNITED WAY P O BOX 705 OWENSBORO, KY 42302	61-0435444	501(c)(3)	57,937	0			COMMUNITY SUPPORT
GREEN RIVER DISTRICT HLTH DEPT PO BOX 309 OWENSBORO, KY 42302	61-1010686	GOV	57,762	0			COMMUNITY SUPPORT

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
HOSPICE & PALLIATIVE CARE OF WESTERN KY 3419 WATHENS CROSSING OWENSBORO, KY 42301	31-1010160	501(c)(3)	40,900	0			COMMUNITY SUPPORT
DAVIESS COUNTY PUBLIC SCHOOLS PO BOX 21510 OWENSBORO, KY 42304	61-6001338	GOV	37,000	0			COMMUNITY SUPPORT

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
WKU RESEARCH FOUNDATION INC 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 42101	61-1358086	501(c)(3)	36,827	0			COMMUNITY SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 2675 EVANSVILLE, IN 47728	13-5613797	501(c)(3)	30,500	0			COMMUNITY SUPPORT

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
COMMUNITY HEALTH CHARITIES OF KY 310 WEST LIBERTY ST STE 714 LOUISVILLE, KY 40202	61-1202972	501(c)(3)	27,605	0			COMMUNITY SUPPORT
CASA OF OHIO VALLEY INC 415 ST ANN STREET OWENSBORO, KY 42303	61-1303511	501(c)(3)	25,175	0			COMMUNITY SUPPORT

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
PUZZLE PIECES INC 1512 FREDERICA STREET OWENSBORO, KY 42301	45-3042804	501(c)(3)	25,000	0			COMMUNITY SUPPORT
OWENSBORO SYMPHONY ORCHESTRA 211 EAST 2ND STREET OWENSBORO, KY 42303	61-6055984	501(c)(3)	22,796	0			COMMUNITY SUPPORT

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
BOULWARE MISSION INC 609 WING AVE OWENSBORO, KY 42303	61-0486968	501(c)(3)	22,300	0			COMMUNITY SUPPORT
MENTORKIDS KENTUCKY 1700 FREDERICA ST STE 204 OWENSBORO, KY 42301	61-1222299	501(c)(3)	21,300	0			COMMUNITY SUPPORT

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
OWENSBORO DANCE THEATRE 2705 BRECKENRIDGE STREET OWENSBORO, KY 42303	61-1040701	501(c)(3)	21,000	0			COMMUNITY SUPPORT
OWENSBORO MUSEUM OF SCIENCE & HISTORY 122 E 2ND ST OWENSBORO, KY 42303	61-1164857	501(c)(3)	21,000	0			COMMUNITY SUPPORT

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
RIVERPARK CENTER 101 DAVIESS STREET OWENSBORO, KY 42303	61-1147328	501(c)(3)	20,000	0			COMMUNITY SUPPORT
OWENSBORO MUSEUM OF FINE ART 901 FREDERICA STREET OWENSBORO, KY 42301	61-1297343	501(c)(3)	20,000	0			COMMUNITY SUPPORT

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
SUPPLIES OVER SEAS 1500 ARLINGTON AVE LOUISVILLE, KY 40206	27-2624272	501(c)(3)	20,000	0			COMMUNITY SUPPORT
INTERNATIONAL BLUEGRASS MUSIC MUSEUM 207 EAST 2ND STREET OWENSBORO, KY 42303	61-1229037	501(c)(3)	20,000	0			COMMUNITY SUPPORT

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
THEATRE WORKSHOP OF OWENSBORO 407 W 5TH STREET OWENSBORO, KY 42301	61-0968600	501(c)(3)	18,500	0			COMMUNITY SUPPORT
OWENSBORO PUBLIC SCHOOLS 450 GRIFFITH AVENUE OWENSBORO, KY 42301	61-6001339	GOV	18,468	0			COMMUNITY SUPPORT

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
APOLLO HIGH SCHOOL 2280 TAMARACK ROAD OWENSBORO, KY 42301	61-6001338	GOV	16,000	0			COMMUNITY SUPPORT
AUDUBON AREA COMMUNITY SERVICE 1650 WEST SECOND STREET STE B OWENSBORO, KY 42301	23-7364935	501(c)(3)	13,000	0			COMMUNITY SUPPORT

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
MUNDAY ACTIVITY CENTER INC 1650 W SECOND ST OWENSBORO, KY 42301	31-1044915	501(c)(3)	12,186	0			COMMUNITY SUPPORT
GIRLS INCORPORATED P O BOX 1626 OWENSBORO, KY 42302	61-0706477	501(c)(3)	10,280	0			COMMUNITY SUPPORT

