

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018**

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

**C** Name of organization  
PIKEVILLE MEDICAL CENTER INC

Doing business as

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

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

**F** Name and address of principal officer  
WILLIAM D BLACKBURN  
911 BYPASS ROAD  
PIKEVILLE, KY 41501

**D** Employer identification number  
61-0458376

**E** Telephone number  
(606) 218-3501

**G** Gross receipts \$ 525,287,873

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

**J** Website: WWW.PIKEVILLEHOSPITAL.ORG

**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 ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1923 **M** State of legal domicile KY

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
THE CENTER'S MISSION IS TO PROVIDE WORLD CLASS QUALITY HEALTH CARE IN A CHRISTIAN ENVIRONMENT

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	6
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	3,867
<b>6</b> Total number of volunteers (estimate if necessary)	203
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	1,299,648
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	681,369	3,411,549
<b>9</b> Program service revenue (Part VIII, line 2g)	506,744,243	494,378,829
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,996,041	2,789,169
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,471,617	17,220,679
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	523,893,270	517,800,226
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,359	64,708
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	310,210,605	316,809,229
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	224,767,270	214,028,689
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	535,044,234	530,902,626
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-11,150,964	-13,102,400

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	541,581,678	542,977,796
<b>21</b> Total liabilities (Part X, line 26)	251,168,117	266,013,122
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	290,413,561	276,964,674

**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: 2019-08-15  
MICHELLE HAGY 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  
Firm's name ▶ Firm's EIN ▶  
Firm's address ▶ Phone 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

PIKEVILLE MEDICAL CENTER'S MISSION IS TO PROVIDE WORLD CLASS QUALITY HEALTH CARE IN A CHRISTIAN ENVIRONMENT

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 127,860,189 including grants of \$ ) (Revenue \$ 54,743,613 )  
See Additional Data

**4b** (Code ) (Expenses \$ 85,994,257 including grants of \$ ) (Revenue \$ 133,483,495 )  
See Additional Data

**4c** (Code ) (Expenses \$ 15,602,540 including grants of \$ ) (Revenue \$ 61,603,055 )  
See Additional Data

(Code ) (Expenses \$ 243,035,768 including grants of \$ 64,708 ) (Revenue \$ 246,946,599 )

OTHER PROGRAM SERVICES PIKEVILLE MEDICAL CENTER IS A REGIONAL PROVIDER OF TERTIARY HEALTH CARE SERVICES THROUGH ITS LICENSED 340-BED ACUTE CARE AND INPATIENT REHABILITATION HOSPITAL, LEVEL II TRAUMA CENTER, OUTPATIENT DIAGNOSTIC CENTER, ORTHOPEDIC AND REHABILITATION CENTER, SLEEP LABS, HOME MEDICAL EQUIPMENT, FAMILY PRACTICE RESIDENCY PROGRAM, LEVEL II NEONATAL INTENSIVE CARE UNIT, CANCER TREATMENT CENTER, PAIN MANAGEMENT CLINIC, AND MULTI-SPECIALTY PHYSICIAN PRACTICES. PMC OFFERS MORE THAN 400 SERVICES, INCLUDING EVERY MAJOR SPECIALTY AND MANY SUBSPECIALTIES WITH NEARLY 3,000 EMPLOYEES AND OVER 450 CREDENTIALLED PROVIDERS, PMC STANDS AS THE LARGEST HOSPITAL PROVIDING WORLD-CLASS QUALITY PATIENT CARE IN THE EASTERN KENTUCKY COUNTIES OF PIKE, FLOYD, JOHNSON, LETCHER, MAGOFFIN, AND MARTIN. IN ADDITION, PMC ALSO SERVES A SIGNIFICANT NUMBER OF PATIENTS FROM MINGO COUNTY, WEST VIRGINIA. PMC'S ROLE IN THE HEALTH CARE DELIVERY SYSTEM IN EASTERN KENTUCKY HAS TRANSFORMED TO THAT OF A REGIONAL REFERRAL CENTER FOR SMALLER COMMUNITY HOSPITALS THAT HAVE PATIENTS WITH COMPLEX NEEDS WHOM THEY CANNOT SERVE. PMC RECORDED TOTAL INPATIENT ADMISSIONS DURING FY 2018 OF 14,944 AND RECEIVED 5,645 TRANSFERS IN FROM SMALLER HOSPITALS THROUGHOUT THE REGION DURING THE YEAR AS THE PREMIER HOSPITAL IN A MULTI-STATE REGION, PMC IS HOME TO SOME OF THE MOST SOPHISTICATED, TECHNOLOGICALLY ADVANCED MEDICAL EQUIPMENT IN EASTERN KENTUCKY AND IS CONTINUALLY GROWING AND LOOKING FOR NEW WAYS TO PROVIDE THE VERY BEST IN HEALTH CARE TO ITS PATIENTS AND THE BROADER POPULATION. THE HOSPITAL'S COMPASSIONATE, DEDICATED EMPLOYEES AND PHYSICIANS ARE FOCUSED ON PROVIDING WORLD CLASS PATIENT CARE IN A CHRISTIAN ENVIRONMENT WHILE CONTINUALLY STRIVING FOR PERFECTION. PMC IS A CERTIFIED KENTUCKY CABINET OF HEALTH AND FAMILY SERVICES' DEPARTMENT OF PUBLIC HEALTH LEVEL II TRAUMA CENTER AND HAS ALSO RECEIVED LEVEL II TRAUMA VERIFICATION FROM THE AMERICAN COLLEGE OF SURGEONS. PMC IS THE ONLY LEVEL II TRAUMA CENTER IN THE COMMONWEALTH OF KENTUCKY AND IS THE DESIGNATED HOSPITAL FOR ALL TRAUMA CASES IN EASTERN KENTUCKY. AS A VERIFIED TRAUMA CENTER, PMC IS EQUIPPED AND STAFFED TO PROVIDE COMPREHENSIVE EMERGENCY CARE TO PATIENTS SUFFERING TRAUMATIC INJURIES. THE SPECTRUM OF CARE ENCOMPASSES THE PRE-HOSPITAL PHASE THROUGH THE REHABILITATION PROCESS. PMC'S TRAUMA CENTER SERVES MORE THAN 400,000 PEOPLE, SIGNIFICANTLY INCREASING THOSE INDIVIDUALS' CHANCE OF SURVIVAL SHOULD THEY BE INJURED. THE NUMBER OF TRAUMA PATIENTS PMC SERVED DURING FY 2018 EXCEEDED 1,550. HEART DISEASE IS ONE OF THE MOST WIDESPREAD HEALTH ISSUES AFFECTING THE REGION SERVED BY PIKEVILLE MEDICAL CENTER (PMC). PMC'S HEART AND VASCULAR INSTITUTE OFFERS COMPREHENSIVE CARDIAC CARE THROUGH SERVICES INCLUDING GENERAL CARDIOLOGY, INTERVENTIONAL CARDIOLOGY, INVASIVE CARDIOLOGY, ELECTROPHYSIOLOGY, CARDIOTHORACIC SURGERY, VASCULAR SURGERY, ECHOCARDIOGRAPHY, AND A TWO STAGE CARDIAC REHAB PROGRAM, ALLOWING PATIENTS TO RECEIVE THE FULL SPECTRUM OF CARDIAC CARE CLOSE TO HOME. PMC IS AN ACCREDITED CHEST PAIN CENTER WITH PRIMARY PCI AND IS A LEVEL IV CYCLE V CHEST PAIN CENTER. PMC IS ALSO ACCREDITED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION FOR MEETING STRICT STANDARDS OF PRACTICE. PMC IS A MEMBER OF THE AMERICAN HEART ASSOCIATION'S MISSION LIFELINE. THE AMERICAN HEART ASSOCIATION DEVELOPED MISSION LIFELINE TO TRANSFORM HEART ATTACK PATIENT OUTCOMES BY CONNECTING HEALTHCARE PROVIDERS, PRE-HOSPITAL PROVIDERS, AND COMMUNITY STAKEHOLDERS IN A PROACTIVE SYSTEM OF CARE THAT SAVES AND IMPROVES LIVES FROM SYMPTOM ONSET THROUGH CARDIAC REHABILITATION. ALL MISSION LIFELINE PARTICIPANTS SHARE A COMMON COMMITMENT TO AMERICAN HEART ASSOCIATION GUIDELINES AND DATA-BASED QUALITY MEASURES. SINCE PMC BEGAN IMPLEMENTING THE AHA BEST-PRACTICE STRATEGIES, PIKE COUNTY, KY HAS GONE FROM BEING RANKED AS ONE OF THE WORST PLACES IN THE NATION TO HAVE A HEART ATTACK, TO ONE OF THE SAFEST. PMC HAS RECENTLY EMBARKED ON A MONUMENTAL CAPITAL IMPROVEMENT PROJECT THAT WILL FOREVER CHANGE CARDIAC CARE FOR FUTURE GENERATIONS ACROSS THE REGION. THE NEW HEART AND VASCULAR INSTITUTE WILL INCLUDE A NEW CARDIAC REHAB DEPARTMENT, 29 EXAM ROOMS, TWO WAITING ROOMS, ONE NEW ELECTROPHYSIOLOGY CATH LAB, ONE NEW CATH LAB, ONE EXISTING ELECTROPHYSIOLOGY CATH LAB, SIX PRE/POST-OPERATIVE BAYS, REGISTRATION AREA, AND MULTIPURPOSE ROOM. THE NEW EXPANSION HAS AN ESTIMATED COST OF \$32 MILLION WITH CONSTRUCTION COMPLETION EXPECTED IN AUGUST 2020. IN PREPARATION FOR THE CONSTRUCTION AND EXPANSION WITHIN THE FORMER CATH LAB AREA, RENOVATION OF 10,170 SQUARE FOOT OF SPACE, LOCATED ACROSS FROM THE EMERGENCY DEPARTMENT, AND INSTALLATION OF THREE NEW STATE-OF-THE-ART PHILIPS AZURION 7 CATH LABS WAS COMPLETED DURING AUGUST 2018. THE PHILIPS AZURION IMAGING SYSTEM HAS 58 INCH MONITORS WITH MULTIPLE TILES TO PROVIDE AN ADVANCED LEVEL OF CARE TO THE PATIENT THROUGH A WIDER RANGE OF MINIMALLY INVASIVE DIAGNOSTIC AND INTERVENTIONAL CARDIOVASCULAR PROCEDURES IN A PATIENT FOCUSED ENVIRONMENT. THE INVESTMENT IN THE NEW CARDIAC CATH LAB RELOCATION AND RENOVATION WAS \$8.9 MILLION. A TOTAL OF 3,620 CARDIAC CATH LAB PROCEDURES WERE COMPLETED DURING THE FISCAL YEAR, AN INCREASE OF FOUR PERCENT OVER THE PRIOR YEAR. PIKEVILLE MEDICAL CENTER LEONARD LAWSON CANCER CENTER (LLCC) PROVIDES ADVANCED CANCER CARE CLOSE TO HOME AND IS ONE OF A SELECT FEW ACCREDITED FULL-SERVICE CANCER CENTERS IN KENTUCKY. LLCC PROVIDES CUTTING EDGE CANCER TREATMENT AND FOLLOW-UP CARE AND IS THE REGION'S ONLY CANCER CENTER TO HAVE ACHIEVED THE COMMISSION ON CANCER'S 2018 OUTSTANDING ACHIEVEMENT AWARD FOR EXCEPTIONAL QUALITY ONCOLOGY SERVICES OFFERED BY PMC. INCLUDE MEDICAL ONCOLOGY, HEMATOLOGY, RADIATION THERAPY, INFUSION SERVICE, GENETIC COUNSELING, PALLIATIVE CARE, BIOPSIES, AND SURGICAL ONCOLOGY. DURING FY 2018 PMC PURCHASED THE XOFT AXNET ELECTRONIC BRACHYTHERAPY SYSTEM. THIS ADVANCED TECHNOLOGY DELIVERS A TARGETED DOSE OF RADIATION DIRECTLY TO THE SURFACE OF NON-MELANOMA SKIN CANCER LESIONS. THE XOFT SYSTEM IS FDA APPROVED FOR THE TREATMENT OF CANCER ANYWHERE IN THE BODY. THE INVESTMENT IN ADVANCED RADIATION ONCOLOGY EQUIPMENT DURING THE YEAR TOTALED \$248,932. CENTRAL LAB PHASE 1 RENOVATION DURING FY 2018, THE PHASE 1 CENTRAL LABORATORY INTERIOR RENOVATION OF 9,656 SQUARE FOOT OF SPACE ON THE 2ND FLOOR OF THE ELLIOTT BUILDING WAS COMPLETED. THE PROJECT MORE THAN DOUBLED THE SIZE OF THE LABORATORY. PMC INSTALLED A NEW AUTOMATED LINE TO DELIVER AND TEST PATIENTS' BLOOD SAMPLES. THE AUTOMATED LINE IS SEAMLESS IN ITS APPROACH TO DELIVERING SPECIMENS AND HAS INCREASED THE TESTING MENU PROVIDED IN HOUSE BY PMC'S LABORATORY BY MORE THAN 200. PMC IS THE FIRST IN THE STATE OF KENTUCKY TO DEPLOY THIS ADVANCED LABORATORY AUTOMATION LINE. THE ADDITIONAL ADVANCEMENTS INCLUDED IN THE PHASE 1 RENOVATION INCLUDED NEW HEMATOLOGY EQUIPMENT FEATURING A CELLAVISION, A NEW BLOOD BANK, AND A NEW PATHOLOGY DEPARTMENT WITH AN IMMUNOSTAINER. THE CENTRAL LAB PHASE 1 INVESTMENT TOTALED \$4.2 MILLION. DATA CENTER BUILD THE CONSTRUCTION OF A NEW 13,500 SQUARE FOOT, TWO-STORY BUILDING ON PMC'S MAIN CAMPUS TO HOUSE ALL PMC'S TECHNICAL OPERATIONS, INCLUDING SERVERS AND VARIOUS INFORMATION TECHNOLOGY EQUIPMENT, WAS COMPLETED DURING FY 2018. THE DATA CENTER WAS DESIGNED WITH MANY SPECIAL FEATURES, SUCH AS UPGRADED WIRING, LEAK DETECTION, AND ENVIRONMENTAL CONTROLS TO MAINTAIN PROPER TEMPERATURES FOR ALL THE EQUIPMENT. THE DATA CENTER IS HAILED AS A TECHNICAL MARVEL AND IS EQUIPPED WITH MANY BACKUP SYSTEMS AND FAIL-SAFES TO MAINTAIN OPERATION AND KEEP ALL EMPLOYEE AND PATIENT DATA SECURE. THE PROJECT INVESTMENT TOTALED \$11 MILLION. OTHER CAPITAL INVESTMENTS PMC DEPLOYED THE IMPRIVATA SINGLE SIGN ON SOLUTION DURING FY 2018. THIS SOLUTION OFFERS COMPREHENSIVE POSITIVE IDENTITY, UBQUITOUS ACCESS, AND MULTIFACTOR AUTHENTICATION ACROSS THE HEALTHCARE DELIVERY NETWORK. THE CAPITAL INVESTMENT IN THE IMPRIVATA SOLUTION TOTALED \$348,900 DURING FY 2018. THE CITRIX FARM REBUILD WAS COMPLETED. THE UPGRADE AND REDESIGN OF THE CITRIX IT ENVIRONMENT INCLUDED THE PURCHASE OF HARDWARE AND SOFTWARE FOR SECURE INDIVIDUALIZED REMOTE ACCESS TO VARIOUS ORGANIZATIONAL APPLICATIONS. THIS CAPITAL INVESTMENT TOTALED \$614,400. PIKEVILLE MEDICAL CENTER OUTPATIENT PHARMACY DRIVE THRU WAS EXPANDED DURING FY 18 TO INCLUDE TWO ADDITIONAL DRIVE THRU LANES AND A CANOPY TO PROVIDE FASTER, EASIER AND MORE CONVENIENT SERVICE TO THOSE PATIENTS REQUIRING MEDICATION. THIS CAPITAL INVESTMENT TOTALED \$103,000. CONTINUED ON SCHEDULE O.

