

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

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

**C** Name of organization  
THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON INDIANA INC

Doing business as  
KING'S DAUGHTERS' HEALTH

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1373 EAST STATE ROAD 62 PO BOX 447

City or town, state or province, country, and ZIP or foreign postal code  
MADISON, IN 47250

**D** Employer identification number  
35-0895832

**E** Telephone number  
(812) 801-0800

**G** Gross receipts \$ 172,789,840

**F** Name and address of principal officer  
JOHN PRICE  
1373 EAST STATE ROAD 62 PO BOX 447  
MADISON, IN 47250

**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)

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

**H(c)** Group exemption number ▶

**J** Website: ▶ WWW.KDHMADISON.ORG

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

**L** Year of formation 1899

**M** State of legal domicile IN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
TO IMPROVE THE HEALTH OF THE HOSPITAL'S PATIENTS THROUGH CARE, SERVICE, AND EDUCATION

**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)	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	9
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,102
<b>6</b> Total number of volunteers (estimate if necessary)	75
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	59,038
<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)	140,093	323,957
<b>9</b> Program service revenue (Part VIII, line 2g)	127,224,164	131,389,037
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,937,314	5,035,094
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,374,463	595,593
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,676,034	137,343,681
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,664	17,791
<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)	64,434,304	65,393,601
<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) ▶ 92,091		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,643,999	61,010,144
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	124,082,967	126,421,536
<b>19</b> Revenue less expenses Subtract line 18 from line 12	9,593,067	10,922,145
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	277,232,984	275,324,825
<b>21</b> Total liabilities (Part X, line 26)	107,951,699	107,693,407
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	169,281,285	167,631,418

**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: 2019-11-03  
PAULA HEIDERMAN BOARD CHAIRWOMAN  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2019-11-03  
Check  if self-employed PTIN: P00832283  
Firm's name: BLUE & CO LLC Firm's EIN: 35-1178661  
Firm's address: 500 N MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204 Phone no: (317) 633-4705

**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

THE MISSION OF THE HOSPITAL IS TO IMPROVE THE HEALTH OF THE HOSPITAL'S PATIENTS THROUGH CARE, SERVICE, AND EDUCATION

**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 \$ 97,234,228 including grants of \$ 17,791 ) (Revenue \$ 131,500,787 )

See Additional Data

**4b** (Code ) (Expenses \$ 1,377,147 including grants of \$ ) (Revenue \$ )

See Additional Data

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

Blank lines for reporting program service accomplishments.

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 98,611,375

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	1,102			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes	
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>		No
<p><b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>		No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>		No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>		No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>	Yes	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	Yes	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>		No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>		No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>		No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .					
<b>8</b>					
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>					
<b>13a</b>					
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>		No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAWN NUNAN DIRECTOR OF ACCOUNTING 1373 EAST STATE ROAD 62 PO BOX 447 MADISON, IN 47250 (812) 801-0800

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAULA HEIDERMAN BOARD CHAIRWOMAN	1 00 ..... 1 00	X						1,250	0	0
(2) MARJORIE HARE BOARD VICE CHAIRWOMAN	1 00 ..... 0 00	X						750	0	0
(3) ANNIE SCHROEDER BOARD SECRETARY	1 00 ..... 0 00	X						1,250	0	0
(4) MARY BETTE VOYLES BOARD TREASURER	1 00 ..... 0 00	X						1,250	0	0
(5) ANDREA FORRESTER BOARD ASSN'T TREASURER	1 00 ..... 0 00	X						1,250	0	0
(6) BONNIE COLEN BOARD ASSN'T SECRETARY	1 00 ..... 0 00	X						750	0	0
(7) JONATHAN HANSON MD BOARD MEMBER/PHYSICIAN	40 00 ..... 0 00	X						467,687	0	41,962
(8) PATRICK STACK MD BOARD MEMBER/PHYSICIAN	40 00 ..... 0 00	X						236,338	0	23,549
(9) JOE CRAIG BOARD MEMBER	1 00 ..... 0 00	X						1,250	0	0
(10) MARY KAY MCCUBBIN BOARD MEMBER	1 00 ..... 0 00	X						1,250	0	0
(11) KEVIN TURNER BOARD MEMBER	1 00 ..... 0 00	X						0	0	0
(12) CAROL DOZIER PRESIDENT/CEO	40 00 ..... 1 00			X				411,425	0	15,123
(13) JOHN PRICE VP FINANCE	40 00 ..... 0 00			X				249,348	0	18,418
(14) LISA MORGAN VP OUTPATIENT SERVICES	40 00 ..... 0 00			X				180,570	0	18,501
(15) DENINE FALLIS-HALLGARTH VP PHYSICIAN PRACTICES	40 00 ..... 0 00			X				161,950	0	18,615
(16) JENNIFER LITER VP INPATIENT SERVICES	40 00 ..... 0 00			X				155,861	0	20,371
(17) THOMAS ECKERT MD EMPLOYED PHYSICIAN	40 00 ..... 1 00					X		696,088	0	24,840

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TRAVIS CLEGG MD EMPLOYED PHYSICIAN	40 00 0 00					X		1,795,514	0	41,997
(19) WILLIAM SKILES MD EMPLOYED PHYSICIAN	40 00 0 00					X		654,323	0	28,102
(20) MICHAEL SCHMIDT MD EMPLOYED PHYSICIAN	40 00 0 00					X		653,158	0	31,961
(21) RONALD AUER MD EMPLOYED PHYSICIAN	40 00 0 00					X		940,171	0	42,596
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								6,611,433	0	326,035

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 59

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARUP LABORATORIES 500 CHIPETA WAY SALT LAKE CITY, UT 84108	LABORATORY SERVICES	1,047,885
EMCARE INC 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693	CONTRACTED PHYSICIAN & MID LEVEL PROVIDE	942,038
COMPREHENSIVE MEDICAL MANAGEMENT 300 DAVE COWENS DRIVE STE 600 NEWPORT, KY 41071	CONTRACTED PHYSICIAN BILLING SERVICES	768,178
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397	CONTRACTED PHYSICIAN & MID LEVEL PROVIDE	726,590
NORTON HEALTHCARE PO BOX 35070 N-52 LOUISVILLE, KY 40232	CONTRACTED PHSICIAN PROVIDER SERVICES	486,204

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 30

**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>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	60,199		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	263,758		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		323,957			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> NET PATIENT SERVICE REVENUE		621110	131,389,037	131,389,037	
<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 . . . . .			131,389,037			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,407,995			3,407,995	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			49,531					
		<b>b</b> Less rental expenses		23,286				
		<b>c</b> Rental income or (loss)		26,245				
	<b>d</b> Net rental income or (loss) . . . . .			26,245	26,245			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			36,852,683	197,289				
		<b>b</b> Less cost or other basis and sales expenses		35,323,270	99,603			
		<b>c</b> Gain or (loss)		1,529,413	97,686			
	<b>d</b> Net gain or (loss) . . . . .			1,627,099			1,627,099	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .								
<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>							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue	Business Code							
<b>11a</b> CAFETERIA REVENUE	722210		414,193				414,193	
<b>b</b> GIFT SHOP	453220		10,612				10,612	
<b>c</b> EHR INCOME	900099		10,443	10,443				
<b>d</b> All other revenue . . . . .			134,100	75,062	59,038			
<b>e Total.</b> Add lines 11a-11d . . . . .			569,348					
<b>12 Total revenue.</b> See Instructions . . . . .			137,343,681	131,500,787	59,038		5,459,899	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	17,791	17,791		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<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.	2,028,718	1,582,400	446,318	
<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.	50,012,426	38,952,695	10,986,657	73,074
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,005,921	1,564,618	441,303	
<b>9</b> Other employee benefits.	8,140,412	6,334,889	1,786,764	18,759
<b>10</b> Payroll taxes.	3,206,124	2,500,777	705,347	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	325,958		325,958	
<b>c</b> Accounting.	117,520		117,520	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	576,528		576,528	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	211,370		211,370	
<b>12</b> Advertising and promotion.	195,908	152,808	43,100	
<b>13</b> Office expenses.	635,592	495,762	139,830	
<b>14</b> Information technology.	32,467	25,324	7,143	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,974,844	1,540,378	434,466	
<b>17</b> Travel.	113,879	88,826	25,053	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	5,345,831	4,169,748	1,176,083	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	8,748,228	6,823,618	1,924,352	258
<b>23</b> Insurance.	1,609,189	1,255,167	354,022	
<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> PURCHASED SERVICES	11,825,732	9,224,071	2,601,661	
<b>b</b> DRUGS	10,385,673	10,385,673		
<b>c</b> SUPPLIES	9,983,682	7,787,272	2,196,410	
<b>d</b> HOSPITAL ASSESSMENT FEE	3,391,276	3,391,276		
<b>e</b> All other expenses	5,536,467	2,318,282	3,218,185	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	126,421,536	98,611,375	27,718,070	92,091
<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 . . . . .	9,474	<b>1</b>	9,574
	<b>2</b>	Savings and temporary cash investments . . . . .	16,294,366	<b>2</b>	19,678,050
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .	10,370,400	<b>4</b>	9,340,720
	<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 . . . . .	456,146	<b>7</b>	309,153
	<b>8</b>	Inventories for sale or use . . . . .	2,497,096	<b>8</b>	2,507,284
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	2,917,927	<b>9</b>	3,741,312
	<b>10a</b>	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 187,936,846		
	<b>b</b>	Less accumulated depreciation	<b>10b</b> 85,975,989	107,005,759	<b>10c</b> 101,960,857
	<b>11</b>	Investments—publicly traded securities . . . . .	129,961,696	<b>11</b>	129,076,266
	<b>12</b>	Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b>	Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		<b>14</b>	
	<b>15</b>	Other assets See Part IV, line 11 . . . . .	7,720,120	<b>15</b>	8,701,609
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	277,232,984	<b>16</b>	275,324,825	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	10,511,186	<b>17</b>	11,412,609
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .	93,886,785	<b>20</b>	92,387,457
	<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 . . . . .	1,370,016	<b>23</b>	1,746,968
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<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	2,183,712	<b>25</b>	2,146,373
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	107,951,699	<b>26</b>	107,693,407
<b>Net Assets or Fund Balances</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>				
	<b>27</b>	Unrestricted net assets	169,268,328	<b>27</b>	167,618,568
	<b>28</b>	Temporarily restricted net assets . . . . .	2,957	<b>28</b>	2,850
	<b>29</b>	Permanently restricted net assets	10,000	<b>29</b>	10,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</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>	<b>Total net assets or fund balances</b> . . . . .	169,281,285	<b>33</b>	167,631,418	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	277,232,984	<b>34</b>	275,324,825	