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
PROJECT CAMP INC 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(c)(3)	10,000	0			COMMUNITY SUPPORT
GREATER OWENSBORO YOUNG LIFE 2740 KELLER ROAD OWENSBORO, KY 42301	84-0385934	501(c)(3)	9,300	0			COMMUNITY SUPPORT

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
FRIENDS OF SINNERS 320 CLAY STREET OWENSBORO, KY 42303	27-0332382	501(c)(3)	8,500	0			COMMUNITY SUPPORT
OWENSBORO REGIONAL SUICIDE PREVENTION 991 BELLEWOOD DRIVE HENDERSON, KY 42420	26-1136007	501(c)(3)	8,500	0			COMMUNITY SUPPORT

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
TRI-STATE FOOD BANK INC 801 E MICHIGAN ST EVANSVILLE, IN 47711	35-1539870	501(c)(3)	6,768	0			COMMUNITY SUPPORT
STRATEGIC FUNDING GROUP 1040 WEST MARIETTA STREET ATLANTA, GA 30318	61-1353377		6,750	0			COMMUNITY SUPPORT

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
THE WAY OF ROCKPORT IN PO BOX 506 ROCKPORT, IN 47635	52-2608343	501(c)(3)	6,000	0			COMMUNITY SUPPORT
FATHER BRADLEY SHELTER FOR WOMEN 530 KLUTEY PARK PLAZA HENDERSON, KY 42420	61-1335313	501(c)(3)	5,916	0			COMMUNITY SUPPORT

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
OWENSBORO HEALTH FOUNDATION 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303	61-1251763	501(c)(3)	537,194	0			COMMUNITY SUPPORT
OWENSBORO COMMUNITY & TECHNICAL COLLEGE 4800 NEW HARTFORD ROAD OWENSBORO, KY 42303	61-1109704	501(c)(3)	101,000				COMMUNITY SUPPORT

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
MUHLENBERG COUNTY BOARD OF EDUCATION 510 W MAIN STREET POWDERLY, KY 42367	61-6001286	GOV	221,963				COMMUNITY SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	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			
	☐ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS UP PAYMENTS THE ORGANIZATION PROVIDES A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN FOR CERTAIN EXECUTIVE EMPLOYEES BECAUSE BENEFITS UNDER THE SUPPLEMENTAL PLAN MUST BE INCLUDED IN TAXABLE INCOME WHEN THEY BECOME VESTED, AND AS REQUIRED BY THE SUPPLEMENTAL PLAN'S TERMS, THE ORGANIZATION PROVIDES AN ADDITIONAL BENEFIT THAT COVERS THE TAX LIABILITY WHEN IT IS INCURRED THE TAX LIABILITY PAYMENTS ARE THEMSELVES INCLUDED IN W-2 INCOME IN THE YEAR MADE TO THE EXECUTIVES, AND ARE INCLUDED IN THE FIGURES DISCLOSED ON SCHEDULE J, PART II CLUB DUES DURING THE REPORTING PERIOD, THE ORGANIZATION PAID THE CEO AND COO'S MEMBERSHIP DUES IN A SOCIAL CLUB THE CLUB MEMBERSHIP WAS USED FOR BUSINESS PURPOSES ANY PERSONAL RELATED EXPENSES ARE TREATED AS TAXABLE WAGE INCOME AND FULLY INCLUDED ON THE RECIPIENT'S FORM W2
FORM 990, SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT PHILIP PATTERSON RECEIVED SEVERANCE PAYMENT OF $798,200
FORM 990, SCHEDULE J, PART I, LINE 4B	NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN OWENSBORO HEALTH PROVIDES A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN FOR CERTAIN EXECUTIVE EMPLOYEES PARTICIPATION IN THE PLAN IS SUBJECT TO THE RECOMMENDATION OF THE CHIEF EXECUTIVE OFFICER AND THE APPROVAL OF THE BOARD OF DIRECTORS AS OF DECEMBER 31, 2017 OWENSBORO HEALTH SHALL CREDIT THE PARTICIPANT'S ACCOUNT WITH AN EMPLOYER CONTRIBUTION THE PARTICIPANT MUST BE EMPLOYED BY OWENSBORO HEALTH AT THE END OF THE PLAN YEAR IN ORDER TO RECEIVE AN EMPLOYER CONTRIBUTION FOR THAT PLAN YEAR EMPLOYER CONTRIBUTIONS FOR EACH CONTRIBUTION CLASS YEAR SHALL BE 100% VESTED AS OF THE END OF THE PLAN YEAR WHICH IS FIVE YEARS AFTER THE DATE ON WHICH THE EMPLOYER CONTRIBUTION WAS MADE FOR SUCH CONTRIBUTION CLASS YEAR 457F PLAN TO EXECUTIVES ERNEST E BEGLEY $34,384, JOHN HACKBARTH $40,976, EDWARD HEATH $24,103, LISA JONES $28,114, RICHARD W MEDLEY $30,036, RUSSELL RANALLO $29,465, GREG STRAHAN $51,863, MIA SUTER $34,448
FORM 990, SCHEDULE J, PART I, LINE 7	SUCCESS SHARING PLAN THE SUCCESS SHARING PLAN IS A PROGRAM DESIGNED TO FOCUS ON THE ACCOUNTABILITY OF ALL EMPLOYEES TO INFLUENCE THE FINANCIAL, QUALITY, PATIENT SATISFACTION AND EMPLOYEE DEVELOPMENT GOALS, AND TO REINFORCE THE OH CORE COMMITMENTS (RESPECT, INTEGRITY, INNOVATION, SERVICE, EXCELLENCE AND TEAMWORK) WHILE WORKING TO ACHIEVE THESE GOALS THE PLAN ACHIEVES THIS BY PROVIDING A DIRECT LINK BETWEEN ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES AND THE TOTAL COMPENSATION OF THOSE WHOS DECISIONS AND ACTIONS ARE ACCOUNTABLE FOR THE OUTCOMES WHICH DRIVE THE ORGANIZATION'S SUCCESS ELIGIBILITY IS BASED ON HOURS WORKED IN THE YEAR, STAFF EMPLOYEES ARE PAID A PRO-RATED AMOUNT OF A DOLLAR MAXIMUM AND MANAGEMENT IS PAID A FIXED PERCENTAGE OF ANNUAL SALARY BASED ON LEVEL OF MANAGEMENT PAYMENT IS PREDICATED ON BOARD APPROVAL