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 243,035,768 including grants of \$ 64,708 ) (Revenue \$ 246,946,599 )

**4e** Total program service expenses 472,492,754

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> 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	Yes	
<b>5</b> 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		No
<b>6</b> 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		No
<b>7</b> 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		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> 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		No
<b>10</b> 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	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</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		No
<b>c</b> 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		No
<b>d</b> 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	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> 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	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</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	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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		No
<b>15</b> 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		No
<b>16</b> 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		No
<b>17</b> 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)		No
<b>18</b> 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	Yes	
<b>19</b> 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		No

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	Yes	
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (6), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (KY), 18 (Own website, Another's website, [X] Upon request, Other), 19, 20 (MICHELLE HAGY CFO 911 BYPASS ROAD PIKEVILLE, KY 41501 (606) 218-3974).





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	25,228		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	293,391		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,092,930		
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		3,411,549		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> PATIENT SERVICE REVENUE		621110	494,378,829	494,378,829	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			494,378,829			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,982,706			1,982,706	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .			98,319			98,319	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			344,727	678,772				
		<b>b</b> Less rental expenses	226,948	0				
		<b>c</b> Rental income or (loss)	117,779	678,772				
	<b>d</b> Net rental income or (loss) . . . . .			796,551	14,558	781,993		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				1,287,494				
		<b>b</b> Less cost or other basis and sales expenses		481,031				
		<b>c</b> Gain or (loss)		806,463				
	<b>d</b> Net gain or (loss) . . . . .			806,463			806,463	
	<b>8a</b> Gross income from fundraising events (not including \$ 25,228 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		17,485				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	14,004				
<b>c</b> Net income or (loss) from fundraising events . . . . .				3,481			3,481	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		16,879,932					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	6,765,664					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			10,114,268		397,817	9,716,451	
Miscellaneous Revenue	Business Code							
<b>11a</b> CAFETERIA	900099		3,704,847			3,704,847		
<b>b</b> REBATE INCOME	900099		1,054,208	1,054,208				
<b>c</b> EHR REVENUE	900099		85,000	85,000				
<b>d</b> All other revenue . . . . .			1,364,005	1,244,167	119,838			
<b>e Total.</b> Add lines 11a-11d . . . . .			6,208,060					
<b>12 Total revenue.</b> See Instructions . . . . .			517,800,226	496,776,762	1,299,648	16,312,267		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	21,411	21,411		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	43,297	43,297		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	4,521,361	891,177	3,630,184	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	219,606,962	198,885,632	20,721,330	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,140,046	2,882,959	257,087	
<b>9</b> Other employee benefits.	75,939,250	68,164,512	7,774,738	
<b>10</b> Payroll taxes.	13,601,610	11,774,677	1,826,933	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	146,810	146,810		
<b>b</b> Legal.	870,096		870,096	
<b>c</b> Accounting.	95,687		95,687	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	134,753		134,753	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	20,358,065	12,885,133	7,472,932	
<b>12</b> Advertising and promotion.	1,708,217	41,790	1,666,427	
<b>13</b> Office expenses.	959,117	733,981	225,136	
<b>14</b> Information technology.	6,032,510	5,388,228	644,282	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	5,310,598	4,753,986	556,612	
<b>17</b> Travel.	989,997	809,757	180,240	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	261,489	126,080	135,409	
<b>20</b> Interest.	7,692,372	6,870,807	821,565	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	23,303,933	20,815,014	2,488,919	
<b>23</b> Insurance.	17,256,553	17,166,327	90,226	
<b>24</b> 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.)				
<b>a</b> SUPPLIES & DRUGS	94,179,652	93,528,790	650,862	
<b>b</b> PROFESSIONAL FEES	9,287,372	9,286,367	1,005	
<b>c</b> EQUIPMENT RENTAL & MAIN	8,780,966	8,489,993	290,973	
<b>d</b> PROVIDER TAX EXPENSE	3,250,333	3,250,333		
<b>e</b> All other expenses	13,410,169	5,535,693	7,874,476	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	530,902,626	472,492,754	58,409,872	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,504	<b>1</b>	11,964
	<b>2</b> Savings and temporary cash investments . . . . .	153,412,997	<b>2</b>	148,205,446
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	80,221,170	<b>4</b>	74,912,194
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	14,814,690	<b>8</b>	14,929,025
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,519,559	<b>9</b>	3,226,714
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	469,845,070		
	<b>b</b> Less accumulated depreciation	207,631,177		
		247,972,394	<b>10c</b>	262,213,893
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	9,429,497	<b>12</b>	10,384,776
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	109,784	<b>14</b>	101,986
<b>15</b> Other assets See Part IV, line 11 . . . . .	32,090,083	<b>15</b>	28,991,798	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	541,581,678	<b>16</b>	542,977,796	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	54,858,077	<b>17</b>	59,536,842
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,425,869	<b>19</b>	362,368
	<b>20</b> Tax-exempt bond liabilities . . . . .	76,962,422	<b>20</b>	67,243,445
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	107,142,232	<b>23</b>	124,483,012
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	225,848	<b>24</b>	0
	<b>25</b> 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	9,553,669	<b>25</b>	14,387,455
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	251,168,117	<b>26</b>	266,013,122
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	289,727,622	<b>27</b>	276,758,674
	<b>28</b> Temporarily restricted net assets . . . . .	479,939	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	206,000	<b>29</b>	206,000
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	290,413,561	<b>33</b>	276,964,674
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	541,581,678	<b>34</b>	542,977,796

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	517,800,226
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	530,902,626
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-13,102,400
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	290,413,561
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	133,453
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-479,940
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	276,964,674

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>		No
<p><b>b</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</p>	<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-0458376

**Name:** PIKEVILLE MEDICAL CENTER INC

Form 990 (2017)

## Form 990, Part III, Line 4a:

PHYSICIAN PRACTICES CURRENTLY, MORE THAN 450 CREDENTIALLED PROVIDERS ARE MEMBERS OF PIKEVILLE MEDICAL CENTER'S MEDICAL STAFF DURING FY 2018, PMC WELCOMED 25 PHYSICIANS, FOUR PHYSICIAN ASSISTANTS, TWO CERTIFIED REGISTERED NURSE ANESTHETISTS, AND 10 NURSE PRACTITIONERS TO THE ORGANIZATION THE PHYSICIANS RECRUITED DURING THIS TIME PERIOD CONSIST OF ONE ANESTHESIOLOGIST, FIVE CARDIOLOGISTS, ONE CARDIOTHORACIC SURGEON, TWO PRIMARY CARE PHYSICIANS, TWO EMERGENCY MEDICINE PHYSICIANS, ONE ENDOCRINOLOGIST, FOUR HEMATOLOGISTS/ONCOLOGISTS, THREE HOSPITALISTS, ONE ORTHOPEDIC SURGEON, ONE ORTHOPEDIC TRAUMA SURGEON, ONE PODIATRIST, ONE PULMONOLOGIST/CRITICAL CARE PHYSICIAN, ONE RHEUMATOLOGIST AND ONE SURGICAL ONCOLOGIST PMC OFFERS MORE THAN 400 SERVICES, INCLUDING EVERY MAJOR SPECIALTY AND MOST SUB-SPECIALTIES WITH A PROGRESSIVE, SUPPORTIVE ADMINISTRATION AND BOARD OF DIRECTORS, PMC'S PHYSICIANS HAVE THE TOOLS AND TRAINING NECESSARY TO PROVIDE WORLD-CLASS QUALITY HEALTH CARE TO THE REGION PMC'S 11-STORY CLINIC BUILDING HOUSES THE MAJORITY OF THE ORGANIZATION'S PHYSICIAN PRACTICES INCLUDING CARDIOTHORACIC SURGERY, VASCULAR SURGERY, TRAUMA SURGERY, GENERAL SURGERY, ENDOCRINOLOGY, INTERVENTIONAL RADIOLOGY, GASTROENTEROLOGY, UROLOGY, ORTHOPEDIC TRAUMA SURGERY, ORTHOPEDIC SURGERY, HAND SURGERY, PODIATRY, SPORTS MEDICINE, OBSTETRICS/GYNECOLOGY, PEDIATRICS, INFECTIOUS DISEASE, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, PHYSIATRY, PULMONOLOGY, OPHTHALMOLOGY, OPTOMETRY, OTOLARYNGOLOGY, RHEUMATOLOGY, AND SURGICAL ONCOLOGY A 10-STORY PARKING GARAGE ON THE MAIN CAMPUS WITH 1,162 PARKING SPACES, DIRECTLY CONNECTED TO THE CLINIC BUILDING, DELIVERS IMPROVED ACCESS TO HEALTH CARE AS THE PATIENTS CONVENIENTLY PARK ON THE SAME FLOOR AS THEIR PHYSICIAN'S OFFICE IN ADDITION TO PHYSICIAN PRACTICES FOUND IN THE CLINIC, PMC OFFERS BARIATRIC AND WEIGHT LOSS SURGERY SERVICES IN PIKEVILLE (KENTUCKY), PLASTIC SURGERY IN PIKEVILLE (KENTUCKY), RADIOLOGY --GENERAL/INVASIVE/INTERVENTIONAL/ELECTROPHYSIOLOGY IN PIKEVILLE, WHITESBURG, PRESTONSBURG, SOUTH WILLIAMSON (KENTUCKY) AND GRUNDY (VIRGINIA), ONCOLOGY MEDICAL/HEMATOLOGY/RADIATION IN PIKEVILLE (KENTUCKY), NEUROLOGY IN WHITESBURG, SOUTH WILLIAMSON, AND PRESTONSBURG (KENTUCKY), FAMILY MEDICINE IN HAROLD, MARTIN AND SHELBY VALLEY (KENTUCKY), OBSTETRICS/GYNECOLOGY IN HAROLD (KENTUCKY), PAIN MANAGEMENT, PATHOLOGY, PSYCHOLOGY, CARDIAC REHABILITATION AND PULMONARY REHABILITATION IN PIKEVILLE (KENTUCKY) PMC ALSO OFFERS EMERGENCY MEDICINE SERVICES AND UTILIZES AROUND-THE-CLOCK HOSPITALISTS, INTENSIVISTS AND NEONATOLOGISTS WHO DEVOTE THEIR PROFESSIONAL TIME TO THE CARE OF HOSPITALIZED PATIENTS PMC PHYSICIANS COMPLETED 392,324 PATIENT VISITS DURING FY 2018, AN INCREASE OF 7 PERCENT FROM THE PREVIOUS YEAR MANY EXISTING PHYSICIAN PRACTICES EXPERIENCED SIGNIFICANT GROWTH DURING THE YEAR NEPHROLOGY (55% VOLUME INCREASE), RHEUMATOLOGY (47% VOLUME INCREASE), INTERVENTIONAL RADIOLOGY (41% VOLUME INCREASE), UROLOGY (22% VOLUME INCREASE), AND ORTHOPEDICS (12% VOLUME INCREASE) THE NEW SURGICAL ONCOLOGY SPECIALTY PRACTICE RECORDED 1,055 PATIENT VISITS DURING THE FISCAL YEAR PMC STRIVES TO ENSURE THERE IS AN ADEQUATE SUPPLY OF PRIMARY CARE PHYSICIANS FOR THE RURAL REGION IN WHICH IT SERVES AND IS A FOUNDING MEMBER OF THE APPALACHIAN OSTEOPATHIC POST GRADUATE TRAINING CONSORTIUM TO FACILITATE THE EDUCATION OF PRIMARY CARE PHYSICIANS, PMC OPERATES THE ONLY INTEGRATED OSTEOPATHIC FAMILY MEDICINE AND MANIPULATIVE TREATMENT/ NEUROMUSCULOSKELETAL MEDICINE RESIDENCY PROGRAM IN KENTUCKY, THE ONLY PLUS-ONE NEUROMUSCULOSKELETAL AND OSTEOPATHIC MANIPULATIVE MEDICINE RESIDENCY PROGRAM IN KENTUCKY, AND ONE OF ONLY SIX FAMILY MEDICINE AND OSTEOPATHIC MANIPULATIVE TREATMENT MEDICINE RESIDENCY PROGRAMS IN KENTUCKY PMC'S RESIDENCY PROGRAM TRAINED 13 RESIDENTS DURING THE 2017-2018 PROGRAM YEAR THE FAMILY PRACTICE CLINIC IN CONJUNCTION WITH THE RESIDENCY PROGRAM HAD MORE THAN 13,500 PATIENT VISITS DURING FY 2018 TO FURTHER MEET THE GROWING NEED FOR PRIMARY CARE PHYSICIANS WITHIN UNDERSERVED COMMUNITIES ACROSS THE REGION, PMC OPENED A NEW PRIMARY CARE CLINIC IN MARTIN, KENTUCKY DURING FY 2018 PATIENTS OF ALL AGES WHO ARE IN NEED OF URGENT CARE, HAVE MINOR CUTS AND ABRASIONS, ACUTE BRONCHITIS, HYPERLIPIDEMIA, HYPERTENSION, HYPOTHYROIDISM, OSTEOARTHRITIS, REFLUX ESOPHAGITIS, URINARY TRACT INFECTIONS, ETC ARE SERVED AT THIS NEW CLINIC LOCATION THE CLINIC RECORDED 633 PATIENT VISITS DURING THE YEAR THE INVESTMENT IN PMC CLINIC MARTIN TOTALED MORE THAN \$30,000 PMC PURCHASED PROPERTY IN WHITESBURG, KENTUCKY AND COMPLETED RENOVATIONS DURING FY 2018 TO RELOCATE THE PMC SPECIALTY CLINIC AT WHITESBURG TO A NEW, MORE CONVENIENT LOCATION THE CLINIC NOW HAS THE AVAILABLE SQUARE FOOTAGE TO PROVIDE COMMUNITY MEMBERS WITH ACCESS TO A TEAM OF HIGHLY ADVANCED SPECIALISTS WHO ARE EQUIPPED WITH DIAGNOSTIC AND ON-SITE TESTING CAPABILITIES THE INVESTMENT IN THE PMC SPECIALTY CLINIC AT WHITESBURG DURING FY 2018 WAS MORE THAN \$1,250,000 THE CONTINUED EXPANSION OF PIKEVILLE MEDICAL CENTER'S TERTIARY CARE SPECIALTY CAPABILITIES, INCLUDING TRAUMA SERVICES, CARDIAC SERVICES, ONCOLOGY SERVICES, AND NEUROSURGERY SERVICES HAS RESULTED IN FEWER PATIENTS BEING TRANSFERRED OUT OF PMC TO LARGER HOSPITALS LOCATED OUTSIDE THE REGION PMC RECEIVED 5,645 TRANSFERS IN FROM SMALLER HOSPITALS ACROSS THE REGION DURING FY 2018