**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>	137,343,681
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	126,421,536
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	10,922,145
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	169,281,285
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-13,013,699
<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>	441,687
<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>	167,631,418

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-0895832

**Name:** THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

Form 990 (2018)

---

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

KING'S DAUGHTERS' HEALTH IS A NOT-FOR-PROFIT, ACUTE CARE HOSPITAL OWNED BY THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON, INDIANA, INC , LOCATED IN MADISON, INDIANA THE HOSPITAL IS ORGANIZED FOR THE PURPOSE OF PROVIDING HEALTHCARE SERVICES TO THE RESIDENTS OF JEFFERSON COUNTY AND THE SURROUNDING AREA DURING THE CALENDAR YEAR 2018, THE HOSPITAL PROVIDED HEALTHCARE TO PATIENTS AT THE FOLLOWING LEVELS 11,122 DAYS OF CARE TO ACUTE INPATIENTS1,250 DAYS OF CARE TO NEWBORN INFANTS191,482 VISITS ASSOCIATED WITH HOSPITAL OUTPATIENTS135,814 VISITS ASSOCIATED WITH PHYSICIAN CLINICS

---

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

THE HOSPITAL'S PRIMARY SOURCES OF SUPPORT ARE FROM PATIENT REVENUES PATIENT REVENUES INCLUDE FUNDS RECEIVED FROM MEDICARE, STATE AGENCIES, INSURANCE COMPANIES, AND THE PATIENTS THEMSELVES IN 2018, KING'S DAUGHTERS' HEALTH PROVIDED SERVICES TOTALING \$1,377,147 IN GROSS CHARGES TO PATIENTS WHO MET THE HOSPITAL'S CHARITY CARE POLICY

---

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

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

**Employer identification number**

35-0895832

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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>		
<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 2018 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-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, 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 2018 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 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-0895832

**Name:** THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA 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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**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 THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON INDIANA INC	Employer identification number 35-0895832
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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		8,934
<b>j</b> Total Add lines 1c through 1i			8,934
<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>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</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>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**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	PORTION OF INDIANA HOSPITAL ASSOCIATION DUES AND AMERICAN HOSPITAL ASSOCIATION DUES ATTRIBUTABLE TO LOBBYING EXPENSES AS DISCLOSED ON THE DUES NOTICES OF THE RESPECTIVE ASSOCIATIONS

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

**Employer identification number**  
35-0895832

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 . . . . .	12,957	20,194	28,255	30,058	208,725
<b>b</b> Contributions . . . . .	3,208	28,678	356,398	506,513	50,077
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	3,315	35,915	364,459	508,316	228,744
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	12,850	12,957	20,194	28,255	30,058

- 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 ▶ 77 820 %
  - c** Temporarily restricted endowment ▶ 22 180 %
- 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 . . . . .   | 3a(i)  | No |
| <b>(ii)</b> related organizations . . . . .  | 3a(ii) | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		4,039,775		4,039,775
<b>b</b> Buildings . . . . .		117,953,918	35,263,675	82,690,243
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		65,537,067	50,712,314	14,824,753
<b>e</b> Other . . . . .		406,086		406,086
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				101,960,857

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	38,384
THIRD PARTY PAYABLE	1,712,532
LIFE INSURANCE POLICIES	395,457
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	2,146,373

**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>	124,177,400
<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>	-13,013,699
<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>	441,687
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-12,572,012
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	136,749,412
<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>	576,528
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	17,741
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	594,269
<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>	137,343,681

**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>	125,827,267
<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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	125,827,267
<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>	576,528
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	17,741
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	594,269
<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>	126,421,536

**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:** 35-0895832

**Name:** THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PERMANENT ENDOWMENT - INTENT IS TO HOLD THE INVESTMENT IN PERPETUITY PER AUDITED FINANCIAL STATEMENTS, "THE PORTION OF PERPETUAL ENDOWMENT FUNDS THAT IS REQUIRED TO BE RETAINED PERMANENTLY EITHER BY EXPLICIT DONOR STIPULATION OR UPMIFA" IS \$10,000 AT 12/31/2018 TERM ENDOWMENT - TEMPORARILY RESTRICTED NET ASSETS ARE DONOR-RESTRICTED FOR A SPECIFIC USE INCLUDING INDIANA HOSPITAL ASSOCIATION FUND AND HIP 2 0 PREMIUM ASSISTANCE FUND

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE HOSPITAL AND RECOGNIZE A TAX LIABILITY IF THE HOSPITAL HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE HOSPITAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2018 AND 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE HOSPITAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, AS OF THE DATE THE FINANCIAL STATEMENTS WERE ISSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN SUBSCRIBER SAVINGS CUMULATIVE ACCOUNT 441,687

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	OTHER RENTAL INCOME 6,025 OTHER EXPENSE NETTED WITH INCOME ON FINANCIAL STATEMENTS 11,716

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	OTHER RENTAL INCOME 6,025 OTHER EXPENSE NETTED WITH INCOME ON FINANCIAL STATEMENTS 11,716

**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.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No 1545-0047  
2018  
**Open to Public Inspection**

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

**1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

**1b** If "Yes," was it a written policy? . . . . .

**2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities  Applied uniformly to most hospital facilities

Generally tailored to individual hospital facilities

**3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

**a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

100%  150%  200%  Other \_\_\_\_\_ %

**b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

200%  250%  300%  350%  400%  Other \_\_\_\_\_ %

**c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

**4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

**5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

**b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

**c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

**6a** Did the organization prepare a community benefit report during the tax year?

**b** If "Yes," did the organization make it available to the public?

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	
<b>4</b>	Yes	
<b>5a</b>	Yes	
<b>5b</b>		No
<b>5c</b>		
<b>6a</b>	Yes	
<b>6b</b>	Yes	

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			421,115		421,115	0 330 %
<b>b</b> Medicaid (from Worksheet 3, column a)			22,971,036	14,773,279	8,197,757	6 480 %
<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			23,392,151	14,773,279	8,618,872	6 810 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			191,473	61,273	130,200	0 100 %
<b>f</b> Health professions education (from Worksheet 5)			170,718	45,275	125,443	0 100 %
<b>g</b> Subsidized health services (from Worksheet 6)			2,366,683	2,231,825	134,858	0 110 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			18,166		18,166	0 010 %
<b>j Total.</b> Other Benefits			2,747,040	2,338,373	408,667	0 320 %
<b>k Total.</b> Add lines 7d and 7j			26,139,191	17,111,652	9,027,539	7 130 %

**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			63		63	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			253,880		253,880	0 200 %
8 Workforce development			180		180	0 %
9 Other						
<b>10 Total</b>			254,123		254,123	0 200 %

**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?		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount		
			12,317,037
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		
			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	28,122,012
6	Enter Medicare allowable costs of care relating to payments on line 5	6	26,939,044
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	1,182,968
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 type="checkbox"/> Cost to charge ratio	<input checked="" 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** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

**1**

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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 checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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 KDHMADISON ORG/ABOUT-US/COMMUNITY-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 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>HTTPS //WWW KDHMADISON ORG/ABOUT-US/COMMUNITY-NEEDS-ASSESSMENT</u>	Yes	
<b>a</b>			
<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)**

KING'S DAUGHTERS' HEALTH

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>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input 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 checked="" 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 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 KDHMADISON ORG/PATIENTS_FINANCIAL ASPX</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW KDHMADISON ORG/PATIENTS_FINANCIAL ASPX</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 KDHMADISON ORG/PATIENTS_FINANCIAL ASPX</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 checked="" 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 checked="" type="checkbox"/> Other (describe in Section C)		

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

KING'S DAUGHTERS' HEALTH

**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 checked="" 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)**

KING'S DAUGHTERS' HEALTH

**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>		No



**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? 8

Name and address	Type of Facility (describe)
<b>1</b> 1 - REHABILITATION CENTER AND HOME CARE 2670 N MICHIGAN ROAD MADISON, IN 47250	OUTPATIENT REHABILITATION CENTER AND HOME CARE SERVICES
<b>2</b> 2 - CONVENIENT CARE CENTER 445 CLIFTY DRIVE MADISON, IN 47250	CONVENIENT CARE CENTER
<b>3</b> 3 - VERSAILLES MEDICAL OFFICE BLDG-TYSON ST 206 W TYSON STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
<b>4</b> 4 - TRIMBLE COUNTY MEDICAL OFFICE BLDG 10235 US HIGHWAY 421 MILTON, KY 40045	PHYSICIAN MEDICAL OFFICE
<b>5</b> 5 - CARROLLTON MEDICAL OFFICE BLDG 205 MARWILL DRIVE CARROLLTON, KY 41008	PHYSICIAN MEDICAL OFFICE
<b>6</b> 6 - SWITZERLAND CNTY MEDICAL OFFICE BLDG 1190 WEST MAIN STREET VEVAY, IN 47043	PHYSICIAN MEDICAL OFFICE
<b>7</b> 7 - HANOVER MEDICAL OFFICE BLDG 36 MEDICAL PLAZA HANOVER, IN 47243	PHYSICIAN MEDICAL OFFICE
<b>8</b> 8 - DOWNTOWN MEDICAL OFFICE BLDG 630 NORTH BROADWAY MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE AND HOSPITAL STAFF
<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	COMMUNITY BUILDING ACTIVITIES PROMOTED THE HEALTH OF THE COMMUNITY IN THE FOLLOWING WAYS - PROMOTING HEALTHCARE CAREERS TO POTENTIAL "FUTURE EMPLOYEES" THROUGH JOB FAIRS AND PARTICIPATING IN HANOVER COLLEGE'S HEALTH CAREERS SUMMER ACADEMY - ASSISTING COMMUNITY MEMBERS WITH MEDICAID PROGRAM ENROLLMENT VIA A FORMAL MEDICAID ENROLLMENT ASSISTANCE PROGRAM OFFERED BY THE HOSPITAL THIS PROGRAM HELPS COMMUNITY MEMBERS ENROLL TO RECEIVE ALL TYPES OF MEDICAID ASSISTANCE (FOOD, HEALTHCARE, ETC )