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health 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				
1Patterson Philip Former President/CEO	(I)	0	0	798,200	0	0	798,200	0
	(II)	0	0	0	0	0	0	0
1Hackbarth Jr John Chief Financial Officer	(I)	358,631	68,784	77,983	27,540	16,469	549,407	0
	(II)	0	0	0	0	0	0	0
2Heath Jr Edward L COO - OHMCH	(I)	225,242	43,707	40,395	27,540	21,703	358,587	0
	(II)	0	0	0	0	0	0	0
3Scherm Michael J MD CHIEF MEDICAL OFFICER	(I)	340,767	65,551	24,085	27,540	19,459	477,402	0
	(II)	0	0	0	0	0	0	0
4Begley II Ernest E Chief Legal Officer	(I)	287,185	55,832	53,373	27,540	24,029	447,959	0
	(II)	0	0	0	0	0	0	0
5Jones Lisa VP ANCILLARY SERVICES	(I)	212,975	41,289	46,161	27,438	16,469	344,332	0
	(II)	0	0	0	0	0	0	0
6Medley Jr Richard W MD Chief Medical Officer	(I)	349,457	65,239	55,394	27,540	6,035	503,665	0
	(II)	0	0	0	0	0	0	0
7Ranallo Russell VP FINANCE	(I)	256,540	49,932	45,076	24,840	22,101	398,489	0
	(II)	0	0	0	0	0	0	0
8Strahan Greg PRESIDENT AND CEO	(I)	715,648	132,988	75,508	27,540	21,856	973,540	0
	(II)	0	0	0	0	0	0	0
9Johnson Stephen M VP GOVT AND COMMUNITY AFFAIRS	(I)	147,139	29,164	18,903	20,059	22,113	237,378	0
	(II)	0	0	0	0	0	0	0
10Suter Mia Chief Administrative Officer	(I)	313,952	58,461	50,364	27,540	5,446	455,763	0
	(II)	0	0	0	0	0	0	0
11Danhauer David E MD VP CMIO	(I)	300,503	58,282	25,654	27,540	19,773	431,752	0
	(II)	0	0	0	0	0	0	0
12Jacildo Ruby VP Accounting/Controller	(I)	175,172	34,538	15,537	23,456	21,451	270,154	0
	(II)	0	0	0	0	0	0	0
13Bryant MD Bill VP QUALITY AND PATIENT SAFETY	(I)	284,483	53,999	37,254	9,450	16,703	401,889	0
	(II)	0	0	0	0	0	0	0
14Cordini Rosalind VP LEGAL SERVICES AND CCO	(I)	184,684	35,155	13,510	7,866	8,486	249,701	0
	(II)	0	0	0	0	0	0	0
15Looney Luara L Director of EPIC Applications	(I)	157,519	11,267	1,587	6,039	6,854	183,266	0
	(II)	0	0	0	0	0	0	0
16Haynes Heather Director of Pharmacy	(I)	167,817	15,448	417	18,712	764	203,158	0
	(II)	0	0	0	0	0	0	0
17Taylor Joseph W Executive Director, Facilities	(I)	159,597	15,640	8,954	19,436	20,509	224,136	0
	(II)	0	0	0	0	0	0	0
18Montaven Simone J Exec Dir of Human Resources	(I)	158,157	15,169	1,412	18,157	11,755	204,650	0
	(II)	0	0	0	0	0	0	0
19Roberts Kenneth W DIR OF COMPLIANCE AND CONTRACT	(I)	142,509	13,864	12,637	14,200	18,421	201,631	0
	(II)	0	0	0	0	0	0	0