**Form 990, Part III, Line 4b:**

SURGICAL SERVICES THE SURGICAL SERVICES DIVISION OF PIKEVILLE MEDICAL CENTER PERFORMS A COMPREHENSIVE ARRAY OF SURGICAL AND ENDOSCOPIC PROCEDURES WITH SOME OF THE MOST SOPHISTICATED, TECHNOLOGICALLY ADVANCED MEDICAL EQUIPMENT AVAILABLE SURGICAL AND ENDOSCOPIC PROCEDURES OFFERED AT PMC INCLUDE OPEN-HEART AND MINIMALLY-INVASIVE CARDIAC BYPASS PROCEDURES, LUNG SURGERIES, MASTECTOMIES, ORTHOPEDIC SURGERIES, EYE SURGERIES, ROBOTIC ASSISTED UROLOGICAL SURGERIES, AND GYNECOLOGICAL SURGERIES, TO NAME A FEW THE RECRUITMENT OF NEW SURGEONS FROM VARIED SPECIALTIES, INCLUDING TRAUMA, CARDIOTHORACIC, AND SURGICAL ONCOLOGY HAS NOT ONLY RESULTED IN SUBSTANTIAL EXPANSION OF SERVICE OFFERINGS BUT HAS ALSO LED TO THE INCREASE IN THE NUMBER OF OR SUITES AVAILABLE TO MEET PATIENT DEMAND PMC HAS 20 OPERATING ROOMS, INCLUDING 2 DEDICATED OPEN HEART SURGERY OPERATING ROOMS, AND SIX ENDOSCOPY ROOMS CURRENTLY IN OPERATION DURING FY 2018 THERE WERE 357 OPEN HEART SURGERY CASES, IN ADDITION TO 20,148 SURGICAL SERVICES CASES, WHICH INCLUDED INPATIENT AND OUTPATIENT ENDOSCOPY PROCEDURES, INPATIENT AND OUTPATIENT SURGICAL PROCEDURES, AND C-SECTIONS PIKEVILLE MEDICAL CENTER'S WELLNESS AND WEIGHT LOSS SURGERY CENTER IS A COMPREHENSIVE PROGRAM, MBSAQIP ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY THIS DESIGNATION HIGHLIGHTS PMC'S COMMITMENT TO PROVIDING SAFE, HIGH-QUALITY BARIATRIC SURGICAL CARE, IN-DEPTH EDUCATION, AND SUPPORT FOR BARIATRIC PATIENTS SERVICES PROVIDED BY THE MULTI-DISCIPLINARY TEAM WITHIN THE WEIGHT LOSS SURGERY CENTER INCLUDE LAPAROSCOPIC GASTRIC BYPASS, LAPAROSCOPIC SLEEVE GASTRECTOMY, LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING AND REVISIONAL SURGERY, ALONG WITH PRE-OPERATIVE AND POST-OPERATIVE PROCESSES TO ENSURE THE LONG TERM SUCCESS OF THE PATIENT PMC'S HEART & VASCULAR INSTITUTE CONTINUES TO PROVIDE THE MOST ADVANCED HEART CARE FOR PATIENTS BY OFFERING MINIMALLY INVASIVE CORONARY ARTERY BYPASS GRAFTING (CABG) OR KEYHOLE HEART SURGERY THAT USES A SMALL INCISION BETWEEN THE RIBS, UNDERNEATH THE BREAST BONE, TO PERFORM THE BYPASS SURGERY, RATHER THAN THE TRADITIONAL APPROACH OF GOING THROUGH THE BREAST BONE THIS CUTTING-EDGE PROCEDURE BRINGS A MORE RAPID RECOVERY WITH A SHORTER HOSPITAL STAY AND POTENTIAL FOR LESS COMPLICATIONS TO THE PATIENT PIKEVILLE MEDICAL CENTER IS ONE OF THE FEW HOSPITALS IN KENTUCKY OFFERING PATIENTS TOTAL HIP REPLACEMENT SURGERY USING AN ANTERIOR APPROACH THIS IS AN APPROACH TO THE FRONT OF THE HIP JOINT AS OPPOSED TO A LATERAL APPROACH TO THE HIP OR POSTERIOR APPROACH THE ANTERIOR APPROACH RESULTS IN A SHORTER RECOVERY TIME, SMALLER INCISIONS, AND A SHORTER HOSPITAL STAY PMC'S ORTHOPEDIC SURGERY TEAM HAS RECEIVED SPECIALIZED TRAINING TO PROVIDE THIS ADVANCED CARE FOR PATIENTS AND UTILIZES A STATE-OF-THE-ART FRACTURE TABLE TO OPTIMIZE THE ANTERIOR APPROACH FOR A TOTAL HIP REPLACEMENT DURING FY 2018 PMC INVESTED MORE THAN \$502,000 IN CAPITAL EQUIPMENT FOR SURGICAL SERVICES TO ENSURE PATIENTS RECEIVE THE LATEST IN ADVANCED HEALTH CARE THE MOST NOTABLE PURCHASES DURING THE FISCAL YEAR INCLUDED A SORIN S5 HEART/LUNG MACHINE, AN XTRA AUTOTRANSFUSION SYSTEM, FOUR DEFIBRILLATORS, FOUR DUAL CHAMBER EXTERNAL PACEMAKERS, A BIOM 5 BIONOCULAR INDIRECT OPHTHALMOMICROSCOPE, AND A RULTRACT MAMMORY RETRACTOR SET

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**Form 990, Part III, Line 4c:**

IMAGING SERVICES PIKEVILLE MEDICAL CENTER'S IMAGING SERVICES DIVISION TAKES PRIDE IN PROVIDING HIGH QUALITY DIAGNOSTIC AND INTERVENTIONAL SERVICES IN A CARING AND EFFICIENT MANNER. PMC'S IMAGING MODALITIES OF NUCLEAR MEDICINE, MAGNETIC RESONANCE IMAGING (MRI), COMPUTED TOMOGRAPHY (CT), POSITRON EMISSION TOMOGRAPHY (PET), AND MAMMOGRAPHY HAVE RECEIVED THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF RADIOLOGY, RECOGNIZED AS THE GOLD STANDARD IN DIAGNOSTIC IMAGING. PMC'S RADIOLOGY DEPARTMENT IS DIGITALLY ACCREDITED BY THE NATIONAL INSTITUTE FOR OCCUPATION SAFETY AND HEALTH (NIOSH) AND CONTINUALLY WORKS TO PROVIDE THE BEST POSSIBLE CARE TO THE MINING POPULATION OF EASTERN KENTUCKY. TWO DEDICATED BLACK LUNG EXAM ROOMS ARE LOCATED ON THE MAIN CAMPUS OF PMC ALLOWING FOR EIGHT TO TEN PATIENTS TO BE SCHEDULED PER EXAM DAY WITH ONE OF ONLY ELEVEN PHYSICIANS CERTIFIED BY NIOSH IN THE STATE OF KENTUCKY PROVIDING BLACK LUNG SCREEN READING SERVICES TO PMC PATIENTS, THE TURNAROUND TIME ON TEST RESULTS IS LESS THAN 16 HOURS FOR FINAL REPORT RESULTS. THE STATE-OF-THE-ART TECHNOLOGY CURRENTLY UTILIZED WITHIN IMAGING SERVICES INCLUDES TWO LINEAR ACCELERATORS, ONE 32-SLICE LARGE BORE CT SCANNER, TWO 64-SLICE CT SCANNERS, TWO DUAL-SOURCE 128-SLICE CT SCANNERS, A PET/CT SCANNER, A SPECT/CT SCANNER, TWO 1.5T OPEN MRIS, A 3.0T OPEN MRI, AND THREE FULLY EQUIPPED INTERVENTIONAL RADIOLOGY SUITES. PMC COMPLETED INSTALLATION OF TWO SIEMENS RS SOMATOM DUAL-SOURCE 128-SLICE CT SCANNERS DURING FY 2018. THE SOMATOM REDEFINES IMAGING STANDARDS IN CARDIOLOGY, PEDIATRICS, AND ONCOLOGY WHILE ALLOWING SCANNING WITHOUT BETA-BLOCKERS AND WITHOUT HAZARDOUS SEDATION, TO CHARACTERIZING LESIONS WHILE MAINTAINING DOSE NEUTRALITY WITH DUAL SOURCE DUAL ENERGY, PRODUCING IMPROVED PATIENT OUTCOMES. THE INVESTMENT IN SOMATOM CT SCANNERS AND RELATED RENOVATION TOTALED \$1,770,880.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD BURCHETT ..... BOARD PRESIDENT (EFFECTIVE 1/18)	4 00 ..... 1 00	X		X				0	0	0
JOE DEAN ANDERSON ..... BOARD SECRETARY/TREASURER	4 00 ..... 1 00	X		X				0	0	22,977
ALEX POULOS MD ..... BOARD VICE PRES (EFFECTIVE 1/18)	4 00 ..... 1 00	X		X				0	0	22,977
DEBRA BLACKBURN ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	8,645
DAVID COLLINS CPA ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	22,977
HOBERT JOHNSON DECEASED 218 ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
DENNIS HALBERT MD ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	22,977
JOHN LABRECHE ..... BOARD MEMBER	4 00 ..... 1 00	X						0	0	223
JULIUS CLINTON MARTIN II ..... BOARD MEMBER	4 00 ..... 1 00	X						0	0	0
JO NELL ROBINSON ..... BOARD MEMBER	4 00 ..... 1 00	X						0	0	8,645