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 2	<p>IN 2018, THE HOSPITAL ADOPTED THE NEW REVENUE RECOGNITION ACCOUNTING STANDARD ISSUED BY FASB AND CODIFIED IN THE FASB ASC AS TOPIC 606 ("ASC 606") AS A RESULT OF ADOPTING ASC 606, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION FOR BAD DEBTS IN THE AUDITED FINANCIAL STATEMENTS (STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS) IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS (AS DEFINED BY ASC 606) AND THEREFORE INCLUDED AS A REDUCTION TO NET PATIENT SERVICE REVENUE IN 2018 UPON ADOPTION OF ASC 606, NET PATIENT SERVICE REVENUES ARE RECORDED AT THE TRANSACTION PRICE ESTIMATED BY THE HOSPITAL TO REFLECT THE TOTAL CONSIDERATION DUE FROM PATIENTS AND THIRD-PARTY PAYORS IN EXCHANGE FOR PROVIDING GOODS AND SERVICES IN PATIENT CARE THE TRANSACTION PRICE, WHICH INVOLVES SIGNIFICANT ESTIMATES, IS DETERMINED BASED ON THE HOSPITAL'S STANDARD CHARGES FOR THE GOODS AND SERVICES PROVIDED, WITH A REDUCTION RECORDED FOR PRICE CONCESSIONS RELATED TO THIRD-PARTY CONTRACTUAL ARRANGEMENTS AS WELL AS PATIENT DISCOUNTS AND OTHER PATIENT PRICE CONCESSIONS THE HOSPITAL DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE THE HOSPITAL DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS THE AMOUNT REPORTED ON LINE 2 IS "IMPLICIT PRICE CONCESSIONS" AS REFLECTED ON THE AUDITED, CONSOLIDATED TRIAL BALANCE FOR THE HOSPITAL</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3	THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE CANDIDATES MUST COOPERATE FULLY. IN ADDITION, THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON, THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES ALL 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 4	IN 2018, THE HOSPITAL ADOPTED THE NEW REVENUE RECOGNITION ACCOUNTING STANDARD ISSUED BY FASB AND CODIFIED IN THE FASB ASC AS TOPIC 606 ("ASC 606") AS A RESULT OF ADOPTING ASC 606, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION FOR BAD DEBTS IN THE AUDITED FINANCIAL STATEMENTS (STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS) IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS (AS DEFINED BY ASC 606) AND THEREFORE INCLUDED AS A REDUCTION TO NET PATIENT SERVICE REVENUE IN 2018 PLEASE REFER TO THE ATTACHED AUDITED FINANCIAL STATEMENTS - PAGES 8-9 "PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE" PAGES 12-14 "CHANGED IN ACCOUNTING PRINCIPLE" PAGES 29-32 "NET PATIENT SERVICE REVENUE"

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE COST REPORT WAS THE SOURCE OF INFORMATION REPORTED ON PART III LINE 6

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 30% DISCOUNT FROM GROSS CHARGES AT REGISTRATION, PATIENTS ARE NOTIFIED OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM THEY ARE OFFERED PAMPHLETS DETAILING THE PROGRAM IF THE PATIENT IS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AND IS APPROVED FOR FINANCIAL ASSISTANCE, THE PATIENT WILL RECEIVE A DISCOUNT OF 100% ON THE OUTSTANDING ACCOUNT BALANCE THE HOSPITAL WILL ATTEMPT TO COLLECT ANY BALANCE REMAINING ON THE UNINSURED ACCOUNT AFTER ALL FINANCIAL ASSISTANCE DISCOUNTS HAVE BEEN APPLIED USING A SERIES OF STATEMENTS, LETTERS, AND TELEPHONE CALLS THE HOSPITAL WILL ALSO OFFER PATIENTS INTEREST-FREE EXTENDED PAYMENT PLANS IF THE ACCOUNT REMAINS UNPAID, THE ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	THE HOSPITAL CONDUCTED A NEEDS ASSESSMENT IN 2016 WHOSE IMPLEMENTATION STRATEGY WAS ADOPTED IN APRIL 2017 - THE FOCUS OF THIS ASSESSMENT WAS ON THE HEALTH NEEDS THAT COULD BE ADDRESSED BY KDH AND CAN BE USED BY KDH IN PLANNING FUTURE SERVICES, APPLYING FOR GRANTS AND PLANNING OUTREACH EFFORTS - THE STUDY INCLUDED THE FOLLOWING COMPONENTS - ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW COMPARISONS WITH STATE AND NATIONAL DATA, - IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDH INCLUDING BOARD, STAFF AND MEDICAL STAFF, - IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 44 COMMUNITY LEADERS INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP POSITIONS IN ALL FIVE COUNTIES, - IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS, - IN-PERSON DISCUSSIONS WITH 19 SENIOR CITIZENS, - A WEB-BASED SURVEY WAS OPEN TO THE GENERAL PUBLIC WHICH RESULTED IN 184 COMPLETED INTERVIEWS - THIS ASSESSMENT ALLOWED ALL INDIVIDUALS TO PROVIDE RESPONSES ON ANY COMMUNITY NEEDS NOT LISTED IN THE QUESTIONS AND ALLOWED INDIVIDUALS TO MAKE COMMENTS ON COMMUNITY HEALTH ISSUES ON WHICH KDH COULD HAVE AN IMPACT - KEY HEALTH ISSUES EXPLORED WERE THE FOLLOWING - PHYSICAL ACTIVITY- OVERWEIGHT AND OBESITY- TOBACCO USE- SUBSTANCE ABUSE/GAMBLING/ADDICTIONS- RESPONSIBLE SEXUAL BEHAVIOR- MENTAL HEALTH- INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT)- ENVIRONMENTAL QUALITY- IMMUNIZATION- ACCESS TO HEALTH CARE FOR THE INSURED AND UNINSURED- MATERNAL AND CHILD HEALTH- INFECTIOUS DISEASE- OCCUPATIONAL AND SAFETY HEALTH- SPECIAL NEEDS/DISABLED/IMPAIRED- CHRONIC DISEASES RESULTS OF THE NEEDS ASSESSMENT HAVE BEEN MADE AVAILABLE THROUGH A VARIETY OF SOURCES NEWSPAPER AND RADIO RELEASES, DISTRIBUTION OF INFORMATION IN THE COMMUNITY NEWSLETTER, VITAL SIGNS, AND IS ALSO AVAILABLE ON OUR WEB SITE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	-AT THE TIME OF REGISTRATION, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS DISCUSSED WITH EACH PATIENT THE PATIENT IS OFFERED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS THE PATIENT MUST SIGN A FORM INDICATING THAT THEY RECEIVED THIS INFORMATION -THE HOSPITAL HAS A REPRESENTATIVE ON SITE TO ASSIST PATIENTS WITH THE FINANCIAL AID APPLICATION PROCESS -PATIENTS ARE REMINDED TO CONTACT CUSTOMER SERVICE REGARDING FINANCIAL AID AND FEDERAL/STATE ASSISTANCE DIRECTLY ON THE PATIENT BILL ITSELF -THE HOSPITAL'S WEBSITE HAS A LINK TO THE FINANCIAL AID APPLICATION