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				
21 Bostic Deborah K COO-OHRH	(I)	360,647	67,501	18,989	8,224	12,454	467,815	0
	(II)	0	0	0	0	0	0	0
1 Myer Mitchell Kathleen K VP Pt Care Svcs and CNO-MCH	(I)	140,131	13,324	912	5,472	5,869	165,708	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY	61-0600439	49126KGX3	03-03-2010	512,772,595	SEE PART VI		X		X		X
B	KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY	61-0600439	49126KHT1	08-13-2015	97,567,179	SEE PART VI		X		X		X
C	KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY	61-0600439	49126KKF7	05-17-2017	501,226,816	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	453,810,000	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	522,526,166	98,490,749	501,226,816	
4	Gross proceeds in reserve funds	37,973,722	3,454,908	0	
5	Capitalized interest from proceeds	71,314,017	0	0	
6	Proceeds in refunding escrows	0	26,757,740	0	
7	Issuance costs from proceeds	8,204,303	1,765,964	4,780,485	
8	Credit enhancement from proceeds	0	0	6,163,038	
9	Working capital expenditures from proceeds	0	420,083	0	
10	Capital expenditures from proceeds	346,058,405	66,075,422	0	
11	Other spent proceeds	58,975,719	0	490,283,293	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2013	2018	2017	

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, 2010 BOND	PROCEEDS FINANCED 1) A 9-STORY REPLACEMENT ACUTE CARE HOSPITAL, 2) A 4-STORY SUPPORT SERVICES BLDG, 3) A ONE AND A HALF STORY CENTRAL ENERGY PLANT, 4) PARKING LOT IN ADDITION, PROCEEDS REFUNDED A PORTION OF THE SERIES 2001 BONDS (ISSUED 6/13/01) AND FUNDED A PORTION OF THE DEBT SERVICE RESERVE FUND

Return Reference	Explanation
SCHEDULE K, PART I, 2015 BOND	PROCEEDS FINANCED 1) CONSTRUCTION OF HEALTHPLEXES TO IMPROVE ACCESS TO CARE IN THE SECONDARY SERVICE AREA 2) REFUNDED PORTION OF THE SERIES 2010B BONDS (ISSUED 3/3/2010) AND FUNDED PORTION OF THE DEBT SERVICE RESERVE FUND

Return Reference	Explanation
SCHEDULE K, PART I, 2017 BOND	PROCEEDS WERE USED TO 1) PARTIALLY ADVANCE REFUND THE SERIES 2010A BONDS (ISSUED 3/3/2010), 2) FULLY ADVANCE REFUND THE SERIES 2010B BONDS (ISSUED 3/3/2010), (3) PAY REMAINING PORTION FOR THE SURETY BOND TO FUND THE DEBT SERVICE RESERVE REQUIREMENT (4)PAY PREMIUM FOR THE POLICY INSURING PAYMENT AND CERTAIN EXPENSES IN CONNECTION WITH THE ISSUANCE

Return Reference	Explanation
2010 AND 2015 BOND	SCHEDULE K, PART II, LINE 3, BOND A AND B THE DIFFERENCE IN THE ISSUE PRICE REPORTED ON SCHEDULE K RESULTED FROM INVESTMENT EARNINGS

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, BOND A	3/3/2015

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health 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) BEST DANIEL	SON IN LAW OF DAVID DANHAUER	55,818	EMPLOYEE COMPENSATION		No
(1) BEST JULIA	DAUGHTER OF DAVID DANHAUER	12,439	EMPLOYEE COMPENSATION		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(3) CANTEEN SERVICE COMPANY	JACK WELLS/OWNER	142,292	CANTEEN SERVICES		No
(1) EMERY JESSICA L	DAUGHTER OF WILLIAM HARRISON	48,146	EMPLOYEE COMPENSATION		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(5) RANALLO JENNIFER	WIFE OF RUSSELL RANALLO	46,882	EMPLOYEE COMPENSATION		No
(1) SCHEPERS CHRISTINE M	SISTER OF DAVID DANHAUER	83,836	EMPLOYEE COMPENSATION		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(7) STRAHAN GREGORY R	SON OF GREG STRAHAN	33,542	EMPLOYEE COMPENSATION		No
(1) STRAHAN HILLARY L	DAUGHTER IN LAW OF GREG STRAHAN	121,191	EMPLOYEE COMPENSATION		No