**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			
MARY SIMPSON PHD ..... BOARD MEMBER	2 00 .....	X						0	0	0
SUE SMALLWOOD DECEASED 418 ..... BOARD MEMBER	4 00 .....	X						0	0	8,645
CINDY MAY JOHNSON ..... BOARD MEMBER (ENDING 5/18)	2 00 .....	X						0	0	0
MICHAEL MCCOY ..... BOARD MEMBER (EFFECTIVE 7/18)	2 00 .....	X						0	0	0
JYOTHI METTU MD ..... BOARD MEMBER (EFFECTIVE 1/18)	2 00 .....	X						0	0	0
DAVID BAIRD ..... BOARD MEMBER (EFFECTIVE 7/18)	2 00 .....	X						0	0	0
AARON CRUM MD ..... BOARD MEMBER/CMO (EFFECTIVE 1/18)	40 00 .....	X						627,866	0	33,118
FADI AL AKHRASS MD ..... BOARD MEMBER/CHIEF OF STAFF	40 00 .....	X						438,981	0	29,578
WALTER E MAY ..... BOARD PRESIDENT/CEO (ENDING 1/18)	40 00 .....	X		X				572,531	0	27,695
MICHELLE HAGY ..... CFO - SENIOR VP FINANCE	40 00 .....			X				294,542	0	31,565

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				
JUANITA DESKINS ..... CHIEF OPERATING OFFICER	40 00 ..... 0 00			X					315,206	0	36,110
WILLIAM D BLACKBURN ..... CHIEF EXECUTIVE OFFICER	40 00 ..... 0 00			X					147,699	0	4,878
CHERYL HICKMAN ..... CHIEF REGULATORY OFFICER - SENIOR VP	40 00 ..... 0 00				X				178,175	0	32,523
MICHELLE RAINEY ..... CHIEF NURSING OFFICER - SENIOR VP	40 00 ..... 0 00				X				193,846	0	29,796
TONY DAMRON ..... CHIEF INFORMATION OFFICER - SENIOR VP	40 00 ..... 0 00				X				160,457	0	27,824
CATHERINE JORGENSEN ..... VP CORPORATE COMPLIANCE	40 00 ..... 0 00				X				184,874	0	33,170
DAVID HALCOMB ..... ASSISTANT CHIEF FINANCIAL OFFICER	40 00 ..... 0 00				X				156,379	0	23,735
DEBRA PARSONS ..... CHIEF NURSING OFFICER	40 00 ..... 0 00				X				245,790	0	2,046
MARCUS CONLEY ..... ASSISTANT CHIEF FINANCIAL OFFICER	40 00 ..... 0 00				X				179,509	0	26,601
RALPH LOMMA ..... VP FACILITIES	40 00 ..... 0 00				X				195,586	0	18,688



**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

Employer identification number

61-0458376

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

The organization is not a private foundation because it is (For lines 1 through 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> 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
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

- 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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (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
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> 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			
<b>6</b> 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			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-0458376

**Name:** PIKEVILLE MEDICAL CENTER 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**

**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](http://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 PIKEVILLE MEDICAL CENTER INC	Employer identification number 61-0458376
--	--

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		22,550
<b>j</b> Total. Add lines 1c through 1i			22,550
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> 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?	<b>5</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

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

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

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
PIKEVILLE MEDICAL CENTER INC

**Employer identification number**  
61-0458376

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	685,939	652,368	624,622	705,176	206,000
<b>b</b> Contributions . . . . .					499,176
<b>c</b> Net investment earnings, gains, and losses	20,061	33,571	27,746	-80,554	
<b>d</b> Grants or scholarships . . . . .	500,000				
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	206,000	685,939	652,368	624,622	705,176

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 100 000 %
  - c** Temporarily restricted endowment ▶ 0 %
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .	1,868,888	7,614,636		9,483,524
<b>b</b> Buildings . . . . .	6,427,369	263,900,162	87,499,019	182,828,512
<b>c</b> Leasehold improvements		1,015,759	831,679	184,080
<b>d</b> Equipment . . . . .	46,027	176,737,215	119,300,479	57,482,763
<b>e</b> Other . . . . .		12,235,014		12,235,014
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				262,213,893

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) BOND ISSUANCE COSTS	792,173
(2) GRANT RECEIVABLE	1,813,055
(3) INDENTURE	11,106,802
(4) OTHER RECEIVABLES	15,279,768
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	28,991,798

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
RESERVE FOR RECIPROCAL OF AMER CLAIMS	2,180,611
DEFERRED COMPENSATION LIABILITY	5,056,584
RESERVES FOR WORKERS COMPENSATION CLAIMS	3,058,979
ESTIMATED AMOUNTS DUE TO 3RD PARTY PAYERS	4,091,281
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	14,387,455

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	524,940,295
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	133,453
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	7,006,616
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	7,140,069
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	517,800,226
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	517,800,226

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	537,909,241
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	7,006,615
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	7,006,615
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	530,902,626
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	530,902,626

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-0458376

**Name:** PIKEVILLE MEDICAL CENTER INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE AMOUNT OF \$206,000 IS A PERMANENT RESTRICTED ENDOWMENT-HERBERT FABER ENDOWMENT FUND T HE ENDOWMENT FUND IS UTILIZED TO SUPPORT THE CHARITABLE AND HEALTH ACTIVITES OF PIKEVILLE MEDICAL CENTER, INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE HOSPITAL AND PIKEVILLE MEDICAL CENTER FOUNDATION FOR QUALITY HEALTHCARE, INC ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PIKEVILLE MEDICAL CENTER DEVELOPMENT CORPORATION AND LANDMARK PROPERTIES OF PIKEVILLE, INC ARE TAXABLE ENTITIES TO WHICH APPLICABLE CORPORATE INCOME TAXES APPLY NO INCOME TAXES WERE OWED BY PIKEVILLE MEDICAL CENTER DEVELOPMENT CORPORATION OR LANDMARK PROPERTIES OF PIKEVILLE, INC FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017 THE HOSPITAL HAD NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2018 AND 2017 AT SEPTEMBER 30, 2018, TAX RETURNS FOR 2015 THROUGH 2017 ARE SUBJECT TO EXAMINATION BY THE IRS

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	EXPENSES RECLASSIFIED TO REVENUE SECTION 6,992,611 FUNDRAISING EXPENSES 14,004 ROUNDING 1

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES RECLASSIFIED TO REVENUE SECTION 6,992,611 FUNDRAISING EXPENSES 14,004

## Supplemental Information

Return Reference	Explanation
FORM 990, PART IV LINE 12	FORM 990, PART IV LINE 12 HAS BEEN CHECKED NO PER 990 INSTRUCTIONS PART XI, XII, AND XIII ARE NOT REQUIRED AS THE ORGANIZATION IS PART OF A CONSOLIDATED FINANCIAL STATEMENT THE CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AND PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES HOWEVER, THE ORGANIZATION OPTED TO VOLUNTARILY COMPLETE THESE SECTIONS

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

**Employer identification number**

61-0458376

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>COLORS OF COURAGE 5K RUN/WALK</b> (event type)	<b>RECLAIM YOUR LIFE 5K RUN/WALK</b> (event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	24,970	17,743		42,713
<b>2</b>	Less Contributions . . . . .	15,585	9,643		25,228
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	9,385	8,100		17,485
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	2,014	1,522		3,536
	<b>6</b> Rent/facility costs . . . . .	176	146		322
	<b>7</b> Food and beverages . . . . .	30	63		93
	<b>8</b> Entertainment . . . . .	1,799	1,334		3,133
	<b>9</b> Other direct expenses . . . . .	4,477	2,443		6,920
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					3,481

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_

-----

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

**b** If "Yes," explain \_\_\_\_\_

-----

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
 

<b>a</b>	The organization's facility	%
<b>b</b>	An outside facility	%

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

Name ▶ .....  
 Address ▶ .....

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

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

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....  
 Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

**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](http://www.irs.gov/form990).**

OMB No 1545-0047  
2017  
**Open to Public Inspection**

**Name of the organization**  
 PIKEVILLE MEDICAL CENTER INC

**Employer identification number**  
 61-0458376

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			5,955,416		5,955,416	1 120 %
<b>b</b> Medicaid (from Worksheet 3, column a)			100,175,093	91,504,033	8,671,060	1 630 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			106,130,509	91,504,033	14,626,476	2 750 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	376	1,220	255,633	5,300	250,333	0 050 %
<b>f</b> Health professions education (from Worksheet 5)	90	1,977	1,449,687	895,297	554,390	0 100 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	11		31,412		31,412	0 010 %
<b>j Total.</b> Other Benefits	477	3,197	1,736,732	900,597	836,135	0 160 %
<b>k Total.</b> Add lines 7d and 7j	477	3,197	107,867,241	92,404,630	15,462,611	2 910 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	175	18,926	152,345	1,835	150,510	0.030 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	45	3,109	105,189	42,713	62,476	0.010 %
8 Workforce development	12		324,325		324,325	0.060 %
9 Other						
<b>10 Total</b>	<b>232</b>	<b>22,035</b>	<b>581,859</b>	<b>44,548</b>	<b>537,311</b>	<b>0.100 %</b>

**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 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 42,739,212	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5 145,804,572
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 132,262,521
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 13,542,051
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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**

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

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

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

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

1

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

See Additional Data Table	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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	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 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</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 . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW PIKEVILLEHOSPITAL ORG/2016-2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>WWW PIKEVILLEHOSPITAL ORG/2016-2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</u>	Yes	
<b>a</b>	If "Yes" (list url) <u>ASSESSMENT/</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

PIKEVILLE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW PIKEVILLEHOSPITAL ORG/BILLING/FINANCIAL-ASSISTANCE-POLICY/</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW PIKEVILLEHOSPITAL ORG/BILLING/FINANCIAL-ASSISTANCE-POLICY/</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW PIKEVILLEHOSPITAL ORG/BILLING/FINANCIAL-ASSISTANCE-POLICY/</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

PIKEVILLE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b>	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
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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)		
<b>a</b>	<input checked="" type="checkbox"/> 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>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

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

PIKEVILLE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>	Yes	



**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? 22

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

**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
PART II, COMMUNITY BUILDING ACTIVITIES	PIKEVILLE MEDICAL CENTER'S MISSION STATEMENT, "TO PROVIDE WORLD CLASS QUALITY HEALTH CARE IN A CHRISTIAN ENVIRONMENT" IS THE DRIVING FORCE BEHIND PMC'S EFFORTS TO IMPROVE THE PHYSICAL, MENTAL AND SPIRITUAL WELL BEING OF THE REGION'S RESIDENTS DURING FY 2018, PIKEVILLE MEDICAL CENTER REPORTED TAKING PART IN 232 COMMUNITY BUILDING ACTIVITIES, SERVING MORE THAN 22,000 PEOPLE AND TOTALING MORE THAN \$530,000 THESE ACTIVITIES FOCUSED ON PROMOTING THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE THROUGH HEALTH EDUCATION, AWARENESS, PREVENTION AND TREATMENT, AS WELL AS, WORKFORCE DEVELOPMENT, ECONOMIC DEVELOPMENT AND FUTURE PLANNING SOME OF THESE EVENTS LISTED UNDER THE COMMUNITY BUILDING ACTIVITIES SECTION INCLUDED RECLAIM YOUR LIFE 5K RUN/WALK, FIRST-AID BOOTH AT HILLBILLY DAYS, COLORS OF COURAGE 5K RUN/WALK, SMOKING CESSATION CLASSES, A COMMUNITY CHILDREN'S CHRISTMAS EVENT, VETERAN'S DAY CEREMONY SUPPORT, OVER 500 MEALS PER MONTH PROVIDED TO MEALS ON WHEELS, AND RECRUITMENT OF MORE THAN 100 HEALTHCARE PROFESSIONALS

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	NO SHORTFALL EXISTED IN FY 2018 THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED SEPT 30, 2018 REPORT HOSPITAL STATEMENT OF REIMBURSABLE COST

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	PIKEVILLE MEDICAL CENTER PROVIDES HEALTHCARE SERVICES TO RESIDENTS OF PIKE, FLOYD, JOHNSON, MAGOFFIN, MARTIN, KNOTT AND LETCHER COUNTIES IN KENTUCKY, MINGO COUNTY IN WEST VIRGINIA AND BUCHANAN COUNTY IN VIRGINIA PMC IS COMMITTED TO MEETING THE NEEDS OF ITS PATIENTS BY PROVIDING HIGH QUALITY SPECIALTY SERVICES WITHIN THE REGION PMC USES THE MOST RECENT U S CENSUS BUREAU DATA AND INFORMATION FROM THE KY STATE DATA CENTER WHEN TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC POPULATION IT SERVES BASED ON 2018 DATA AVAILABLE, PMC'S SERVICE AREA CONTAINS A POPULATION OF APPROXIMATELY 222,349 INDIVIDUALS THERE IS A RELATIVELY EVEN DISTRIBUTION OF MALES (49 49%) TO FEMALES (50 51%) THE AVERAGE HOUSEHOLD SIZE IS 2 INDIVIDUALS AND 18 9% OF THE POPULATION IS AGE 65 AND OVER THE IMPOVERISHED AREA SERVED BY PIKEVILLE MEDICAL CENTER HAS A MEDIAN FAMILY INCOME OF \$31,274 WITH 30% OF THE POPULATION LIVING BELOW THE POVERTY LINE