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	<p>KING'S DAUGHTER'S HEALTH PROVIDES HEALTH CARE SERVICES TO FIVE COUNTIES IN SOUTHERN INDIANA AND NORTHERN KENTUCKY THE 2016 KDH CHNA INCLUDED ITS PRIMARY SERVICE AREAS OF JEFFERSON AND SWITZERLAND COUNTIES IN INDIANA AND TRIMBLE COUNTY IN KENTUCKY THE ADDITIONAL TWO COUNTIES (RIPLEY IN INDIANA AND CARROLL IN KENTUCKY) HAVE MULTIPLE HEALTH CARE FACILITIES THAT CURRENTLY CONDUCT A CHNA TO AVOID DUPLICATION, THE THREE PRIMARY COUNTIES DESCRIBED WERE INCLUDED IN THE 2016 KDH CHNA A FEW DESCRIPTIVE DEMOGRAPHIC HIGHLIGHTS FOR THESE THREE COUNTIES INCLUDE JEFFERSON COUNTY, INDIANA TOTAL POPULATION 32,428, MEDIAN AGE 40 9 (ABOVE STATE AVERAGE OF 37 0) RACIAL/ETHNIC COMPOSITION 95 4% CAUCASIAN PERCENT POVERTY 16 2% (ABOVE THE STATE AVERAGE OF 15 2%) PERCENT UNINSURED 14% ADULTS UNDER 65 HAVE NO INSURANCE (13 8% STATE AVERAGE) UNEMPLOYMENT RATE 6 0% (SAME AS STATE AVERAGE) EDUCATION LEVEL 15% OF ADULTS 25+ HAVE LESS THAN A HIGH SCHOOL DIPLOMA (STATE AVERAGE 12%)SWITZERLAND COUNTY, INDIANA TOTAL POPULATION 10,613 RACIAL/ETHNIC COMPOSITION 97 7% CAUCASIAN PERCENT POVERTY 28% PERCENT UNINSURED 15 7% ADULTS UNDER 65 HAVE NO INSURANCE UNEMPLOYMENT RATE 4 9% EDUCATION LEVEL 18% OF ADULTS 25+ HAVE LESS THAN A HIGH SCHOOL DIPLOMATRIMBLE COUNTY, KENTUCKY TOTAL POPULATION 8,769 RACIAL/ETHNIC COMPOSITION 94% CAUCASIAN PERCENT POVERTY 17 4% (BELOW STATE AVERAGE OF 18 9%) PERCENT UNINSURED 9 6% ADULTS UNDER 65 HAVE NO INSURANCE (9 8% STATE AVERAGE) UNEMPLOYMENT RATE 7 2% (ABOVE THE STATE AVERAGE OF 6 5%) EDUCATION LEVEL 15 8% OF ADULTS 25+ HAVE LESS THAN A HIGH SCHOOL DIPLOMA (SAME STATE AVERAGE)</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>THE MAJORITY OF KING'S DAUGHTERS' HEALTH BOARD OF MANAGERS IS COMPRISED OF INDIVIDUALS WHO LIVE AND WORK IN THE HOSPITAL SERVICES AREA THE MAJORITY OF THESE INDIVIDUALS ARE NEITHE R EMPLOYEES, NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS THE ORGANIZATION ALSO APPLIES A PORTION OF SURPLUS FUNDS TO IMPRO VEMENTS IN PATIENT CARE HISTORICALLY, KDH HAS EMPLOYED A FULL TIME COMMUNITY WELLNESS COO RDINATOR THIS POSITION PROVIDES OUTREACH SERVICES IN AREAS OF NEED TO THE COMMUNITIES WE SERVE IN ADDITION TO THESE SERVICES, KDH ALSO SERVES AS THE FISCAL AGENT FOR SEVERAL STAT E AND FEDERAL GRANTS ALL OF THESE SERVICES HELP US MEET THE IDENTIFIED NEEDS OF THE COMMU NITIES WE SERVE PARTICIPATION IN THE BELOW COMMUNITY ORGANIZATIONS IS PART OF THE HOSPITAL 'S INDIANA STATE DEPARTMENT OF HEALTH COMMUNITY BENEFIT PLAN AND GOALS 2018 KING'S DAUGHTER S' HEALTH OVERVIEW OF COMMUNITY BENEFIT ACTIVITIES1 HEALTH SCREENS/HEALTH FAIRS A CORP ORATE HEALTH SCREENS / FAIRS GROTE INDUSTRIES EMPLOYEE HEALTH FAIR IKE EMPLOYEE HEALTH FA IR IVY TECH HEALTH FAIR B COMMUNITY HEALTH SCREENS / FAIRS REMC HEALTH FAIR FOR RIPLEY A ND DEARBORN COUNTIES IN IN THORNTON TERRACE HEALTH FAIR IN JEFFERSON CO TRIMBLE CO KY H IGH SCHOOL HEALTH FAIR SWISS VILLA HEALTH FAIR IN SWITZERLAND CO IN C CORPORATE FLU SH OTS LAW FIRM 12 EMPLOYEES D 4-H FAIR PARTICIPATION RIPLEY COUNTY, IN JEFFERSON COUNTY, IN TRIMBLE COUNTY, KY E FREE TAKE-HOME COLOR CANCER SCREENING KITS 71 KITS DISTRIBUTED T HROUGH THE KDH LABORATORY2 COMMUNITY EDUCATION OPPORTUNITIES/CLASSES/SPECIAL EVENTS A W ELLNESS DEPARTMENT 15 SPEAKING ENGAGEMENTS B FIT KIDS PROGRAM (7 WEEK PROGRAM FOR AREA 5T H GRADE CLASSROOMS) 5 SCHOOL SYSTEMS / 18 CLASSROOMS / 448 KIDS + TEACHERS C TOBACCO CESS ATION &amp; EDUCATION KING'S DAUGHTERS' HEALTH EMPLOY A FULL TIME STATE GRANT FUNDED TOBACCO COORDINATOR WE HAVE SERVED AS THE FISCAL AGENT FOR THESE FUNDS SINCE 2009 FROM TPCC, TOB ACCO PREVENTION AND CESSATION COMMISSION CESSATION RESOURCES GIVEN TO 30 INDIVIDUALS IN 2 018 KDH DOCUMENTED 181 ELECTRONIC PATIENT REFERRALS TO THE IN QUITLINE TOBACCO COORDINAT OR COMPLETED 16 SPEAKING ENGAGEMENTS HELD 1 COMMUNITY CONVERSATION EVENT HELD 2 CIGARETT E BUTT CLEAN UP EVENTS PARTICIPATED IN YOUTH TOBACCO SURVEY AT SWITZERLAND CO HIGH SCHOO L PARTICIPATED IN STARS TOBACCO RETAIL SURVEY IN JEFFERSON CO D CPR AND FIRST AID CLASS ES COMMUNITY CLASSES - 492 TOTAL GRADUATES BLS, PALS, ACLS, AND PEARS CLASSES HELD FOR K DH EMPLOYEES AND AREA HEALTH CARE PROFESSIONALS 708 TOTAL PEOPLE TRAINED E STRIVE FOR 5 PROGRAM COMMUNITY 5-WEEK WEIGHT LOSS EDUCATION PROGRAM TWO CLASSES HELD IN 2018, 19 PART ICIPANTS F PRENATAL EDUCATION OB PREP PROGRAM 381 EXPECTING MOTHERS SERVED G GIRLS ON THE RUN FALL SEASON 93 GIRLS / 8 SITES / 25 TRAINED COACHES / 10 WEEK PROGRAM FALL 5K 23 8 PARTICIPANTS AND 50 VOLUNTEERS H HOUSE OF HEALTH MONTHLY HEALTH EDUCATION OPPORTUNITY PROVIDED AT THE HOUSE OF HOPE FOOD PANTRY APPROXIMATELY 25-70 PEOPLE ATTEND EACH MONTH I LET'S TALK LADIES WOMEN'S HEALTH EVENT 42 WOMEN IN ATTENDANCE 17 KDH STAFF OFFERED HEA LTH INFORMATION AND FREE HEALTH SCREENS J MAN UP, MEN'S HEALTH EVENT 65 MEN IN ATTENDAN CE 19 KDH STAFF OFFERED HEALTH INFORMATION AND FREE HEALTH SCREENS K MONTHLY "TO YOUR H EALTH" RADIO SHOW 30-MINUTE HEALTH EDUCATION PROGRAM WITH VARIOUS TOPICS OFFERED EACH MON TH L WOMEN'S SAFETY &amp; SELF-DEFENSE WORKSHOPS FREE COMMUNITY WORKSHOP OFFERED TO COMMUNI TY 12 PARTICIPANTS M KDH RUN THE FALLS 5K WALK/RUN 222 PEOPLE PARTICIPATED N CANCER S UPPORT ACTIVITES WOMEN AND CANCER SUPPORT GROUP PARTICIPATION IN JEFFERSON CO IN AND TRI MBLE CO KY RELAY FOR LIFE EVENTS CANCER SURVIVOR'S DINNER HELD WITH 125 PARTICIPANTS3 E MPLOYEE HEALTH OPPORTUNITIES FOR KDH STAFF WELLNESS NEWSLETTERS (ON-LINE AND PAPER VERSIO NS AVAILABLE) WELLNESS COLUMN IN THE MONTHLY MONITOR NEWSLETTER MONTHLY PADLET WELLNESS NE WSLETTER CREATED AND SENT TO ALL STAFF FREE LIPID BLOOD TEST OFFERED FOR ALL STAFF WITH IN SURANCE PREMIUM REDUCTION OPPORTUNITY SEATED CHAIR MASSAGE SESSIONS, PART OF HOLIDAY STRES S LESS CAMPAIGN 2018 GOAL SHEETS WITH INCENTIVE OFFERED 3 WELLNESS CHALLENGES 47250 INCEN TIVE CHALLENGE PARTICIPATION IN COMMUNITY-WIDE PHYSICAL ACTIVITY CHALLENGE PARTICIPATION I N COMMUNITY-WIDE WEIGHT LOSS CONTEST 4 COMMUNITY SERVICE ACTIVITIES A ACTIVE ATTENDANCE AND PARTICIPATION IN JC-JTP JEFFERSON COUNTY JUSTICE TREATMENT PREVENTION COALITION SCAN SWITZERLAND COUNTY AWARENESS NETWORK MADISON CONSOLIDATED SCHOOLS WELLNESS COMMITTEE MASH ER (AREA CORPORATE SAFETY GROUP) OVO HEAD START POLICY COUNCIL PURDUE EXTENSION HEALTH AND HUMAN SERVICES BOARD PERINATAL COMMUNITY TASK FORCE PARTICIPATION IN INDIANA HEALTH ROADS HOW PROVIDED SPEAKERS AND SPONSORSHIP B EMS STAND-BY AT ALL COMMUNITY ACTIVITIES EMS P PROVIDES STAND-BY COVERAGE AT ALL JEFFERSON COUNTY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ACTIVITIES C ATHLETIC TRAINING/REHAB SERVICES PROVIDED FOR THREE JEFFERSON COUNTY SCHOOL S D SUPPORT TO VARIOUS AREA SCHOOLS WITH INTERNSHIPS SUPPORT MANY LOCAL AND AREA HIGH S CHOOOLS AND COLLEGES WITH INTERNSHIPS AND JOB SHADOW EXPERIENCES INCLUDES NURSING AND MEDI CAL STUDENTS AMONG OTHERS 5 HEALTHY COMMUNITIES INITIATIVE (HCI) EFFORTS LED BY KING'S D AUGHTERS' HEALTH, PART-TIME COORDINATOR FUNDED BY KDH FOUNDATION THREE TEAMS, COMPRISED OF HOSPITAL STAFF AND COMMUNITY REPRESENTATIVES MENTAL HEALTH/ZERO SUICIDE SUBSTANCE ABUSE HEALTHY LIFESTYLES (INCLUDES TOBACCO COALITION) 2018 HCI ACCOMPLISHMENTS GENERAL - HOSTE D COMMUNITY POVERTY SIMULATION 52 PARTICIPANTS - PROVIDED HCI INFORMATION AT 12 COMMUNITY MEETINGS SUBSTANCE ABUSE TEAM - SUB-COMMITTEE ACTIVE FOR MENTOR FOR MOMS PROGRAM - SUB-C OMMITTEE ACTIVE FOR ROAD TO RECOVERY PROGRAM AND VOLUNTEER TRAINING HELD - HOSTED PRESENT ATION ON THE IMPACT OF TRAUMA/SUBSTANCE ABUSE - HELD TWO COMMUNITY-WIDE SESSIONS ON HUMAN TRAFFICKING MENTAL HEALTH/ZERO SUICIDE TEAM - FORMAL ZERO SUICIDE INITIATIVE CORE TEAM F ORMED \$40,000 GRANT AWARDED FROM THE MADISON JEFFERSON COUNTY COMMUNITY FOUNDATION FOR TH IS INITIATIVE - HOSTED AND/OR ATTENDED A VARIETY OF SUICIDE TRAININGS ACCESSING AND MANA GING SUICIDE RISK INDIANA STATE SUICIDE PREVENTION CONFERENCE MENTAL HEALTH FIRST AID SAFE TALK SUICIDE PREVENTION QPR QUESTION, PERSUADE, REFER - HOSTED 40 DAY KINDNESS CHALLENGE INCLUDED HOSTING SCHOOL BASED AND COMMUNITY SPEAKER, AUTHOR OF A CASE FOR KINDNESS BOOK - HOSTED KEVIN HINES PRESENTATION ON HOPE/SUICIDE - HELD A COMMUNITY PRAYER SERVICE FOR WO RLD SUICIDE DAY HEALTHY LIFESTYLES TEAM - HELD 12 MONTHLY MEETINGS IN 2018 - CREATED AN D UPDATES HEALTHY LIFESTYLE RESOURCE GUIDE - HELD LIGHTEN UP JEFFERSON COUNTY WEIGHT LOSS CONTEST RECORDED A TOTAL OF 391 POUNDS LOST HOSTED OUR FREE NUTRITION WORKSHOPS IN CONJ UNCTION WITH THE CONTEST - HOSTED COMMUNITY PEP WALK EVENT - OFFERED SUMMER COMMUNITY-WI DE HEALTHY LIFESTYLES CHALLENGE WITH 150 PARTICIPANTS - HELD HEALTHY YOUTH TAILGATE PARTY WITH OVER 400 PARTICIPANTS, 20 BOOTHS, AND 50 VOLUNTEERS - HELD A QUIT COLD-TURKEY TOBAC CO CESSATION EVENT</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	NA