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	VOLUNTEERS VOLUNTEER SERVICES SUPPORT THE MISSION AND GOALS OF OWENSBORO HEALTH, INC ("OH") THEY STAFF THE PATIENT INFORMATION DESK, DELIVER FLOWERS, AND PLAY A CRUCIAL ROLE AS LIAISON BETWEEN FAMILIES AND PHYSICIANS IN THE SURGERY WAITING AREAS VOLUNTEERS ARE AN ESSENTIAL PART OF THE CARE AND COMFORT OH PROVIDES FORM 990, PART VI, LINE 2 FAMILY OR BUSINESS RELATIONSHIPS MICHAEL SCHERM, KEY EMPLOYEE OF OH, IS THE HUSBAND OF JANICE SCHERM AN OH BOARD MEMBER THROUGH OCTOBER 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	POWER TO ELECT OR APPOINT MEMBERS OH IS GOVERNED BY A FOURTEEN-MEMBER BOARD OF DIRECTORS PURSUANT TO THE CORPORATION'S BYLAWS THREE (3) DIRECTORS ARE APPOINTED BY THE COUNTY JUDGE/EXECUTIVE OF DAVIESS COUNTY ('COUNTY JUDGE') WITH THE CONSENT OF THE DAVIESS COUNTY FISCAL COURT, THREE (3) DIRECTORS ARE APPOINTED BY THE MAYOR OF THE CITY OF OWENSBORO ('MAYOR') WITH THE CONSENT OF THE BOARD OF THE OWENSBORO CITY COMMISSION, ONE (1) DIRECTOR IS APPOINTED JOINTLY BY THE COUNTY JUDGE AND THE MAYOR, THREE (3) DIRECTOR POSITIONS ARE RESERVED FOR PHYSICIANS WHO ARE MEMBERS OF THE OH ACTIVE MEDICAL STAFF, AND FOUR(4) DIRECTORS ARE ELECTED OR APPOINTED BY THE BOARD OF DIRECTORS FROM THE COMMUNITY THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSEEING THE MANAGEMENT AND OPERATION OF OH THE BOARD MEMBERS SERVE THREE-YEAR TERMS, AND CAN SERVE NO MORE THAN THREE (3) CONSECUTIVE TERMS, BUT ARE ELIGIBLE FOR REAPPOINTMENT TO THE BOARD AFTER HAVING BEEN OFF OF THE BOARD FOR AT LEAST ONE (1) YEAR THE BOARD HAS REGULARLY SCHEDULED MONTHLY MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS THE FOLLOWING CORPORATE ACTIONS SHALL REQUIRE THE AFFIRMATIVE ACT OF THE FISCAL COURT OF DAVIESS COUNTY ('COUNTY') AND THE COMMISSIONERS OF THE CITY OF OWENSBORO ('CITY') FOLLOWING A RECOMMENDATION BY THE BOARD OF DIRECTORS (1) THE ADMISSION OF ANY MEMBER TO THE CORPORATION,(2) THE TRANSFER OF ALL, OR SUBSTANTIALLY ALL, OF THE MANAGEMENT RESPONSIBILITY FOR THE CORPORATION TO A NONRELATED PERSON, (3) A MERGER, CONSOLIDATION OR OTHER SIMILAR ACTION THAT IS DILUTIVE OF THE ASSETS OF THE CORPORATION OR THAT ADVERSELY AFFECTS ANY RIGHTS OF THE COUNTY OR CITY PROVIDED FOR IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE BYLAWS, (4) ANY AMENDMENTS TO ARTICLES 4,5,7,8 AND 10 OF THE ARTICLES OF INCORPORATION, OR ANY AMENDMENT TO SECTION VII OF THE BYLAWS, (5) THE DISSOLUTION OF THE CORPORATION, (6) ANY CHANGE OF THE NAME OF THE CORPORATION, AND (7) THE TRANSFER (IN ONE OR MORE RELATED TRANSACTIONS) DURING ANY TWELVE MONTH PERIOD OF 5% OR MORE OF THE TOTAL ASSETS OF THE CORPORATION TO AN UNAFFILIATED PERSON(S) 'TOTAL ASSETS' SHALL MEAN THE AGGREGATE ASSETS FROM THE MOST RECENT FINANCIAL STATEMENTS OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	FORM 990 REVIEW THE FORM 990 IS REVIEWED BY THE INTERNAL FINANCE TEAM AND FORWARDED TO THE CFO FOR FINAL REVIEW AND APPROVAL BEFORE FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY UNDER OUR CONFLICT OF INTEREST POLICY (#100-214), EACH BOARD DIRECTOR, OFFICER, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWER, AND KEY EMPLOYEE IS REQUIRED ANNUALLY TO COMPLETE THE FOLLOWING (1) CONFIDENTIALITY STATEMENT, (2) DISCLOSURE CERTIFICATE, AND (3) INDEPENDENCE AND RELATED PARTY QUESTIONNAIRE THESE DISCLOSURES ARE REVIEWED AND RETAINED BY THE CHIEF LEGAL OFFICER, WHO IS ALSO IN THE APPROVAL CHAIN FOR ALL OH CONTRACTS ALL COMPLETED CONTRACTS ARE MAINTAINED BY THE LEGAL OFFICE IN A SEARCHABLE DATABASE (THROUGH COMPLIANCE 360) THESE WILL BE REVIEWED AND MAINTAINED BY THE COMPLIANCE