Form and Line Reference	Explanation
PART VI, LINE 6	<p>PIKEVILLE MEDICAL CENTER (PMC), A 340 BED TERTIARY CARE CENTER, NESTLED IN THE PICTURESQUE MOUNTAINS OF APPALACHIA, IS RECOGNIZED AS THE REGION'S LEADER IN HEALTHCARE. PMC PROVIDES UNPARALLELED SERVICE, ADVANCED TECHNOLOGY, AND UNMATCHED GENEROSITY TO THE COMMUNITY. PMC IS CONTINUALLY EXPANDING SERVICE OFFERINGS AND DEVELOPING INNOVATIVE PROCESSES TO OFFER THE BEST IN HEALTH CARE TO ITS PATIENTS AND THE BROADER POPULATION. THIS VISIONARY APPROACH TO HEALTHCARE, WHICH IS FOCUSED ON SERVING THE NEEDS OF THE PATIENT FIRST, HAS ELEVATED THE FACILITY TO THE STATUS OF REGIONAL REFERRAL CENTER WITHIN A MULTI-STATE REGION. THE MISSION OF PIKEVILLE MEDICAL CENTER IS "TO PROVIDE WORLD-CLASS QUALITY HEALTHCARE IN A CHRISTIAN ENVIRONMENT." THIS MISSION IS FULFILLED DAILY, AS THE DEDICATED STAFF EMBRACES THE VISION AND CORE VALUES OF THE ORGANIZATION: CHRISTIAN-TREAT OTHERS AS YOU WOULD LIKE TO BE TREATED, QUALITY-WHATEVER YOU DO, DO IT WELL AND STRIVE FOR PERFECTION, SERVICE-CONTINUALLY LOOK FOR WAYS TO IMPROVE AND GO ABOVE AND BEYOND. PMC HAS UNDERGONE SUBSTANTIAL GROWTH THROUGHOUT ITS 94-YEAR HISTORY. BEGINNING AS A SMALL, RURAL, 50-BED FACILITY AT ITS INCEPTION IN 1924, THE MEDICAL CENTER IS TODAY A COMPREHENSIVE MEDICAL COMPLEX COMPRISED OF A 340-BED FACILITY ENCOMPASSING OVER ONE MILLION SQUARE FEET WITH BOTH THE MAIN FACILITY AND SURROUNDING SUPPORTIVE SERVICES. THE HOSPITAL OFFERS OVER 400 SERVICES, INCLUDING EVERY MAJOR SPECIALTY AND MANY SUBSPECIALTIES. THE TREMENDOUS PHYSICAL GROWTH AND EXPANSION IN SCOPE OF SPECIALTY SERVICE CAPABILITIES, INCLUDING TRAUMA SERVICES, HAS TRANSFORMED PMC INTO A REGIONAL REFERRAL CENTER FOR SMALLER COMMUNITY HOSPITALS THAT HAVE PATIENTS WITH COMPLEX MEDICAL NEEDS WHOM THEY CANNOT SERVE. ADDITIONALLY, PMC SERVES AS A DESTINATION OF CHOICE FOR PATIENTS REQUIRING ADVANCED TERTIARY CARE SERVICES INCLUDING CANCER MANAGEMENT, NEUROSURGERY, CARDIAC SURGERY, PLASTIC SURGERY AND ADVANCED NEONATOLOGY SERVICES. CURRENT SERVICES OFFERED AT PMC INCLUDE A VERIFIED LEVEL II TRAUMA CENTER, AN AWARD-WINNING, FULL-SERVICE CANCER TREATMENT CENTER, CHEST PAIN CENTER WITH PRIMARY PCI, 20-BED INPATIENT PHYSICAL REHABILITATION HOSPITAL, AN ACCREDITED GOLD PLUS STROKE CENTER, NEUROSURGERY, LEVEL II NEONATAL INTENSIVE CARE UNIT, BARIATRIC SURGERY CENTER OF EXCELLENCE, JOINT COMMISSION GOLD SEAL CERTIFIED ORTHOPEDIC PROGRAM, PAIN MANAGEMENT, PULMONARY REHABILITATION, SLEEP LAB, A DIAGNOSTIC CENTER, INTEGRATED FAMILY AND SPECIALTY PHYSICIAN PRACTICES, ALONG WITH A RETAIL CLINIC AT WAL-MART. PIKEVILLE MEDICAL CENTER IS DEDICATED TO PROVIDING PATIENTS WITH STATE-OF-THE-ART TREATMENT TECHNOLOGY. PMC'S DIAGNOSTIC AND THERAPEUTIC RADIOLOGY SERVICES CONSISTS OF TWO LINEAR ACCELERATORS, ONE 32-SLICE LARGE BORE CT SCANNER, TWO 64-SLICE CT SCANNERS, TWO DUAL-SOURCE 128-SLICE CT SCANNERS, A PET/CT SCANNER, A SPECT/CT SCANNER, TWO 1.5T OPEN MRI'S, A 3.0T OPEN MRI, AS WELL AS THREE FULLY EQUIPPED INTERVENTIONAL RADIOLOGY SUITES. THE HOSPITAL RECENTLY COMPLETED ONE OF THE LATEST ADVANCEMENTS FOR HEALTH CARE IN EASTERN KENTUCKY WITH AN EXTENSIVE EXPANSION OF CRITICAL CARE UNIT SERVICES. THE ADDITION OF 36,849 SQUARE FEET TO THE CCU INCREASED THE AVAILABLE BED COUNT TO 72 AND WAS NECESSARY DUE IN PART TO PMC SERVING AS KENTUCKY'S ONLY LEVEL II TRAUMA CENTER, COVERING A POPULATION OF MORE THAN 400,000, IN ADDITION TO AN INCREASE OF PATIENT TRANSFERS TO PMC FROM NEIGHBORING COMMUNITY HOSPITALS. THE CCU FEATURES THE LATEST STATE-OF-THE-ART EQUIPMENT AND A HIGHLY SKILLED BOARD CERTIFIED TEAM OF PHYSICIANS TO PROVIDE COMPREHENSIVE CARE AND CONSTANT MONITORING TO THOSE WITH LIFE-THREATENING CONDITIONS. THE PMC LABORATORY PHASE ONE EXPANSION WAS COMPLETED DURING FY 2018. THE EXPANSION INCLUDES A NEW AUTOMATION LINE, EXTENDED BLOOD BANK, HEMATOLOGY, AND CHEMISTRY AREA. PMC IS THE ONLY FACILITY IN THE REGION TO IMPLEMENT THIS NEW CUTTING EDGE AUTOMATED LAB TECHNOLOGY WHICH INCREASES PRODUCTIVITY, ALLOWING FOR THE EXPANSION OF THE IN-HOUSE TESTING MENU, IN ADDITION TO DECREASING THE TURNAROUND TIME FOR PATIENT TEST RESULT DELIVERY TO THE ORDERING PHYSICIAN. THE PIKEVILLE MEDICAL CENTER DATA CENTER CONSTRUCTION WAS ALSO RECENTLY FINALIZED. THE NEW DATA CENTER IS A TECHNICAL MARVEL, BUILT WITH UPGRADED WIRING, LEAK DETECTION AND ENVIRONMENTAL CONTROLS TO MAINTAIN A PROPER ENVIRONMENT FOR THE TECHNOLOGICALLY ADVANCED EQUIPMENT. ADDITIONALLY, THE CENTER WAS CONSTRUCTED WITH THE CAPABILITY TO PROVIDE CONTINUAL MONITORING OF THE EQUIPMENT AND POWER STATISTICS NECESSARY TO ENSURE UNINTERRUPTED NETWORK SERVICES VITAL TO PMC'S DAILY OPERATIONS. IN ADDITION TO PHYSICAL EXPANSION, PMC, ACCREDITED BY THE JOINT COMMISSION, HAS EXPERIENCED SIGNIFICANT GROWTH IN OUTPATIENT VOLUMES. TOTAL OUTPATIENT VISITS INCREASED TO 478,817 IN FY 2018 FROM 468,703 IN FY 2017, EMERGENCY DEPARTMENT VISITS INCREASED TO 54,677 IN FY 2018 FROM 53,029 IN FY 2017, CARDIAC SERVICE PROCEDURES INCREASED TO 69,104 IN FY 2018 FROM 66,914 IN FY 2017, AND PHYSICIAN OUTPATIENT</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>VISITS INCREASED TO 216,478 IN FY 2018 FROM 202,115 IN FY 2017 PMC CONTINUES TO RECRUIT HIGHLY-QUALIFIED PROFESSIONALS ASPIRING TO PRACTICE IN A PROGRESSIVE, SUPPORTIVE, GROWING MEDICAL COMMUNITY THAT DEMANDS QUALITY AND STRIVES FOR EXCELLENCE CURRENTLY, PMC EMPLOYS NEARLY 3,000 PEOPLE MORE THAN 450 PROVIDERS ARE CREDENTIALLED TO PRACTICE AT PMC DURING FY 2018 THE HOSPITAL WELCOMED 25 NEW EMPLOYED PHYSICIANS AND CONTRACTED 6 ADDITIONAL WITH START DATES RANGING FROM NOVEMBER 2018 TO AUGUST 2019 PIKEVILLE MEDICAL CENTER'S GROWTH HAS NOT ONLY FACILITATED THE EXPANSION OF THE RANGE AND SCOPE OF HEALTH CARE SERVICES PROVIDED TO PATIENTS IN THE REGION, BUT HAS ALSO PLAYED AN ESSENTIAL ROLE IN ENHANCING THE HOSPITAL'S ABILITY TO PROVIDE COMMUNITY OUTREACH SERVICES PMC PROVIDES A VARIETY OF EDUCATIONAL, WELLNESS, AND PREVENTIVE HEALTH SERVICES THAT ARE FUNDAMENTAL TO PMC'S MISSION "TO PROVIDE WORLD-CLASS QUALITY HEALTHCARE IN A CHRISTIAN ENVIRONMENT" CHARITY CARE THROUGH DEFINED POLICIES AND PROCEDURES, PMC RECORDED UNCOMPENSATED CHARITY OF MORE THAN \$18,349,000 DURING FY 2018 (SERVICES AT HOSPITAL'S ESTABLISHED RATES) HEALTH CARE SUPPORT SERVICES BLOOD DRIVES - PMC WAS HOST TO FOUR BLOOD DRIVES DURING FY 2018 PREPARATION FOR BLOOD DRIVES INCLUDES PUBLICITY BEFORE AND AFTER THE EVENT, OBTAINING GIVE-AWAY ITEMS FOR DONORS, RESERVING A LOCATION, HELPING WITH SET-UP AND TAKE-DOWN, AND PRE-REGISTERING DONORS BLOOD DRIVES ARE CONDUCTED IN ACCORDANCE WITH THE KENTUCKY BLOOD CENTER IN FY 2018, 252 DONORS PARTICIPATED IN PMC'S FOUR BLOOD DRIVES, PROVIDING LIFE-SAVING BLOOD PRODUCTS TO AN ESTIMATED 756 RECIPIENTS THESE EVENTS COST PMC \$959 MEALS ON WHEELS - IN FY 2018, PMC PROVIDED 6,013 MEALS AT A COST OF \$43,263 GUEST MEALS - PMC DONATED 4,415 FOOD TRAYS TO GUESTS AT A COST OF \$33,113 IN FY 2018 INDIGENT SUPPORT SERVICES - MANY PATIENTS NEED FINANCIAL ASSISTANCE WITH PRESCRIBED MEDICATIONS, IN-HOME MEDICAL EQUIPMENT, TRANSPORTATION, AND OTHER ITEMS OR SERVICES TO ASSIST IN RELIEVING FINANCIAL BURDEN, PMC'S CHAPLAIN SERVICES, CASE MANAGEMENT, AND LEONARD LAWSON CANCER CENTER DEPARTMENTS PROVIDED ASSISTANCE TO 429 PATIENTS TOTALING \$33,290 IN FY 2018 ASSISTANCE WENT TO PATIENTS NEEDING PRESCRIBED MEDICATIONS AND TRANSPORTATION UPON DISCHARGE TRANSPORTATION SUPPORT WAS ALSO PROVIDED TO PATIENTS NEEDING TO TRAVEL TO AND FROM THE HOSPITAL TO RECEIVE CARE IN ADDITION, THE HOSPITAL PURCHASED CHILD CAR SEATS, HOME MEDICAL EQUIPMENT, AND MEDICAL SUPPLIES FOR PATIENTS IN NEED SPIRITUAL - PMC'S CHAPLAINCY DEPARTMENT MAKES AN ARDUOUS EFFORT TO ENSURE PATIENTS' SPIRITUAL NEEDS ARE MET THE STAFF ROUNDS DAILY WITH PATIENTS, OFFERING WORDS OF ENCOURAGEMENT AND PRAYER IN FY 2018, 768 BIBLES FOR NEWBORNS WERE DISTRIBUTED AND 61 COMMUNITY EVENTS, INCLUDING FUNERALS, WEDDINGS AND MINISTERIAL ASSOCIATION MEETINGS WERE SERVICED BY PMC CHAPLAINS EASTER SUNRISE AND HOLY WEEK SERVICES, WHICH INCLUDED FIVE EVENTS WITH NEARLY 500 PARTICIPANTS, WERE ALSO CONDUCTED DURING FY 2018 THESE SERVICES PROVIDED A COMMUNITY BENEFIT OF MORE THAN \$21,180 COMMUNITY FINANCIAL DONATIONS IN FY 2018, PMC CONTINUED TO EMBRACE ITS CORPORATE SOCIAL RESPONSIBILITY THROUGH BOTH FINANCIAL AND IN-KIND DONATIONS TO COMMUNITY ORGANIZATIONS, IN ADDITION TO SUPPORTING EMPLOYEE PARTICIPATION IN COMMUNITY ACTIVITIES AND EVENTS WITH A COMMON GOAL OF SERVING OTHERS THE HOSPITAL PROVIDED \$31,412 IN FINANCIAL AND IN-KIND SUPPORT TO SUCH ENTITIES AS APPALACHIAN PREGNANCY CARE CENTER BRYNLEE E HAMILTON SCHOLARSHIP FUND SHAPING OUR APPALACHIAN REGION, INC (SOAR) PHELPS HIGH SCHOOL UNIVERSITY OF PIKEVILLE PIKEVILLE MAIN STREET PROGRAM EASTERN KENTUCKY STRONG PIKE COUNTY FIREFIGHTERS ASSOCIATION PIKEVILLE UNITED METHODIST CHURCH PANTHER EXCELLENCE FOUNDATION</p>