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IN

**Additional Data****Software ID:****Software Version:****EIN:** 35-0895832**Name:** THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA 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	KING'S DAUGHTERS' HEALTH 1373 EAST STATE ROAD 62 PO BOX 447 MADISON, IN 47250 WWW KDHMADISON ORG 18-005063-1	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
KING'S DAUGHTERS' HEALTH	PART V, SECTION B, LINE 3J THE NEEDS ASSESSMENT PERFORMED BY THE HOSPITAL ALSO EXPLORED KEY ISSUES SUCH AS PHYSICAL ACTIVITY, OVERWEIGHT AND OBESITY, TOBACCO USE, SUBSTANCE ABUSE/GAMBLING/ADDICTIONS, RESPONSIBLE SEXUAL BEHAVIOR, MENTAL HEALTH, INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT), ENVIRONMENTAL QUALITY, IMMUNIZATION, ACCESS TO HEALTH CARE FOR THE INSURED AND UNINSURED, MATERNAL AND CHILD HEALTH, INFECTIOUS DISEASE, OCCUPATIONAL AND SAFETY HEALTH, SPECIAL NEEDS/DISABLED/IMPAIRED, AND CHRONIC DISEASE

**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
KING'S DAUGHTERS' HEALTH	PART V, SECTION B, LINE 5 THE FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS IN THE COMMUNITY BY UTILIZING THE FOLLOWING COMPONENTS - ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW COMPARISONS WITH STATE AND NATIONAL DATA,- IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDH INCLUDING BOARD, STAFF AND MEDICAL STAFF,- IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 44 COMMUNITY LEADERS INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP POSITIONS IN ALL FIVE COUNTIES,- IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS,- IN-PERSON DISCUSSIONS WITH 19 SENIOR CITIZENS,- A WEB-BASED SURVEY OPEN TO THE GENERAL PUBLIC WHICH RESULTED IN 184 COMPLETED INTERVIEWS THIS ASSESSMENT ALLOWED ALL INDIVIDUALS TO PROVIDE RESPONSES ON ANY COMMUNITY NEEDS NOT LISTED IN THE QUESTIONS AND ALLOWED INDIVIDUALS TO MAKE COMMENTS ON COMMUNITY HEALTH ISSUES ON WHICH KDH C

**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
KING'S DAUGHTERS' HEALTH	PART V, SECTION B, LINE 7D RESULTS OF THE NEEDS ASSESSMENT HAVE BEEN MADE AVAILABLE THROUGH A VARIETY OF SOURCES NEWSPAPER AND RADIO RELEASES, DISTRIBUTION OF INFORMATION IN THE COMMUNITY NEWSLETTER, THE VITAL SIGNS, THROUGH PUBLIC HEALTH FORUMS IT IS ALSO AVAILABLE ON OUR WEBSITE @ WWW KDHMADISON ORG/ABOUT-US/COMMUNITY-NEEDS-ASSESSMENT

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

Form and Line Reference	Explanation
KING'S DAUGHTERS' HEALTH	<p>PART V, SECTION B, LINE 11 AFTER REVIEW OF THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2017, A SMALL COMMITTEE OF INTERESTED INDIVIDUALS WAS INVITED TO PARTICIPATE IN MEETINGS TO DETERMINE WAYS WE CAN WORK TOGETHER TO BETTER MEET THE NEEDS OF THE COMMUNITIES WE SERVE THIS SMALL GROUP INCLUDED PARTICIPATION FROM THE JEFFERSON COUNTY HEALTH DEPARTMENT, OUR STATE GRANT FOR TOBACCO PREVENTION AND OUR KDH COMMUNITY RELATIONS PARTICIPANTS AMONG THIS GROUP WAS INPUT FROM OTHER PARTIES, AND AN INTERESTED VOLUNTEER MEDICAL STUDENT THE NEEDS ASSESSMENT FINDINGS, AND THE IMPLEMENTATION STRATEGY, WERE SHARED WITH THE BOARD OF MANAGERS AND ALL ACTION PLAN ITEMS WILL BE INCORPORATED INTO THE WORKING STRATEGIC PLAN FOR THE ORGANIZATION KDH GAPS THERE DOES NOT APPEAR TO BE LARGE GAPS IN THE TOPICS OR TYPES OF COMMUNITY OUTREACH PROGRAMS THAT KDH HAS CONDUCTED IN THE PAST HOWEVER, THERE MAY BE GAPS DUE TO FUNDING LEVELS OR STAFFING LEVELS IN THE NUMBER OF PROGRAMS AND THE GEOGRAPHIC REACH OF THE PROGRAMS THAT HAVE BEEN OFFERED KDH WILL USE THE LIST OF MAJOR HEALTH ISSUES IN WHICH KDH IS EXPECTED TO HAVE A LEADERSHIP AND SUPPORTING ROLE AS WELL AS THE LIST OF SPECIFIC TOPICS SUGGESTED TO DEVELOP PROGRAMS AND APPLY FOR GRANTS TO IMPROVE HEALTH IN THE COMMUNITIES IT SERVES IMPLEMENTATION STRATEGY 2017-2019 SAFE DRUG DROP OFF PROGRAM KING'S DAUGHTERS' HEALTH WILL SUPPORT THE JEFFERSON COUNTY HEALTH DEPARTMENT WITH MULTIPLE DRUG DROP OFF EVENTS EACH YEAR MANY OF THESE EVENTS WILL BE HOSTED ON THE KDH CAMPUS KDH WILL ADVERTISE ALL DROP OFF EVENTS TO MEDICAL PROVIDERS, INTERNALLY TO STAFF, AND THROUGH SOCIAL MEDIA EFFORTS GOALS TO PROVIDE A SAFE ALTERNATIVE TO DISPOSING OF UNWANTED PRESCRIPTION MEDICATIONS MEDICATIONS ARE INCINERATED BY LAW ENFORCEMENT AFTER COLLECTION EVALUATE THE HEALTH DEPARTMENT WILL EVALUATE THE NUMBER OF SPECIAL DROP OFF EVENTS EACH CALENDAR YEAR THE NUMBER OF INDIVIDUALS DROPPING OFF DRUGS/MEDICINE WILL BE TRACKED AS WELL AS THE TOTAL POUNDS OF DRUGS COLLECTED KDH WILL PROMOTE THE DRUG DROP OFF PROGRAM BY OFFERING A MINIMUM OF THREE DIFFERENT PROMOTIONAL METHODS FOR EACH SPECIAL EVENT YEAR 2 - 2018 UPDATE - NUMBER OF DRUG DROP OFF EVENTS IN 2018 4 (ALL EVENTS WERE HELD AT THE KDH CAMPUS)- NUMBER OF INDIVIDUALS DROPPING OFF DRUGS/MEDICINE 93- TOTAL POUNDS OF DRUGS COLLECTED 211 LBS - TOTAL POUNDS OF SYRINGES COLLECTED 59.5 LBS - SIMILAR PROMOTION METHODS FOR ALL DRUG DROP OFF EVENTS OCCURRED IN 2018 IN ADDITION, FLIERS WERE DISTRIBUTED BY THE LOCAL HEALTH DEPARTMENT IN 2018 A TOTAL OF 10 DIFFERENT DOCUMENTED METHODS OF PROMOTION WERE RECORDED FROM PARTICIPANTS WHO WERE ASKED HOW THEY HEARD ABOUT THE DRUG DROP OFF EVENTS OVERWEIGHT AND OBESITY AND LACK OF PHYSICAL ACTIVITY FIT KIDS DESCRIPTION FIT KIDS IS A CURRICULUM-BASED HEALTH EDUCATION PROGRAM OFFERED IN THE SCHOOL CLASSROOM SETTING KDH STAFF VISIT 5TH GRADE SCHOOL CLASSROOMS FOR 7 WEEKS OFFERING LESSONS TARGETING THE SUBJECT OF CHILDHOOD OBESITY AGE-APPROPRI</p>