OFFICER THE COMPLIANCE OFFICER ALSO HAS ACCESS TO THE CONTRACT'S DATABASE AND COMPLETES AN OIG SANCTION CHECK FOR NEW CONTRACTS ONCE THE CONFLICT OF INTEREST DATA HAS BEEN COLLECTED, NEW CONTRACTS WILL BE SCREENED FOR POTENTIAL CONFLICTS OF INTEREST IN ADDITION, OH MAINTAINS A COMPLIANCE HOTLINE THROUGH WHICH ANYONE WITH KNOWLEDGE OF A CONFLICT OF INTEREST OR IMPROPER VENDOR RELATIONSHIP CAN ANONYMOUSLY REPORT SUSPECTED VIOLATIONS OF THE OH POLICY OF THOSE INDIVIDUALS FOUND TO HAVE A CONFLICT OF INTEREST, EMPHASIS IS MADE THAT THEY MAINTAIN IN CONFIDENCE ANY INFORMATION, KNOWLEDGE, OR DOCUMENTS ACQUIRED AS THE RESULT OF THEIR POSITION OR ATTENDANCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN TOTAL COMPENSATIO N IS THE SUM OF EACH EXECUTIVES BASE SALARY, INCENTIVE OPPORTUNITY, BENEFITS, AND PERQUISI TES -OUR TOTAL COMPENSATION PHILOSOPHY WILL APPLY TO THE CEO OF THE ORGANIZATION -CASH C OMPENSATION AND BENEFIT PLANS PROVISIONS WILL BE BASED ON MARKET DATA, COMPETITIVE WITH TH OSE HEALTHCARE ORGANIZATIONS WITHIN WHICH WE COMPETE FOR EXECUTIVE TALENT OUR LABOR MARKE T IS DEFINED AS SUCCESSFUL AND COMPARABLY SIZED HEALTHCARE ORGANIZATIONS ON A NATIONAL LEV EL SUCCESS IS MEASURED IN TERMS OF FINANCIAL AND OPERATIONAL PERFORMANCE AND MARKET LEADE RSHIP -COMPETITIVE POSITIONING OF BASE SALARIES, AS REFLECTED BY THE SALARY RANGE MIDPOIN TS, WILL BE AT THE 50TH PERCENTILE THE CEO MAY BE PLACED ABOVE OR BELOW THE SALARY RANGE BASED ON THE CEO'S KNOWLEDGE, COMPETENCIES, AND EXPERIENCE, PERFORMANCE OF THE CEO, THE C EO'S CONTRIBUTION TO THE ORGANIZATION'S OVERALL PERFORMANCE, INTERNAL EQUITY CONSIDERATION S, THE FINANCIAL RESOURCES AVAILABLE, AND, CEO'S BASE SALARY INCREASES PROVIDED IN THE COM PETITIVE MARKET -ANNUAL MERIT INCREASE IS BASED ON JOB PERFORMANCE, REVIEWED BY THE FINAN CE COMMITTEE, AND THEN APPROVED BY THE BOARD OF DIRECTORS -ANNUAL INCENTIVE OPPORTUNITIES WILL BE POSITIONED BETWEEN THE 50TH AND 75TH PERCENTILE DEPENDING ON THE DEGREE TO WHICH PERFORMANCE GOALS ARE MET OR EXCEEDED TOTAL CASH COMPENSATION, AS REFLECTED BY BASE SALAR IES AND ANNUAL INCENTIVES, WILL ALSO BE POSITIONED BETWEEN THE 50TH AND 75TH PERCENTILES A ND WILL BE INFLUENCED BY PERFORMANCE RESULTS AS MEASURED AGAINST ESTABLISHED GOALS THE IN CENTIVE COMPENSATION PLAN IS REVIEWED BY THE FINANCE COMMITTEE AND THEN APPROVED BY THE BO ARD OF DIRECTORS -THE ORGANIZATION WILL PROVIDE APPROPRIATE AND COMPETITIVE SUPPLEMENTAL BENEFITS AND PERQUISITES DELIVERED IN A FLEXIBLE STRUCTURE TO ALLOW FOR INDIVIDUAL CHOICE AND BASED ON THE ORGANIZATION'S MISSION AND BUSINESS NEEDS -OUR EXECUTIVE TOTAL COMPENSAT ION PLAN WILL BE DESIGNED, MANAGED AND MAINTAINED IN A MANNER THAT WILL SUPPORT AND COMPL EMENT OUR MISSION, MANAGEMENT PHILOSOPHY, SHORT- AND LONG-TERM BUSINESS STRATEGIES, AND EM PLOYEE RELATIONS GOALS, ATTRACT AND RETAIN EXECUTIVES WITH THE RIGHT SKILLS, ABILITIES AND MOTIVATION TO ACHIEVE OUR BUSINESS OBJECTIVE, AND ENSURE THE EXECUTIVE TOTAL COMPENSATION IS REASONABLE AND COMPETITIVE -OUR CASH COMPENSATION AND BENEFIT PLANS WILL BE REVIEWED BY A HR CONSULTING FIRM AND ADJUSTED PERIODICALLY TO MEET THE CHANGING BUSINESS AND ORGANI ZATIONAL CHARACTERISTICS OF OUR ORGANIZATION AND ITS EXECUTIVE STAFF AS DIRECTED BY THE FI NANCE COMMITTEE FORM 990, PART VI, LINE 15B OFFICES & POSITIONS FOR WHICH PROCESS WAS USE D, & YEAR PROCESS WAS BEGUN TOTAL COMPENSATION IS THE SUM OF EACH EXECUTIVES BASE SALARY, INCENTIVE OPPORTUNITY, BENEFITS, AND PERQUISITES -OUR TOTAL COMPENSATION PHILOSOPHY WILL APPLY TO ALL EXECUTIVES OF THE ORGANIZATION -CASH COMPENSATION AND BENEFIT PLANS PROVISIO NS WILL BE, ON AVERAGE, COMPET