Form and Line Reference	Explanation
PART VI LINE 5	<p>PROMOTION OF COMMUNITY HEALTH (CONTINUED)PMC IS AN AVID SUPPORTER OF SOAR, A NON-PARTISAN APPALACHIAN KENTUCKY NETWORK COMMITTED TO THE COMMON PURPOSE OF IMPROVING EDUCATION, HEALTH H, AND THE ECONOMY FOR ALL CITIZENS OF THE REGION THROUGH INNOVATION AND COLLABORATION PM C EXECUTIVES AND STAFF PARTICIPATE IN ANNUAL CONFERENCES TO ASSIST IN SHAPING A BETTER FUTURE FOR THE REGION FUNDRAISING DURING AUGUST 2018, PMC HOSTED ITS FIFTH ANNUAL "COLORS OF COURAGE" 5K FUNDRAISER IN PIKEVILLE TO BENEFIT UNDERINSURED CANCER PATIENTS OF THE HOSPITAL'S LEONARD LAWSON CANCER CENTER AND BRING AWARENESS TO ALL TYPES OF CANCER MORE THAN 500 RUNNERS AND WALKERS CAME TOGETHER FOR THIS COMMON CAUSE HOSPITAL EMPLOYEES ORGANIZED, PUBLICIZED, AND WORKED THE EVENT THE TOTAL COMMUNITY BENEFIT WAS \$11,390 THE COST OF FUND RAISING WAS \$13,580 PIKEVILLE MEDICAL WELLNESS AND WEIGHT LOSS SURGERY CENTER'S THIRD ANNUAL "RECLAIM YOUR LIFE" 5K RUN/1-MILE WALK WAS HELD IN APRIL 2018 OBESITY IS AN EPIDEMIC IN APPALACHIA, PMC STRIVES TO EDUCATE THE COMMUNITY AND PROMOTE PHYSICAL ACTIVITY TO COMBAT THE DISEASE PROCEEDS FROM THE EVENT, WHICH HAD MORE THAN 250 PARTICIPANTS, ASSIST WEIGHT LOSS SURGERY PATIENTS IN THEIR JOURNEY TO BETTER HEALTH HOSPITAL EMPLOYEES VOLUNTEERED TO MAKE THE EVENT A SUCCESS THE EVENT GENERATED OVER \$12,234 IN COMMUNITY BENEFIT HEALTH SCREENINGS PMC PARTICIPATED IN 10 FREE COMMUNITY HEALTH FAIRS/SCREENINGS DURING FY 2018 INCLUDING TWO DIABETES SCREENING EVENTS, A WORLD HEPATITIS DAY HEALTH SCREENING EVENT AND STROKE AWARENESS DAY EVENT HEALTH EDUCATION MATERIALS WERE DISTRIBUTED AT THE EVENTS, WHICH WERE ATTENDED BY MORE THAN 1,100 PEOPLE ALL SCREENINGS WERE HOSTED BY PMC PHYSICIANS, NURSES AND/OR SUPPORT STAFF THE EVENTS PROVIDED A COMMUNITY BENEFIT OF \$17,124 OTHER EVENTS DURING WHICH PMC HOSTED FREE HEALTH SCREENINGS INCLUDED - FIRST-AID BOOTH HILLBILLY DAY'S FESTIVAL- BIG SANDY SENIOR GAMES BANQUET- PIKEVILLE FARMER'S MARKET ANNUAL PIG ROST- MOUNTAIN HERITAGE FESTIVAL- MARROWBONE SENIOR CITIZENS CENTER HEALTH FAIRCOMMUNITY HEALTH EDUCATION PMC'S STAFF IS ACTIVELY INVOLVED IN EDUCATING THE COMMUNITY ON IMPORTANT HEALTH CARE TOPICS THROUGHOUT FY 2018, HOSPITAL REPRESENTATIVES FROM VARIOUS DEPARTMENTS ARE PROVIDED TO LOCAL CIVIC CLUBS, SCHOOLS, MEDICAL PROFESSIONALS, AND THE PUBLIC AT LARGE THROUGH ITS 113 COMMUNITY EDUCATION EFFORTS IN FY 2018, PMC CONTRIBUTED \$301,186 PMC EMPLOYEES PARTICIPATED IN THE FOLLOWING LECTURES/PRESENTATIONS/PUBLICATIONS DURING FY 2018 - WORLD OBESITY DAY EVENT- NATIONAL MAMMOGRAPHY DAY- TRAUMA OUTREACH EMS WEEK EVENTS- WOUND HEALING RECOGNITION- WILDWOOD GARDEN CLUB MEETING- STOP THE BLEED TRAUMA DEMONSTRATION (6)- INFLUENZA EDUCATION PROGRAM- HEART MONTH EDUCATION PROGRAM- HEALTH MINUTE/MEDICAL JOURNAL- HEALTH TALK PROGRAMS (9)- MAYO MINUTE PROGRAMS (9)- MEDICAL LEADER COMMUNITY PUBLICATION AND WEBSITE- STROKE AWARENESS DAY- WEIGHT LOSS SURGERY EDUCATION SEMINARS (9)- WORLD HEPATITIS DAY EVENTHEALTH TALK - PMC'S PUBLIC RELATIONS DEPARTMENT RELEASED A 30-MINUTE RADIO SHOW THAT WAS AIRED ON LOCAL RADIO STATIONS COVERING PIKE, FLOYD, LETCHER, JOHNSON, KNOTT, MAGOFFIN, AND MARTIN COUNTIES IN KENTUCKY AND MINGO COUNTY, WEST VIRGINIA DURING FY 2018 THROUGH THIS SHOW, PMC INFORMED LISTENERS OF NEW HEALTH SERVICES, PHYSICIANS, AND TECHNOLOGY AT THE HOSPITAL THE PROGRAM EDUCATED THE PUBLIC ON HEALTH TOPICS OF INTEREST WHICH HAVE INCLUDED FAMILY MEDICINE, FLU, PULMONARY REHABILITATION, CANCER SYMPTOMS, PREVENTION AND TREATMENT, AND DIABETES IN FY 2018, THE TOTAL COST FOR THIS PROGRAM WAS MORE THAN \$48,100 MAYO MINUTE - PMC SPONSORED MAYO MINUTE RADIO SPOTS FROM MAYO CLINIC DURING FY 2018 THE 60-SECOND RADIO SPOTS WERE AIRED ON LOCAL RADIO STATIONS COVERING PIKE, FLOYD, LETCHER, JOHNSON, KNOTT, MAGOFFIN AND MARTIN COUNTIES IN KENTUCKY AND MINGO COUNTY, WEST VIRGINIA THE MAYO MINUTE INFORMATIONAL SPOTS COVERED A VARIETY OF HEALTH TOPICS IN FY 2018, THE TOTAL COST FOR THIS PROGRAM WAS \$45,800 MEDICAL LEADER - PMC PUBLISHED A WEEKLY NEWSPAPER, MEDICAL LEADER, IN WHICH HEALTH INFORMATION WAS PRINTED ALONG WITH CONTENT ABOUT PMC SERVICES, PHYSICIANS, AND TECHNOLOGY DURING FY 2018 THE HOSPITAL RELEASED 26 WEEKLY ISSUES OF MEDICAL LEADER AND DISTRIBUTED THEM, FREE OF CHARGE, THROUGHOUT THE SERVICE AREA THIS COMMUNITY BENEFIT EXCEEDED \$112,350 IN FY 2018 WEIGHT LOSS SURGERY EDUCATION SEMINARS - PMC'S WEIGHT LOSS SURGERY CENTER STAFF EDUCATES THE PUBLIC ON VARIOUS BARIATRIC SURGERY, WEIGHT MANAGEMENT, AND NUTRITION TOPICS DURING FY 2018, THIS COMMUNITY BENEFIT TOTALLED \$3,796 COMMUNITY SELF-HELP EDUCATION SMOKING CESSATION CLASSES WERE OFFERED BY PMC DURING FY 2018, REACHING 30 PARTICIPANTS AT A COST OF \$390 HEALTH PROFESSIONS EDUCATION DURING FY 2018, PMC INVESTED \$554,390 IN HEALTH PROFESSIONS EDUCATION IN AFFILIATION WITH MORE THAN 30 ACADEMIC INSTITUTIONS, PMC TRAINED MORE THAN 400 STUDENTS DURING 2018, IN NEARLY 20 DIFFERENT SPECIALTIES INCLUDING NURSING, PHYSICAL THERAPY, RESPIRATORY</p>