**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
KING'S DAUGHTERS' HEALTH	<p>ATE EDUCATION AND WEEKLY TAKE-HOME CHALLENGES TO INVOLVE FAMILIES ARE OFFERED EACH LESSON ALL HEALTH LESSONS FOCUS ON A SPECIFIC AREA OF NUTRITION AND PHYSICAL ACTIVITY GOALS TO EXTEND THE FIT KIDS PROGRAM TO BOTH SWITZERLAND COUNTY, IN AND TRIMBLE COUNTY, KY ELEMENTARY SCHOOLS IN ADDITION, THE PROGRAM WILL CONTINUE TO BE OFFERED TO ALL JEFFERSON COUNTY ELEMENTARY SCHOOLS ANTICIPATED OUTCOMES IMPROVED HEART HEALTH KNOWLEDGE, INCREASE PHYSICAL ACTIVITY FOR CHILDREN, AND IMPROVED NUTRITION CHOICES SUCH AS, INCREASE WATER INTAKE, DECREASE HIGH SUGARY BEVERAGES, INCREASE IN FRUIT AND VEGETABLE CONSUMPTION, CONTROLLED PORTION SIZES, AND INCREASE PERCENTAGE OF CHILDREN WHO CONSUME BREAKFAST EACH DAY PLAN TO EVALUATE PRE/POST SURVEYS, WEEKLY TAKE HOME CHALLENGE PARTICIPATION METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE A NEW PRE/POST SURVEY WILL BE DEVELOPED AND IMPLEMENTED FOR ALL PARTICIPATING STUDENTS INSTRUCTORS WILL TRACK PERCENT OF STUDENTS WHO COMPLETE WEEKLY TAKE-HOME CHALLENGES YEAR 2 - 2018 UPDATE - THE PROGRAM WAS OFFERED AT THREE SCHOOL SYSTEMS IN JEFFERSON COUNTY - ONE OF THE TWO ELEMENTARY SCHOOLS IN SWITZERLAND COUNTY WERE ADDED THIS INCLUDED THREE NEW 5TH GRADE CLASSROOMS - A TOTAL OF 18 CLASSROOMS WERE REACHED THIS INCLUDED 382 STUDENTS AND 18 TEACHERS - NEW VISUAL AIDS WERE ADDED IN 2018 - A NEW HOSPITAL FOUNDATION FUNDRAISER WAS ADDED IN 2018 PROCEEDS FROM THIS EVENT WERE DESIGNATED TO THE FIT KIDS PROGRAM THIS FUNDING WILL HELP COVER STIPEND PAY FOR ADDITIONAL FIT KIDS INSTRUCTORS TO ASSIST THE WELLNESS COORDINATOR AND A HEALTHY SNACK AND GIFT FOR ALL 5TH GRADE STUDENTS THESE ITEMS ARE GIVEN IN THE FINAL WEEK'S REVIEW LESSON HEALTHY LIFESTYLES TEAM, COMMUNITY-WIDE WELLNESS CHALLENGES DESCRIPTION THE NEWLY FORMED HEALTHY LIFESTYLES TEAM WILL CREATE AND IMPLEMENT A MINIMUM OF ONE COMMUNITY-WIDE WELLNESS CHALLENGE EACH CALENDAR YEAR THESE CHALLENGES WILL BE INCENTIVE-BASED AND OPEN TO ALL COUNTY RESIDENTS GOALS CREATE CREATIVE CHALLENGES THAT WILL MOTIVATE PARTICIPANTS TO IMPROVE THEIR HEALTH THE TEAM WILL WORK TO GET AS MANY LOCAL RESIDENTS INVOLVED BY TARGETING PROMOTION AND SIGNUPS TO INDUSTRIES/BUSINESSES, SCHOOLS, CHURCHES, AND CIVIC GROUPS ANTICIPATED OUTCOMES INCREASE PHYSICAL ACTIVITY, IMPROVE NUTRITIONAL HABITS, AND IMPROVE MISC HEALTHY LIFESTYLE CHOICES LIKE STRESS MANAGEMENT AND QUALITY/QUANTITY OF SLEEP THE ULTIMATE OUTCOME IS TO LOWER THE RATE OF OVERWEIGHT AND OBESE RESIDENTS IN THE COMMUNITY PLAN TO EVALUATE THE HEALTHY LIFESTYLES TEAM, UNDER THE LEADERSHIP OF THE HCI COORDINATOR AND WELLNESS COORDINATOR WILL EVALUATE PARTICIPATION LEVELS AND ANY BIOMETRIC MEASUREMENTS THAT CAN BE CAPTURED PARTICIPATION SURVEYS WILL BE OFFERED WHEN POSSIBLE METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE NUMBER OF CHALLENGES EACH CALENDAR YEAR WILL BE DOCUMENTED ALONG WITH NUMBER OF INDIVIDUALS PARTICIPATING AND PERCENT OF PEOPLE WHO COMPLETE/FINISH THE CHALLENGE CHALLENGE TRACKING TOOLS</p>

**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
KING'S DAUGHTERS' HEALTH	<p>WILL BE MEASURED, DEPENDING ON THE THEME/FOCUS OF THE CHALLENGE, EXAMPLE- CALCULATING TOT AL STEPS, EXERCISE MINUTES, CHANGE IN BMI, SERVINGS OF FRUITS/VEGETABLES, ETC YEAR 2 - 20 18 UPDATE - HEALTHY LIFESTYLES TEAM MET 12 TIMES IN 2018 THE TEAM HAS 59 MEMBERS - FREQUE NT UPDATES ARE MADE FOR THE HEALTHY LIFESTYLES RESOURCE GUIDE THIS JEFFERSON COUNTY GUIDE IS AVAILABLE ON-LINE AND IN PRINT - A 2018 LIGHTEN UP JEFFERSON COUNTY COMMUNITY WEIGHT L OSS CHALLENGE WAS HELD 126 ADULTS PARTICIPATED WITH A RECORDED 391 LB TOTAL WEIGHT LOSS - A SUMMER HEALTHY LIFESTYLES CHALLENGE WAS HELD AGAIN IN 2018 - SUMMER COMMUNITY PEP WALK WAS HELD - A FALL 2018 HEALTHY YOUTH TAILGATE EVENT WAS HELD WITH 400 IN ATTENDANCE, 20 H EALTH EDUCATION BOOTHS, AND 50 VOLUNTEERS STRIVE FOR 5 WEIGHT LOSS EDUCATION CLASS DESCR IPTION THIS 5-WEEK CLASS SERIES TEACHES BASIC WEIGHT LOSS CONCEPTS AND FOCUSES ON DIFFEREN T ASPECTS OF HEALTHY NUTRITION AND EXERCISE EACH WEEK CLASS PARTICIPANTS WEIGH DURING THE FIRST AND LAST CLASS THE ONE-TIME CLASS FEE OF \$5 IS REFUNDED TO ANYONE WHO LOSES AT LEA ST 5 POUNDS OF THEIR BODY WEIGHT GOALS OFFER A MINIMUM OF THREE 5-WEEK CLASS SERIES EACH CALENDAR YEAR, WITH A MINIMUM OF 30 PARTICIPANTS ACHIEVE A 50% RATE EACH CLASS SERIES FO R PARTICIPANTS WHO LOSE THE MINIMUM OF 5 POUNDS OF BODY WEIGHT DURING THE 5 WEEK CLASS SER IES ANTICIPATED OUTCOMES IMPROVE NUTRITIONAL HABITS AND INCREASE PHYSICAL ACTIVITY FOR A LL CLASS PARTICIPANTS MOTIVATE, EDUCATE, AND ASSIST CLASS PARTICIPANTS TO REDUCE BMI PLA N TO EVALUATE STRIVE FOR 5 INSTRUCTOR CALCULATIONS METRICS USED TO EVALUATE THE PROGRAM/ ACTIVITY/INITIATIVE TRACK NUMBER OF CLASS SERIES OFFERED, NUMBER OF PARTICIPANTS, AND ATT ENDANCE OFFER PRE AND POST BODY WEIGHT CHECKS AND MEASURE ANY WEIGHT CHANGE YEAR 2 - 201 8 UPDATE - TWO 5-WEEK CLASS SERIES WAS HELD IN 2018 WITH 19 TOTAL PARTICIPANTS - 9 TOTAL P ARTICIPANTS 75% OF PARTICIPANTS COMPLETED THE 5 WEEK PROGRAM - THESE CLASSES LOST A TOTAL OF 56 6 LBS AND 85% OF PARTICIPANTS LOST WEIGHT 35% OF PARTICIPANTS WHO COMPLETED THE C LASS LOST THE SUGGESTED 5+ LBS DURING THE CLASS TOBACCO USE DESCRIPTION TOBACCO PREVENT ION AND CESSATION COORDINATOR, EMPLOYED FULL TIME AT KDH, WILL PROVIDE EDUCATIONAL LITERAT URE AND RESOURCES REGARDING THE HEALTH AND FINANCIAL EFFECTS OF SMOKING DURING PREGNANCY T HROUGH WIC AND KDH OB/GYN PROVIDERS THE COORDINATOR WILL MEET WITH WOMEN FACE TO FACE AS NECESSARY TO PROVIDE COUNSELING AND ADDITIONAL RESOURCES GOALS DECREASE SMOKING RATE AMO NG PREGNANT WOMEN ANTICIPATED OUTCOMES THE MAIN ANTICIPATED OUTCOME IS A DECREASED SMOKI NG RATE AMONG PREGNANT WOMEN, WHICH WOULD ALSO LEAD TO DECREASED PRE-TERM BIRTHS, LOW BIRT H WEIGHT AND BIRTH DEFECTS DUE TO SMOKING</p>

**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
KING'S DAUGHTERS' HEALTH	PART V, SECTION B, LINE 16J AT THE TIME OF REGISTRATION, THE PATIENT IS OFFERED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS THE PATIENT MUST SIGN A FORM INDICATING THAT HE/SHE RECEIVED THIS INFORMATION THE HOSPITAL ALSO HAS A REPRESENTATIVE ON SITE TO ASSIST PATIENTS WITH THE FINANCIAL AID APPLICATION PROCESS PATIENTS ARE REMINDED TO CONTACT CUSTOMER SERVICE REGARDING FINANCIAL AID AND FEDERAL/STATE ASSISTANCE DIRECTLY ON THE PATIENT BILL ITSELF THE HOSPITAL'S WEBSITE HAS A LINK TO THE FINANCIAL AID APPLICATION IN ADDITION TO THE ACTIONS PREVIOUSLY LISTED, A FINANCIAL AID COUNSELOR WILL ATTEMPT TO MEET (DURING NORMAL BUSINESS HOURS) WITH ANY UNINSURED INPATIENT PRIOR TO DISCHARGE TO DISCUSS THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY

**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
KING'S DAUGHTERS' HEALTH	PART V, SECTION B, LINE 20E AT THE TIME OF REGISTRATION, THE PATIENT IS OFFERED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS THE PATIENT MUST SIGN A FORM INDICATING THAT HE/SHE RECEIVED THIS INFORMATION THE HOSPITAL ALSO HAS A REPRESENTATIVE ON SITE TO ASSIST PATIENTS WITH THE FINANCIAL AID APPLICATION PROCESS PATIENTS ARE REMINDED TO CONTACT CUSTOMER SERVICE REGARDING FINANCIAL AID AND FEDERAL/STATE ASSISTANCE DIRECTLY ON THE PATIENT BILL ITSELF THE HOSPITAL'S WEBSITE HAS A LINK TO THE FINANCIAL AID APPLICATION IN ADDITION TO THE ACTIONS PREVIOUSLY LISTED, A FINANCIAL AID COUNSELOR WILL ATTEMPT TO MEET (DURING NORMAL BUSINESS HOURS) WITH ANY UNINSURED INPATIENT PRIOR TO DISCHARGE TO DISCUSS THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY