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	ITIVE WITH THOSE HEALTHCARE ORGANIZATIONS WITHIN WHICH WE COMPETE FOR EXECUTIVE TALENT OU R LABOR MARKET IS DEFINED AS SUCCESSFUL AND COMPARABLY SIZED HEALTHCARE ORGANIZATIONS ON A NATIONAL LEVEL SUCCESS IS MEASURED IN TERMS OF FINANCIAL AND OPERATIONAL PERFORMANCE AND MARKET LEADERSHIP -COMPETITIVE POSITIONING OF BASE SALARIES, AS REFLECTED BY THE SALARY RANGE MIDPOINTS, WILL BE AT THE 50TH PERCENTILE EXECUTIVES MAY BE PLACED ABOVE OR BELOW T HE SALARY RANGE BASED ON THE EXECUTIVE'S KNOWLEDGE, COMPETENCIES, AND EXPERIENCE, PERFORM ANCE OF THE EXECUTIVE'S AREA OF RESPONSIBILITY, THE EXECUTIVE'S CONTRIBUTION TO THE ORGANI ZATION'S OVERALL PERFORMANCE, INTERNAL EQUITY CONSIDERATIONS, THE FINANCIAL RESOURCES AVAI LABLE, AND, EXECUTIVE BASE SALARY INCREASES PROVIDED IN THE COMPETITIVE MARKET -ANNUAL IN CENTIVE OPPORTUNITIES WILL BE POSITIONED BETWEEN THE 50TH AND 75TH PERCENTILE DEPENDING ON THE DEGREE TO WHICH PERFORMANCE GOALS ARE MET OR EXCEEDED TOTAL CASH COMPENSATION, AS RE FLECTED BY BASE SALARIES AND ANNUAL INCENTIVES, WILL ALSO BE POSITIONED BETWEEN THE 50TH A ND 75TH PERCENTILES AND WILL BE INFLUENCED BY PERFORMANCE RESULTS AS MEASURED AGAINST ESTA BLISHED GOALS -THE ORGANIZATION WILL PROVIDE APPROPRIATE AND COMPETITIVE SUPPLEMENTAL BEN EFITS AND PERQUISITES DELIVERED IN A FLEXIBLE STRUCTURE TO ALLOW FOR INDIVIDUAL CHOICE AND BASED ON THE ORGANIZATION'S MISSION AND BUSINESS NEEDS -OUR EXECUTIVE COMPENSATION PLAN WILL BE DESIGNED, MANAGED AND MAINTAINED IN A MANNER THAT WILL SUPPORT AND COMPLEMENT OUR MISSION, MANAGEMENT PHILOSOPHY, SHORT- AND LONG-TERM BUSINESS STRATEGIES, AND EMPLOYEE RE LATION'S GOALS, ATTRACT AND RETAIN EXECUTIVES WITH THE RIGHT SKILLS, ABILITIES AND MOTIVAT ION TO ACHIEVE OUR BUSINESS OBJECTIVE, AND ENSURE THE EXECUTIVE TOTAL COMPENSATION IS REAS ONABLE AND COMPETITIVE -OUR CASH COMPENSATION AND BENEFIT PLANS WILL BE REVIEWED AND ADJU STED PERIODICALLY TO MEET THE CHANGING BUSINESS AND ORGANIZATIONAL CHARACTERISTICS OF OUR ORGANIZATION AND ITS EXECUTIVE STAFF THE COMPENSATION OF EACH INDIVIDUAL EXECUTIVE WILL B E REVIEWED AND APPROVED IN A MANNER CONSISTENT WITH THE INTERMEDIATE SANCTION TAX REGULATI ONS THE LAST COMPENSATION REVIEW PROCESS WAS COMPLETED IN 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINSTMTS TO GENERAL PUBLIC THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE ON GUIDESTAR'S DATABASE AVAILABLE AT WWW GUIDESTAR ORG THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE KENTUCKY SECRETARY OF STATE'S WEBSITE AT HTTPS //APP SOS KY GOV/FTSEARCH/ OTHERWISE, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC A COPY OF THE ORGANIZATION'S FINANCIAL STATEMENTS IS ATTACHED TO ITS 990 IN COMPLIANCE WITH THE REQUIREMENTS OF THE AFFORDABLE CARE ACT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