Form and Line Reference	Explanation
PART VI LINE 5	<p>           ORY THERAPY, PHARMACY, PHLEBOTOMY, RADIOLOGY AND SPEECH THERAPY SCHOOLS AFFILIATED WITH P MC INCLUDE AMERICAN NATIONAL UNIVERSITYBELLARMINE UNIVERSITYBIG SANDY COMMUNITY AND TECHNI CAL COLLEGECHAMBERLAIN COLLEGEESTERN KENTUCKY UNIVERSITYEAST TENNESSEE STATE UNIVERSITYFR ONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSINGHAZARD COMMUNITY AND TECHNICAL COLLEGEINDIANA WESLEYAN UNIVERSITYKENTUCKY CHRISTIAN UNIVERSITYKENTUCKY COMMUNITY TECHNICAL COLLEGE SYST EMLINCOLN MEMORIAL UNIVERSITYMARYVILLE UNIVERSITYMERIDIAN INSTITUTE OF SURGICAL ASSISTINGM OREHEAD STATE UNIVERSITYNOVA SOUTH EASTERN UNIVERSITYSOUTH UNIVERSITYSOUTHEAST COMMUNITY C OLLEGESOUTHERN WEST VIRGINIA COMMUNITY &amp; TECHNICAL COLLEGESOUTHWEST VIRGINIA COMMUNITY COL LEGESPALDING UNIVERSITYUNION UNIVERSITYUNIVERSITY OF APPALACHIA COLLEGE OF PHARMACYUNIVERS ITY OF CHARLESTONUNIVERSITY OF CINCINNATIUNIVERSITY OF KENTUCKYUNIVERSITY OF LOUISVILLEUNI VERSITY OF PIKEVILLEVIRGINIA COMMONWEALTH UNIVERSITYWALDEN UNIVERSITYWESTERN KENTUCKY UNIV ERSITYRESIDENCY PROGRAM - PMC'S RESIDENCY PROGRAM IS ACCREDITED BY THE AMERICAN OSTEOPATHI C ASSOCIATION AND IS SPONSORED BY THE APPALACHIAN OSTEOPATHIC POSTGRADUATE TRAINING INSTIT UTE CONSORTIUM AS THE REGION'S MOST SOUGHT AFTER RESIDENCY PROGRAM, IT IS THE ONLY INTEGR ATED OSTEOPATHIC FAMILY MEDICINE AND MANIPULATIVE TREATMENT/NEUROMUSCULOSKELETAL MEDICINE RESIDENCY PROGRAM IN KENTUCKY, THE ONLY PLUS-ONE NEUROMUSCULOSKELETAL AND OSTEOPATHIC MANI PULATIVE MEDICINE RESIDENCY PROGRAM IN KENTUCKY, AND ONE OF ONLY SIX FAMILY MEDICINE AND O STEOPATHIC MANIPULATIVE TREATMENT MEDICINE RESIDENCY PROGRAMS IN KENTUCKY THE HOSPITAL, I N CONJUNCTION WITH THE RESIDENCY PROGRAM, OPERATES A FAMILY PRACTICE CLINIC WHICH TREATS M ORE THAN 13,500 PATIENTS ANNUALLY THIS SERVICE ALLOWS PMC TO EDUCATE AND RETAIN COMPETENT , SKILLED PHYSICIANS IN THE REGION DURING THE RESIDENCY YEAR OF JULY 2017 TO JUNE 2018, P MC TRAINED 13 RESIDENTS THIS PROGRAM PROVIDED A COMMUNITY BENEFIT OF \$526,690 PIKEVILLE M EDICAL CENTER HAS ALSO PARTNERED WITH THE UNIVERSITY OF PIKEVILLE - KENTUCKY COLLEGE OF OP TOMETRY, A NOT-FOR-PROFIT OPTOMETRIC EDUCATION INSTITUTION ENGAGED IN EDUCATING OPTOMETRIC STUDENTS AND ADVANCING OPTOMETRIC EDUCATION TO PROVIDE CLINICAL CARE SPACE AND EQUIPMENT AS A CORE SITE TO ACCOMMODATE OPTOMETRY PATIENT CARE FOR THE EDUCATION AND TRAINING OF OPT OMETRIC STUDENTS         </p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI LINE 5	<p>PROMOTION OF COMMUNITY HEALTH (CONTINUED)CONTINUING HEALTH PROFESSIONALS EDUCATION - PMC'S MEDICAL LIBRARY STAFF COORDINATES AND OVERSEES CONTINUING MEDICAL EDUCATION (CME) HOURS OFFERED AT THE HOSPITAL MOST CMES ARE OPEN TO NOT ONLY PMC STAFF, BUT TO OTHER MEDICAL PROFESSIONALS THROUGHOUT THE REGION IN FY 2018, PMC OFFERED 89 CME PRESENTATIONS, REACHING NEARLY 2,000 ATTENDEES THIS SERVICE PROVIDED A COMMUNITY BENEFIT OF \$27,700 THE EDUCATIONAL OPPORTUNITIES OFFERED BY THE HOSPITAL DURING FY 2018 RELATED TO THE FOLLOWING TOPICS - ADVANCED CARDIOVASCULAR LIFE SUPPORT (15 EVENTS) - BLADDER CANCER DIAGNOSIS AND TREATMENT CONFERENCE- CARDIOLOGY GRAND ROUNDS (12 EVENTS) - CANCER CASE CONFERENCE (12 EVENTS)- DIABETES SYMPOSIUM- HEART AND VASCULAR SYMPOSIUM- INFECTIOUS DISEASE CONFERENCE (3 EVENTS)- PEDIATRIC ADVANCED LIFE SUPPORT (15 EVENTS)- STROKE CASE CONFERENCE (3 EVENTS)- STROKE GRAND ROUNDS (9 EVENTS)- STROKE SYMPOSIUM- TRAUMA SYMPOSIUM- TRAUMA GRAND ROUNDS (12 EVENTS)- ULTRASOUND IN THE EMERGENCY SETTING (2 EVENTS)- WOUND CARE SYMPOSIUMPHYSICIAN, MIDLEVEL AND NURSING PROFESSIONAL RECRUITMENT PMC'S RECRUITMENT PROGRAM IS FOCUSED ON PROVIDING PATIENTS WITHIN THE SERVICE AREA WITH QUALITY MEDICAL CARE BY RECRUITING AN ADEQUATE NUMBER OF PRIMARY CARE PHYSICIANS ALONG WITH A DESIRED MIX OF SPECIALTY PHYSICIANS PHYSICIAN RECRUITMENT IS A FUNDAMENTAL ELEMENT REQUIRED TO MEET THE HEALTHCARE NEEDS OF THE SERVICE AREA PMC IS A REGIONAL REFERRAL CENTER FOR SPECIALTY AND SUB-SPECIALTY SERVICES NOT PROVIDED BY OTHER LOCAL HOSPITALS DURING FY 2018, TWENTY-FIVE PHYSICIANS, SIXTEEN MIDLEVEL PROFESSIONALS AND SIXTY-SEVEN REGISTERED NURSES WERE ADDED TO PMC'S TEAM OF HEALTHCARE PROVIDERS THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH RECRUITMENT OF THESE PROVIDERS DURING FY 2018 WAS \$324,325 THE RECRUITED PHYSICIANS PRACTICE IN THE FOLLOWING SPECIALTIES - ANESTHESIOLOGY- CARDIOLOGY- CARDIOTHORACIC SURGERY- ENDOCRINOLOGY- EMERGENCY MEDICINE- HEMATOLOGY/ONCOLOGY- HOSPITALIST MEDICINE- ORTHOPEDIC SURGERY- ORTHOPEDIC TRAUMA SURGERY- PODIATRY- PRIMARY CARE MEDICINE- RHEUMATOLOGY- SURGICAL ONCOLOGYSUPPORT GROUPS IN FY 2018, PMC HOSTED/SPONSORED 22 SUPPORT GROUP MEETINGS, REACHING MORE THAN 150 PEOPLE AND PROVIDING \$5,495 IN COMMUNITY BENEFITS BELOW IS A LIST OF THE SUPPORT GROUPS PMC HOSTED/SPONSORED - AFTER BREAST CANCER (ABC) SUPPORT GROUP- CURE BLOOD CANCER SUPPORT GROUP- MAN TO MAN PROSTATE CANCER SUPPORT GROUP- THYROID CANCER SUPPORT GROUP- DIABETES SUPPORT GROUP- WEIGHT LOSS SURGERY SUPPORT GROUPOTHER COMMUNITY SUPPORT THROUGHOUT FY 2018, PMC HOSTED, SPONSORED, OR PARTICIPATED IN SEVERAL EVENTS TO SUPPORT THE COMMUNITY INCLUDING - FIRST-AID BOOTH HILLBILLY DAYS FESTIVAL--A NATIONALLY KNOWN ANNUAL EVENT HELD IN DOWNTOWN PIKEVILLE TO BENEFIT THE SHRINERS' CHILDREN'S HOSPITAL- MILLARD ELEMENTARY SAFE TRICK OR TREAT- PIKEVILLE AREA VETERAN'S DAY CEREMONY- PMC BOOTH AT NIGHTMARE ON MAIN- PRAY FOR VEGAS COMMUNITY EVENT- CHILDREN'S COMMUNITY CHRISTMAS PARTY WITH SANTA- COMMUNITY CHRISTMAS PARADE - REASON FOR THE SEASON COMMUNITY SERVICE- VIRTUAL BRIDAL SHOW EVENT- YMCA HEALTHY KIDS DAY &amp; EASTER EGG HUNT- YMCA HEALTHY MONDAYTHE TOTAL COMMUNITY BENEFIT FOR THE OTHER COMMUNITY SUPPORT EVENTS WAS \$52,900</p>

Schedule H (Form 990) 2017

**Additional Data****Software ID:****Software Version:****EIN:** 61-0458376**Name:** PIKEVILLE MEDICAL CENTER INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	PIKEVILLE MEDICAL CENTER 911 BYPASS ROAD PIKEVILLE, KY 41501 WWW.PIKEVILLEHOSPITAL.ORG 100366	X	X		X			X			

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

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

Form and Line Reference	Explanation
PIKEVILLE MEDICAL CENTER	PART V, SECTION B, LINE 5 PIKEVILLE MEDICAL CENTER IN COLLABORATION WITH AN ADVISORY COMMITTEE COMPRISED OF COMMUNITY LEADERS FROM PIKE AND FLOYD COUNTIES, WHOM ARE INVOLVED WITH LOCAL HEALTH DEPARTMENTS, SCHOOL SYSTEMS, SENIOR CITIZENS PROGRAMS, SOCIAL WORK, POST-SECONDARY EDUCATION, VOLUNTEER GROUPS, AND LOCAL BUSINESS/INDUSTRY DEVELOPED A SURVEY TO OBTAIN INPUT CONCERNING THE NEEDS OF OUR COMMUNITY THE SURVEY WAS MADE AVAILABLE ONLINE, PUBLISHED IN PIKEVILLE MEDICAL CENTER'S NEWSPAPER, THE MEDICAL LEADER, AND DISTRIBUTED AT LOCAL HEALTH DEPARTMENTS, SENIOR CITIZENS CENTERS, APARTMENT COMPLEXES, BANKS AND CHURCHES THE SURVEY WAS ALSO DISTRIBUTED ELECTRONICALLY TO ALL STUDENTS AND FACULTY AT THE UNIVERSITY OF PIKEVILLE AND TO ALL PATIENTS AT VARIOUS PMC CLINICS PMC'S COMMUNITY SURVEY WAS AN OVERWHELMING SUCCESS AS THE HOSPITAL RECEIVED OVER 1,000 RESPONSES
PIKEVILLE MEDICAL CENTER	PART V, SECTION B, LINE 7D <a href="https://www.pikevillehospital.org/2016-2019-community-health-needs-assessment/pmc">HTTPS //WWW PIKEVILLEHOSPITAL ORG/2016-2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT/PMC</a> MAILED THE CHNA REPORT TO THE CHAMBER OF COMMERCE, CIVIC ORGANIZATION MEMBERS, AND LOCAL BUSINESS PEOPLE

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

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

Form and Line Reference	Explanation
PIKEVILLE MEDICAL CENTER	PART V, SECTION B, LINE 24 PIKEVILLE MEDICAL CENTER FOLLOWS THE SAME CHARGING STRUCTURE FOR ALL PATIENTS, HOWEVER, PMC'S IN-HOUSE SLIDING SCALE FINANCIAL ASSISTANCE PROGRAM PROVIDES A RANGE OF DISCOUNTS UP TO FREE CARE FOR THOSE WHO QUALIFY FOLLOWING A DETERMINATION THAT AN INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THE UNINSURED PATIENT PORTION OF THE PROGRAM, PMC WILL NOT BILL THAT INDIVIDUAL FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IN AN AMOUNT IN EXCESS OF THE AMOUNT GENERALLY BILLED (UTILIZING THE MEDICARE LOOK-BACK METHOD) ADDITIONAL DISCOUNTS OF FREE OR 50% OF AGB ARE ALSO OFFERED BY PMC, DEPENDENT UPON THE PATIENT'S INCOME AND RESOURCE LEVEL AND FAMILY SIZE

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

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - OBGYN PHYSICIAN PRACTICE - HAROLD 246 KY ROUTE 979 HAROLD, KY 41635	PHYSICIAN PRACTICE
<b>1</b> 2 - PMC-LEONARD LAWSON CANCER CENTER 172 SOUTH MAYO TRAIL PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
<b>2</b> 3 - HOME HEALTH SERVICES 1370 S MAYO TRAIL PIKEVILLE, KY 41501	HOME HEALTH SERVICES
<b>3</b> 4 - PMC SPECIALTY CLINIC-WHITESBURG 255 MAIN ST WHITESBURG, KY 41858	PHYSICIAN PRACTICE
<b>4</b> 5 - PMC WEIGHT LOSS SURGERY CENTER 1098 S MAYO TRAIL STE 103 PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
<b>5</b> 6 - PMC SPECIALTY CLINIC-PRESTONSBURG 311 NORTH ARNOLD AVE PRESTONSBURG, KY 41653	PHYSICIAN PRACTICE
<b>6</b> 7 - PMC CLINIC - WALMART PIKEVILLE 251 CASSIDY BLVD PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
<b>7</b> 8 - PMC SPECIALTY CLINIC-GRUNDY 1520 SLATE CREEK ROAD STE 205 GRUNDY, VA 24614	PHYSICIAN PRACTICE
<b>8</b> 9 - SLEEP LAB - WHITESBURG 60 MAIN STREET WHITESBURG, KY 41858	SLEEP LAB
<b>9</b> 10 - PRIMARY CARE PRACTICE - SHELBY VALLEY 6800 US HWY 23 S STE 3 PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
<b>10</b> 11 - PRIMARY CARE PRACTICE - HAROLD 246 KY RT 979 HAROLD, KY 41635	PHYSICIAN PRACTICE
<b>11</b> 12 - PIKEVILLE FAMILY PRACTICE CLINIC 184 S MAYO TRAIL PIKEVILLE, KY 41501	PHYSICIAN PRACTICE
<b>12</b> 13 - PMC SPECIALTY CLINIC-SOUTH WILLIAMSON 411 CENTRAL AVE STE 7 SOUTH WILLIAMSON, KY 41503	PHYSICIAN PRACTICE
<b>13</b> 14 - OPHTHALMOLOGY - HAZARD 101 TOWN COUNTRY DRIVE STE 100 HAZARD, KY 41701	PHYSICIAN PRACTICE
<b>14</b> 15 - SLEEP LAB - PIKEVILLE 190 S MAYO TRAIL PIKEVILLE, KY 41501	SLEEP LAB

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

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

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

Name and address

Type of Facility (describe)

**16** 16 - PMC CLINIC-PIKE CO SCHOOLS BELFRY ELEMEN  
170 KY-319  
BELFRY, KY 41514

PHYSICIAN PRACTICE

**1** 17 - PMC CLINIC-PIKE CO SCHOOLS ELKHORN ELEM  
180 COUGAR DRIVE  
ELKHORN CITY, KY 41522

PHYSICIAN PRACTICE

**2** 18 - PMC CLINIC-PIKE CO SCHOOLS MILLARD ELEM  
5492 E SHELBIANA ROAD  
PIKEVILLE, KY 41501

PHYSICIAN PRACTICE

**3** 19 - PMC CLINIC-PIKE CO SCHOOLS MULLINS ELEM  
101 TIGER WAY  
PIKEVILLE, KY 41501

PHYSICIAN PRACTICE

**4** 20 - PMC CLINIC-PIKE CO SCHOOLS PIKE CENTRAL  
100 WINNERS CIRCLE DRIVE  
PIKEVILLE, KY 41501

PHYSICIAN PRACTICE

**5** 21 - PMC CLINIC-PIKE CO SCHOOLS SHELBY VALLEY  
125 DOUGLAS PARKWAY  
PIKEVILLE, KY 41501

PHYSICIAN PRACTICE

**6** 22 - PRIMARY CARE PRACTICE - MARTIN  
265 KY ROUTE 122  
MARTIN, KY 41649

PHYSICIAN PRACTICE

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization PIKEVILLE MEDICAL CENTER INC