**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
PART V, SECTION B, LINE 11 CONTINUED	<p>PLAN TO EVALUATE WIC AND OB/GYN PROVIDER TRACKING, INDIANA STATE DEPARTMENT OF HEALTH/CDC STATISTICS AND REPORTS METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE NUMBER OF PREGNANT WOMEN WHO RECEIVE EDUCATIONAL MATERIALS, RESOURCES, COUNSELING, ETC YEAR 2 - 2018 UPDATE - NUMBER OF OB/GYN PATIENTS REFERRED TO THE TOBACCO QUITLINE 32 - EDUCATION/CE SSATION LITERATURE CONTINUES TO BE PROVIDED TO EACH OB PATIENT - 2018 JEFFERSON COUNTY SMO KING WHILE PREGNANT RATE DECREASED TO 28 2% (WAS 31 3% IN 2016 AND 30 4% IN 2017) INDIANA TOBACCO QUITLINE DESCRIPTION KDH TOBACCO PREVENTION AND CESSATION COORDINATOR WILL PROMOT E THE INDIANA TOBACCO QUITLINE IN ORDER TO INCREASE THE NUMBER OF PEOPLE WHO UTILIZE OR AR E REFERRED TO THE QUITLINE VIA THEIR MEDICAL PROVIDER OR EMPLOYER THE QUITLINE IS A FREE RESOURCE FOR ALL IN RESIDENTS THAT CONNECTS THEM WITH A CESSATION COUNSELOR AND PROVIDES F REE NICOTINE REPLACEMENT PRODUCTS FOR THOSE ENROLLED IN MEDICARE, MEDICAID, OR ARE UNINSUR ED GOALS DECREASE SMOKING RATE AMONG ADULTS ANTICIPATED OUTCOMES THE MAIN ANTICIPATED OUTCOME IS A DECREASED SMOKING RATE AMONG ADULTS, WHICH WOULD ALSO LEAD TO A DECREASED INC IDENCE OF CHRONIC DISEASE AND ILLNESS DUE TO SMOKING PLAN TO EVALUATE TOBACCO PREVENTION AND CESSATION TRACKING AND REPORTS METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIAT IVE NUMBER OF QUITLINE CALLS, NUMBER OF QUITLINE REFERRALS, NUMBER OF PATIENTS WHO ACCEPT QUITLINE SERVICES, DATA REGARDING HOW PATIENTS ARE HEARING ABOUT THE QUITLINE YEAR 2 - 2 018 UPDATE - NUMBER OF 2018 QUITLINE REFERRALS 181 - NUMBER OF ACCEPTED SERVICES 32 (DOES NOT INCLUDE NOV/DEC DUE TO ERROR IN REPORT)- NUMBER OF DECLINED SERVICES 51 (DOES NOT IN CLUDE NOV/DEC DUE TO ERROR IN REPORT)YOUTH OUTREACH THROUGH SCHOOLS AND YOUTH ORGANIZATION S DESCRIPTION KDH TOBACCO PREVENTION AND CESSATION COORDINATOR WILL HOLD PRESENTATIONS AN D ORGANIZE ACTIVITIES AT SCHOOLS AND YOUTH ORGANIZATIONS REGARDING HEALTH EFFECTS OF TOBAC CO USE, AND THE MARKETING TACTICS OF BIG TOBACCO AND E-CIGARETTES GOALS DECREASE CURRENT YOUTH SMOKING RATES AND DISCOURAGE YOUTH FROM SMOKING EDUCATE YOUTH ABOUT MARKETING TACT ICS OF BIG TOBACCO USED TO TARGET YOUNG PEOPLE ANTICIPATED OUTCOMES THE MAIN ANTICIPATED OUTCOME IS A DECREASED SMOKING RATE AMONG YOUTH, AS WELL AS A MORE EDUCATED GROUP OF YOUT H WHO DO NOT DESIRE TO START SMOKING AND CAN ALSO RECOGNIZE THE TACTICS BIG TOBACCO USES T O TARGET YOUNG PEOPLE PLAN TO EVALUATE SURVEYS, PRE AND POST TESTS, IN STATE DEPARTMENT OF HEALTH AND CDC STATISTICS AND REPORTS METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/IN ITIATIVE NUMBER OF PRESENTATIONS, NUMBER OF STUDENTS REACHED, SURVEY AND TEST RESULTS YE AR 2 - 2018 UPDATE - EIGHT YOUTH-BASED TOBACCO PRESENTATIONS WERE HELD IN 2018 - ONE YOUTH -BASED CIGARETTE BUTT CLEAN UP EVENT WAS HELD WITH SUPPORT OF THE BOYS &amp; GIRLS CLUB STAFF AND YOUTH MEMBERS - KDH PARTICIPATED IN THE YOUTH TOBACCO SURVEY AT SWITZERLAND COUNTY HIG H SCHOOL - KDH PARTICIPATED IN</p>

**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
PART V, SECTION B, LINE 11 CONTINUED	<p>THE STARS TOBACCO RETAIL SURVEY IN JEFFERSON COUNTY OUTREACH THROUGH RESPIRATORY THERAPY DEPARTMENT DESCRIPTION KDH TOBACCO PREVENTION AND CESSATION COORDINATOR WILL PROVIDE FREE NICOTINE PATCHES FOR RESPIRATORY THERAPY PATIENTS AT KDH PATIENTS WHO SMOKE AND SUFFER FROM COPD WILL BE OFFERED NICOTINE REPLACEMENT PRODUCTS AND EDUCATIONAL INFORMATION REGARDING THE HEALTH EFFECTS OF SMOKING, AS WELL AS INFORMATION ABOUT THE IN TOBACCO QUITLINE PATCHES WILL BE PURCHASED THROUGH A GRANT, FUNDED FROM THE JEFFERSON COUNTY JUSTICE, TREATMENT, AND PREVENTION COALITION GOALS ASSIST RESPIRATORY PATIENTS WITH SMOKING CESSATION ANTICIPATED OUTCOMES THE MAIN ANTICIPATED OUTCOME IS A DECREASED NUMBER OF RESPIRATORY PATIENTS THAT SMOKE, WHICH WOULD ALSO LEAD TO IMPROVED RESPIRATORY FUNCTION, AND POSSIBLY A DECREASED CHANCE OF HOSPITAL ADMISSIONS PLAN TO EVALUATE RESPIRATORY DEPARTMENT TRACKING METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE NUMBER OF PATCHES DISTRIBUTED, NUMBER OF PATIENTS SEEN IN RESPIRATORY DEPARTMENT, NUMBER OF COPD PATIENTS WHO SMOKE YEAR 2 - 2018 UPDATE - NUMBER OF PATCHES GIVEN BY RESPIRATORY DEPARTMENT TO PATIENTS IN 2018 5 - THE NUMBER OF INPATIENTS RECEIVING SMOKING CESSATION INFORMATION FROM THE RESPIRATORY DEPARTMENT STAFF IN 2018 WAS NOT RECORDED ALL INPATIENT WHO ARE LABELED AS TOBACCO USERS ARE OFFERED CESSATION COUNSELING QUITLINE REFERRALS ARE OFFERED AND CESSATION INFORMATION (BROCHURES, LITERATURE, ITEMS SUCH AS STRESS BALLS) ARE GIVEN WHEN THE PATIENT IS WILLING TO ACCEPT A BETTER TRACKING SYSTEM WILL BE PUT INTO PLACE FOR 2019 TO IMPROVE TOBACCO CESSATION FOR INPATIENTS CHRONIC DISEASE HOUSE OF HEALTH DESCRIPTION THE KDH WELLNESS DEPARTMENT WILL OFFER A MONTHLY EDUCATION PROGRAM TARGETING CHRONIC DISEASE PREVENTION AND EARLY DETECTION AT THE HOUSE OF HEALTH FOOD PANTRY THE HOUSE OF HEALTH PROGRAM IS THE LARGEST COMMUNITY FOOD PANTRY IN THE COUNTY THE PROGRAM SERVES AN AVERAGE OF 400 LOW-INCOME FAMILIES PER MONTH LOWER CHRONIC DISEASE RISK BY OFFERING VALUABLE HEALTH INFORMATION AND FREE SCREENS TO A LOW-INCOME POPULATION ANTICIPATED OUTCOMES IMPROVE KNOWLEDGE AND HEALTH AWARENESS BY OFFERING INFORMATION ON SUCH TOPICS AS, HEART DISEASE, SKIN AND BREAST CANCER PREVENTION AND DETECTION, STD/HIV PREVENTION AND DETECTION, BASIC FIRST AID, ETC PLAN TO EVALUATE PERSONAL SUCCESS STORIES SHARED FROM PARTICIPANTS WILL BE DOCUMENTED METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE NUMBER OF HOUSE OF HEALTH SESSIONS HELD THE NUMBER OF PEOPLE IN ATTENDANCE WILL BE MEASURED THE NUMBER OF PEOPLE PARTICIPATING IN FREE SCREENING SERVICES WILL BE MEASURED (EXAMPLE BLOOD PRESSURE, SKIN CANCER SCREEN) YEAR 2 - 2018 UPDATE - ELEVEN PROGRAMS WERE HELD IN 2018 - ATTENDANCE RANGED FROM 30 -75 PEOPLE EACH MONTH - TOPICS INCLUDED HEART HEALTH, NUTRITION, STD/HIV/HEP C, TOBACCO, MOSQUITOS, SKIN CANCER, IMMUNIZATIONS, HEALTHY COMMUNITIES, BREAST CANCER, FOOD SAFETY, WEIGHT LOSS - THE ONLY BIOMETRIC</p>

**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
PART V, SECTION B, LINE 11 CONTINUED	<p>SCREEN OFFERED IN 2018 WAS BLOOD PRESSURE A TOTAL OF 25 PEOPLE WERE SCREENED CHRONIC OBS TRUCTIVE PULMONARY DISEASE (COPD) READMISSION PREVENTION PROGRAM DESCRIPTION A MULTI-DISC IPLINARY TEAM OF STAFF AT KDH WILL TARGET COPD PATIENTS AND THE PROBLEM OF READMISSION RE ADMISSION IS COSTLY TO THE PATIENT, THE HEALTH CARE ORGANIZATION, THE INSURANCE COMPANY, A ND READMISSIONS INCREASE HEALTH CONCERNS FOR THE PATIENT EMERGENCY MEDICATION KITS WILL B E PROVIDED TO COPD PATIENTS WITH DETAILS INSTRUCTIONS FOR USE AND SELF-HOME CARE TAKE-HOM E BINDERS WITH HEALTH EDUCATION ARE ALSO GIVEN TO ALL COPD PATIENTS GOALS TO DECREASE RE ADMISSION FOR COPD PATIENTS ANTICIPATED OUTCOMES IMPROVE CHRONIC DISEASE MANAGEMENT SKIL LS SO THE PATIENT CAN MANAGE PROBLEMS SAFELY AND EFFECTIVELY AT HOME, TO AVOID A RETURN TO THE HOSPITAL FOR READMISSION PLAN TO EVALUATE READMISSION RATES ARE MEASURED BY A PROGR AM TITLED MEDISOLVE FOLLOW UP PATIENT PHONE CALLS ARE ALSO DOCUMENTED METRICS USED TO EV ALUATE THE PROGRAM/ACTIVITY/INITIATIVE THE NUMBER OF COPD PATIENTS WILL BE MEASURED THE NUMBER OF COPD EMERGENCY MED KITS AND THE NUMBER OF HEALTH EDUCATION BINDERS DISTRIBUTED W ILL BE DOCUMENTED YEAR 2 - 2018 UPDATE - # OF EMERGENCY MED KITS DISTRIBUTED TO COPD PATI ENTS 146- # OF HEALTH EDUCATION BINDERS DISTRIBUTED TO COPD PATIENTS 74- A TOTAL OF 178 DOCUMENTED FOLLOW-UP PHONE CALLS WERE MADE IN 2018 TO COPD PATIENTS</p>