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
(1) COMMONWEALTH MEDICAL MANAGEMENT LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 20-4796653	PHYS CLNC SRV	KY	0	0	OH
(2) THE HEALTH NETWORK OF WESTERN KY LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 46-5739460	MSSP ACO	KY	0	0	OH
(3) OH MUHLENBERG LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 47-3944197	HLTHCARE SVCS	KY	37,025,000	18,083,000	OH
(4) OH HEALTH NETWORK LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 47-4114254	HLTHCARE SVCS	KY	645,000	382,000	OH
(5) OH HEALTH SOLUTIONS LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 47-4106977	HLTHCARE SVCS	KY	0	0	OH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)OWENSBORO HEALTH FOUNDATION INC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 61-1251763	HEALTHCARE	KY	501(c)(3)	7	OH	Yes	
(2)OWENSBORO HEALTH MEDICAL GROUP INC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 61-1197638	HEALTHCARE	KY	501(c)(3)	10	OH	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) OWENSBORO AM SR FAC 1000 BRKRG OWENSBORO, KY 42303 75-2184992	SURGERY CENTER	KY	NA	Related	1,552,507	5,811,286		No	0		No	65 700 %

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	(i) No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)OWENSBORO HEALTH MEDICAL GROUP INC	j	694,367	FMV
(2)OWENSBORO HEALTH MEDICAL GROUP INC	p	99,925,690	FMV
(3)OWENSBORO HEALTH MEDICAL GROUP INC	s	45,829,141	FMV
(4)OWENSBORO HEALTH MEDICAL GROUP INC	k	2,322,837	FMV
(5)OWENSBORO HEALTH FOUNDATION INC	b	537,194	FMV
(6)OWENSBORO HEALTH FOUNDATION INC	c	205,010	FMV

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health Inc

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
OWENSBORO HEALTH MEDICAL GROUP INC	j	694,367	FMV
OWENSBORO HEALTH MEDICAL GROUP INC	p	99,925,690	FMV
OWENSBORO HEALTH MEDICAL GROUP INC	s	45,829,141	FMV
OWENSBORO HEALTH MEDICAL GROUP INC	k	2,322,837	FMV
OWENSBORO HEALTH FOUNDATION INC	b	537,194	FMV
OWENSBORO HEALTH FOUNDATION INC	c	205,010	FMV