Employer identification number 61-0458376

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Contains two rows of data.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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) ASSISTANCE FOR UNINSURED PATIENTS FOR PRESCRIPTIONS, CAFE VOUCHERS, TRANSPORTATION, MEDICAL EQUIPMENT AND CANCER TREATMENT TRAVEL ASSISTANCE	410	33,297			410 RECIPIENTS OF 257 PRESCRIPTIONS PROVIDED, 535 INSTANCES OF TRAVEL ASSISTANCE AND 7 MEDICAL EQUIPMENT PURCHASES/RENTALS
(2) BRYNLEE E HAMILTON SCHOLARSHIP FUND		10,000			SCHOLARSHIP FUND DONATION IN HONOR OF CITY OF PIKEVILLE FALLEN OFFICER SCOTTY HAMILTON
(2)					
(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
PART I, LINE 2	ALL GRANTS ARE PROVIDED TO PUBLIC CHARITIES FOR GENERAL SUPPORT PIKEVILLE MEDICAL CENTER, INC DOES NOT MONITOR THE USE OF THESE FUNDS BY THESE PUBLIC CHARITIES

**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](http://www.irs.gov/form990).**

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

Employer identification number  
61-0458376

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</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</p>	<b>1b</b>	Yes			
<p><b>2</b> 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?</p>	<b>2</b>	Yes			
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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.</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4A	DEBRA PARSONS RECEIVED SEVERANCE PAYMENTS TOTALING \$77,885
PART I, LINE 7	DR JOHNSON EARNS QUARTERLY BONUSES BASED ON THE WORK RELATIVE VALUE UNIT PRODUCTION WITHIN HER PRACTICE DR WEBB EARNED A PHYSICIAN RECRUITMENT BONUS



<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>21</b> RUSSELL SHANKLIN FORMER-ASSISTANT CIO	(i)	170,356	0	651	8,596	23,811	203,414	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
<b>1</b> PEGGY JUSTICE FORMER - VP PHYSICIAN NETWORK	(i)	157,560	0	280	7,982	23,760	189,582	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization PIKEVILLE MEDICAL CENTER INC

Employer identification number

61-0458376

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: CITY OF PIKEVILLE KY, 61-6001897, 72134PAR3, 04-27-2011, 90,370,651, SEE BELOW, X, X, X.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), A, B, C, D. Rows 14-17: Questions about bond issuance and record keeping.

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, Are there any lease arrangements that may result in private business use of bond-financed property?), A, B, C, D.

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> 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 . . . . . ▶	0 920 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 100 %							
<b>6</b> Total of lines 4 and 5 . . . . .	1 020 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .		X						

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **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](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization PIKEVILLE MEDICAL CENTER INC	Employer identification number 61-0458376
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?		
			To	From			Yes	No	Yes	No	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:** 61-0458376

**Name:** PIKEVILLE MEDICAL CENTER INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ADRIENNE ADKINS	STEP GRANDDAUGHTER OF WALTER E MAY, PMC PRESIDENT/CEO	64,174	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS STAFF REGISTERED NURSE		No
(1) ANDREA ALLARA	DAUGHTER OF JOE DEAN ANDERSON, PMC BOARD MEMBER	43,458	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS RADIOLOGY COORDINATOR		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) ASHLEY JOHNSON	DAUGHTER OF DAVID COLLINS, CPA, PMC BOARD MEMBER	67,541	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS MANAGER RECRUITING		No
(1) BART DAVIS	GRANDSON OF JO NELL ROBINSON, PMC BOARD MEMBER	78,322	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR OF FLEET & SURPLUS MAINTENANCE		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) CAMILLA DAMRON	DAUGHTER OF JO NELL ROBINSON, PMC BOARD MEMBER	76,378	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS A SPEECH LANGUAGE PATHOLOGIST		No
(1) COMMUNITY TRUST BANK	ENTITY OF WHICH BOARD MEMBER HAS BUSINESS RELATIONSHIP	8,919,100	DAVID COLLINS SERVES AS BOARD MEMBER OF BOTH ENTITIES SERVICES PROVIDED BY COMMUNITY TRUST BANK TO PIKEVILLE MEDICAL CENTER -INTEREST INCOME BANKING SERVICES & FUNDS IN TRUST, \$1,385,442 -SAFE DEPOSIT BOX FEES/LINE OF CREDIT FEES/BOND ACCT MGMT FEES, \$13,234 - INSTALLMENT PAYMENTS, \$7,507,940 -ADVERTISING INCOME MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$12,484		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) CORDELL WEATHERFORD	FAMILY MEMBER OF WALTER E MAY, PMC PRES/CEO & CINDY JOHNSON, PMC BOARD MEM	111,789	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS VICE PRESIDENT SUPPORT SERVICES		No
(1) EAST KY BROADCASTING & EAST KY RADIO NETWORK (TOTAL OF NINE RADIO STATIONS)	ENTITIES > 35% OWNED BY WALTER MAY, PMC PRES/CEO & CINDY JOHNSON BOARD MEM	762,871	ENTITIES PROVIDE ADVERTISING SERVICES TO PMC, \$700,501 -ENTITIES PROVIDE ADVERTISING INCOME-MEDICAL LEADER PUBLICATION SOLELY OWNED BY PIKEVILLE MEDICAL CENTER, \$62,370		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
(9) KAMINSKI ROBINSON	SPOUSE OF JO NELL ROBINSON, PMC BOARD MEMBER	55,411	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR-CHAPLAIN SERVICES		No
(1) MIRANDA FORSYTH	FAMILY MEMBER OF DEBRA BLACKBURN, PMC BOARD MEM & WILLIAM BLACKBURN PMC CEO	57,797	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS EMPLOYEE HEALTH NURSE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) RANDY L JOHNSON	FAMILY MEMBER OF WALTER E MAY, PMC PRES/CEO & CINDY JOHNSON, PMC BOARD MEM	64,896	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR-CHAPLAIN SERVICES		No
(1) RHONDA COLEMAN	FAMILY MEMBER OF DEBRA BLACKBURN, PMC BOARD MEM & WILLIAM BLACKBURN PMC CEO	67,095	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS MANAGER PHYSICIAN CODING & REVENUE CYCLE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) ROBERT BELL	STEP SON OF HOBART JOHNSON, PMC BOARD MEMBER	102,908	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS NUTRITIONAL SERVICES HEAD CHEF		No
(1) SARAH TAYLOR	DAUGHTER OF CHERYL HICKMAN, PMC KEY EMPLOYEE	80,968	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS IT- PROJECT MANAGER		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
(15) TRISTAN BLACKBURN	FAMILY MEMBER OF DEBRA BLACKBURN, PMC BOARD MEM & WILLIAM BLACKBURN PMC CEO	72,800	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS NETWORK ADMINISTRATOR		No
(1) WILLIAM B LOWE	STEP SON IN LAW OF WALTER E MAY, PMC PRESIDENT/CEO	32,027	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS EXECUTIVE DIRECTOR PHYSICIAN REFERRAL		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
(17) JORDAN ELIZABETH PUGH	GRANDDAUGHTER OF SUE SMALLWOOD, PMC BOARD MEMBER	39,931	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS RECRUITER		No
(1) ELLIOTT COMPANIES	ENTITY OF WHICH BOARD MEMBER HAS BUSINESS RELATIONSHIP	575,477	DAVID BAIRD SERVES AS BOARD MEMBER OF BOTH ENTITIES PIKEVILLE MEDICAL CENTER PURCHASES CONSTRUCTION AND MAINTENANCE MATERIALS FROM ELLIOTT COMPANIES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(19) LINA ABDALLAH	SPOUSE OF FADI AL AKHRASS M D , PMC BOARD MEMBER	59,486	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS PHARMACIST		No
(1) DWIGHT BUCKLEY	FAMILY MEMBER OF DEBRA BLACKBURN, PMC BOARD MEM & WILLIAM BLACKBURN PMC CEO	53,654	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS DIRECTOR RESPIRATORY/SLEEP LAB		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
(21) ANDREA ROBINETTE LOWE	STEP DAUGHTER OF WALTER E MAY, PMC PRESIDENT/CEO	100,918	EMPLOYED BY PIKEVILLE MEDICAL CENTER AS VICE PRESIDENT HUMAN RESOURCES		No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
PIKEVILLE MEDICAL CENTER INC**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public Inspection**

Employer identification number

61-0458376

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DR ALEX POULOS & DR DENNIS HALBERT PARTNERS IN PIKEVILLE RADIOLOGY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE CFO PRIOR TO FILING ADDITIONALLY, THE GOVERNING BODY WILL REVIEW THE FINAL FORM 990 INCLUDING REQUESTED SCHEDULES AT THE NEXT BOARD MEETING COPIES ARE PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY UPON REQUEST

**990 Schedule O, Optional Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE SALARY OF THE ORGANIZATION'S CEO THE COMMITTEE USES COMPARATIVE DATA FROM NATIONAL SALARY SURVEYS MOTION AND APPROVALS FROM THE COMMITTEE ARE KEPT IN THE MINUTES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES MAKE THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	INTEREST IN CHARITABLE REMAINDER TRUST 10,234 ROUNDING -1 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS -490,173

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	OVERSIGHT OF AUDIT PROCESS THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, LINE 4D, OTHER PROGRAM SERVICES	<p>CONTINUED FROM PART III, LINE 4D, OTHER PROGRAM SERVICES NATIONAL RECOGNITION PIKEVILLE MEDICAL CENTER (PMC) STRIVES TO BE NATIONALLY RECOGNIZED AS A LEADER IN HEALTHCARE THE DEDICATION OF PMC'S LEADERSHIP TEAM, PHYSICIANS, AND STAFF TO FULFILL THE HOSPITAL'S MISSION "TO PROVIDE WORLD-CLASS QUALITY HEALTH CARE IN A CHRISTIAN ENVIRONMENT" LED TO NOTABLE RECOGNITION AND AWARDS DURING FY 2018 INCLUDING OCTOBER '18 PMC RECEIVED THE GOLD SEAL OF DISTINCTION FOR HIP FRACTURE, JOINT REPLACEMENT HIP AND JOINT REPLACEMENT KNEE BY THE JOINT COMMISSION, PMC IS THE ONLY HOSPITAL IN KENTUCKY TO RECEIVE ALL THREE CERTIFICATIONS SEPTEMBER '18 THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S HEART-CHECK MARK FOR ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTER THE GOLD SEAL OF APPROVAL AND THE HEART-CHECK MARK REPRESENT SYMBOLS OF QUALITY FROM THEIR RESPECTIVE ORGANIZATIONS AUGUST '18 PMC RECEIVED THE PLATINUM AWARD FROM THE KENTUCKY ORGAN DONOR ASSOCIATION JUNE '18 THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD WITH TARGET STROKE HONOR ROLL ELITE MARCH '18 LEVEL II TRAUMA CERTIFICATION &amp; DESIGNATION FROM THE AMERICAN COLLEGE OF SURGEONS OCTOBER '17 THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD WITH TARGET STROKE HONOR ROLL ELITE PMC'S COMMITMENT TO PROVIDE WORLD-CLASS QUALITY HEALTHCARE IN A PASSIONATE, INNOVATIVE, AND VISIONARY ENVIRONMENT, WHERE PATIENTS' NEEDS ARE PLACED FIRST, WILL DRIVE THE ORGANIZATION FORWARD TO CONTINUED GROWTH AND EXPANSION, FOREVER MEETING THE EVOLVING HEALTHCARE NEEDS OF THE REGION</p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

- ▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PIKEVILLE MEDICAL CENTER INC

**Employer identification number**

61-0458376

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> PIKEVILLE MEDICAL CENTER FOUNDATION FOR QUALITY HEALTHCARE 911 BYPASS ROAD  PIKEVILLE, KY 41501 47-2020718	SUPPORT	KY	501(C)(3)	LINE 12B, II	PIKEVILLE MEDICAL CENTER INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> PIKEVILLE MEDICAL DEVELOPMENT CORPORATION 911 BYPASS ROAD PIKEVILLE, KY 41501 20-2487928	INACTIVE	KY	N/A	C	-350	6,571	100 000 %		No
<b>(2)</b> LANDMARK PROPERTIES OF PIKEVILLE INC PO BOX 1259 PIKEVILLE, KY 41502 46-2494613	LODGING	KY	PIKEVILLE MEDICAL CENTER	C	-770,332	4,867,592	100 000 %	Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LANDMARK PROPERTIES	B	223,530	CASH
(2) LANDMARK PROPERTIES	D	403,285	COST
(3) LANDMARK PROPERTIES	J	12	COST
(4) LANDMARK PROPERTIES	M	612,081	COST
(5) LANDMARK PROPERTIES	K	84,000	COST
(6) PIKEVILLE MEDICAL CENTER FOUNDATION FOR QUALITY HEALTHCARE INC	C	293,391	CASH



**Part VII** **Supplemental Information**

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 61-0458376  
**Name:** PIKEVILLE MEDICAL CENTER INC

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
LANDMARK PROPERTIES	B	223,530	CASH
LANDMARK PROPERTIES	D	403,285	COST
LANDMARK PROPERTIES	J	12	COST
LANDMARK PROPERTIES	M	612,081	COST
LANDMARK PROPERTIES	K	84,000	COST
PIKEVILLE MEDICAL CENTER FOUNDATION FOR QUALITY HEALTHCARE INC	C	293,391	CASH