**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
PART V, SECTION B, LINE 11 CONTINUED	<p>CONGESTIVE HEART FAILURE (CHF) READMISSION PREVENTION PROGRAM DESCRIPTION HOME SCALES TO TRACK BODY WEIGHT WILL BE GIVEN TO CHF PATIENTS IN NEED CHF EDUCATION BINDERS WITH HEALTH INSTRUCTIONS FOR HOME CARE WILL ALSO BE GIVEN TO ALL CHF DIAGNOSED PATIENTS IN ADDITION, THE ACO COORDINATOR WILL PROVIDE FOLLOW-UP WITH INDIVIDUALS ON AN OUT-PATIENT LEVEL, PROVIDING REMINDERS OF APPOINTMENTS, ATTENDING PHYSICIAN OFFICE VISITS IF NEEDED, AND WILL SERVE AS A RESOURCE TO HELP PATIENTS MEET NEEDS GOALS TO DECREASE READMISSION FOR CHF PATIENTS ANTICIPATED OUTCOMES IMPROVE CHRONIC DISEASE MANAGEMENT SKILLS SO THE PATIENT CAN RECOGNIZE PROBLEMS SAFELY AND EFFECTIVELY AT HOME, TO REDUCE RISK OF RETURNING TO THE HOSPITAL FOR A READMISSION PLAN TO EVALUATE READMISSION RATES ARE MEASURED BY A PROGRAM TITLED MEDISOLVE FOLLOW UP PATIENT PHONE CALLS ARE DOCUMENTED ONE WEEK AFTER DISCHARGE METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE THE NUMBER OF CHF PATIENTS WILL BE MEASURED THE NUMBER OF SCALES GIVEN FOR HOME USE AND THE NUMBER OF HEALTH EDUCATION BINDERS DISTRIBUTED WILL BE DOCUMENTED THE NUMBER OF HOME PHONE CALLS WILL BE TRACKED AND STATISTICS WILL BE GATHERED FROM THE ACO COORDINATOR YEAR 2 - 2018 UPDATE - # OF SCALES DISTRIBUTED TO CHF PATIENTS 19- # OF HEALTH EDUCATION BINDERS DISTRIBUTED TO COPD PATIENTS 85- ALL PATIENTS RECEIVED A FOLLOW UP PHONE CALL MENTAL HEALTH / SUICIDE MENTAL HEALTH/SUICIDE TEAM, RESOURCE GUIDE DESCRIPTION THE NEWLY FORMED MENTAL HEALTH/SUICIDE TEAM WILL PROMOTE AVAILABLE TRAININGS DESIGNED TO TEACH PEOPLE HOW TO RECOGNIZE INDIVIDUALS WHO ARE AT RISK FOR SUICIDE AND OFFER EARLY INTERVENTION TO RESOURCES GOALS INCREASE THE NUMBER OF INDIVIDUALS WHO ARE TRAINED IN A STRUCTURED PROGRAM SUCH AS, BUT NOT LIMITED TO, QUESTION PERSUASIVE AND REFER (QPR) OR APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST) CREATE A RESOURCE GUIDE THAT HIGHLIGHTS ALL SUICIDE PREVENTION PERSONAL AND ANY/ALL LOCAL MENTAL HEALTH /SUICIDE RESOURCES IN THE COMMUNITY PROMOTE AND ADVERTISE THIS RESOURCE GUIDE COUNTY-WIDE IN ADDITION, KDH WILL INCREASE THE NUMBER OF KDH STAFF MEMBERS WHO ARE TRAINED IN QPR OR ASIST ANTICIPATED OUTCOMES BY INCREASING THE NUMBER OF PEOPLE TRAINED IN SUICIDE SUPPORT, THE ULTIMATE OUTCOME IS TO REDUCE THE NUMBER OF SUICIDE ATTEMPTS AND DEATHS PLAN TO EVALUATE MENTAL HEALTH/SUICIDE TEAM TRACKING METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY /INITIATIVE NUMBER OF TRAINED SUICIDE PREVENTION PERSONAL WORK WITH KDH IT AND ER STAFF AND THE COUNTY CORONER'S OFFICE TO OBTAIN NUMBER OF SUICIDE ATTEMPTS AND NUMBER OF SUICIDE DEATHS EACH CALENDAR YEAR NUMBER OF PROMOTIONAL METHODS FOR THE RESOURCE GUIDE WILL BE TABULATED YEAR 2 - 2018 UPDATE - MULTIPLE SUICIDE-FOCUSED TRAININGS WERE HELD IN 2018 AMSR (ACCESSING AND MANAGING SUICIDE RISK) TRAINING HELD AT KDH 25 PEOPLE TRAINED THREE MENTAL HEALTH FIRST AID TRAINING CLASSES HELD 78 PEOPLE TRAINED SIX JEFFERSON COUNTY PROFESSIONALS ATTENDED THE INDIANA STA</p>

**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
<p>PART V, SECTION B, LINE 11 CONTINUED</p>	<p>TE SUICIDE PREVENTION CONFERENCE QPR/QUESTION, PERSUADE, REFER TRAIN THE TRAINER HELD 19 PEOPLE TRAINED SAFETALK SUICIDE PREVENTION TRAIN THE TRAINER HELD ASSIST TRAIN THE TRAINEE HELD 15 PEOPLE TRAINED MENTAL HEALTH/SUICIDE TEAM, SCHOOL BASED MENTAL HEALTH GRANT DESCRIPTION A LARGE GRANT, WHICH WILL SUPPORT A COMPREHENSIVE MENTAL HEALTH/SUICIDE PREVENTION PROGRAM IN THE COUNTY'S LARGEST SCHOOL SYSTEM, WILL BE RESEARCHED, WRITTEN, AND SUBMITTED IF GRANT FUNDING IS OBTAINED, THIS PROGRAM WILL BE BASED OUT OF THE MADISON CONSOLIDATED SCHOOL SYSTEM'S SPECIAL SERVICES AND COUNSELING DEPARTMENTS THE HCI MENTAL HEALTH/SUICIDE TEAM WILL SUPPORT THE SCHOOL SYSTEM WITH ALL PROGRAMMING IMPLEMENTED FROM GRANT FUNDING GOALS OBTAIN GRANT TO BRING A COMPREHENSIVE MENTAL HEALTH / SUICIDE PROGRAM TO THE MADISON CONSOLIDATED SCHOOL SYSTEM ANTICIPATED OUTCOMES AWARDING OF GRANT FUNDING THE ULTIMATE OUTCOME IS TO REDUCE THE NUMBER OF SUICIDE ATTEMPTS AND DEATHS FROM SUICIDE SECONDARY OUTCOMES INCLUDE, REDUCE BULLYING CONCERNS, IMPROVE SELF-WORTH IN STUDENTS, INCREASE SUPPORTIVE RESOURCES FOR STUDENTS, SCHOOL STAFF, AND FAMILIES, AND IMPROVE COUNSELING SERVICES PLAN TO EVALUATE SEE BELOW, METRICS USED TO EVALUATE METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE SINCE GRANT FUNDING IS NOT CONFIRMED AT THE TIME OF IMPLEMENTATION STRATEGY SUBMISSION, METRICS WILL CURRENTLY NOT BE DETERMINED IF/WHEN FUNDING IS ESTABLISHED, THE SPECIAL SERVICES AND COUNSELING DEPARTMENTS OF MCS WILL WORK WITH THE MENTAL HEALTH/SUICIDE TEAM TO DETERMINE EVALUATION METHODS AND METRICS YEAR 2 - 2018 UPDATE ZERO-SUICIDE PLAN BEGAN IN 2018 WITH \$40,000 GRANT ACCOMPLISHED ACTIVITIES SUPPORTED BY THE GRANT INCLUDE - COUNTY-WIDE 40-DAY KINDNESS CHALLENGE HELD - COMMUNITY AND SCHOOL-BASED PRESENTATIONS HELD WITH AUTHOR OF A CASE FOR KINDNESS - COMMUNITY WIDE PRESENTATION HELD WITH KEVIN HINES, SUICIDE SURVIVOR - SUICIDE HOTLINE POSTERS (AND FRAMES) PRINTED AND PLACED AROUND THE COUNTY - PATHA CURRICULUM FUNDED AND IMPLEMENTED IN THE FALL OF 2018 AT AREA ELEMENTARY SCHOOL - MULTIPLE SUICIDE-FOCUSED TRAINERS WERE HELD (SEE PREVIOUS INDICATOR) MCS-BASED LILLY GRANT WORK CONTINUES INDEPENDENTLY SUPPORT LOCAL SUICIDE SUPPORT GROUP(S) AND AREA AWARENESS ACTIVITIES DESCRIPTION KDH WILL SUPPORT THE LOCAL SUICIDE SUPPORT GROUP AND ANY SUICIDE PREVENTION COMMUNITY ACTIVITIES GOALS PROMOTE SUICIDE SUPPORT GROUP TO ALL INTERNAL KDH STAFF AND PATIENTS SUPPORT THE GROUP BY OFFERING MEETING SPACE IF NEEDED SUPPORT LOCAL OUT OF THE DARKNESS SUICIDE AWARENESS COMMUNITY EVENT PROMOTE THE EVENT TO STAFF, FORM A TEAM OF KDH EMPLOYEES, ENCOURAGE FINANCIAL DONATIONS, AND SECURE THAT DONATIONS ARE BEING USED ON A LOCAL LEVEL ANTICIPATED OUTCOMES INCREASE NUMBER OF ATTENDEES AT MONTHLY SUICIDE SUPPORT GROUP INCREASE NUMBER OF PARTICIPANTS AND FUNDS RAISED FOR LOCAL SUICIDE AWARENESS WALK EVENT PLAN TO EVALUATE SOCIAL SERVICES STAFF AT KDH WILL WORK WITH SUICIDE SUPPORT GROUP</p>

**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
PART V, SECTION B, LINE 11 CONTINUED	<p>ACILITATOR METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE TRACK NUMBER OF PARTICIPANTS AT MONTHLY SUICIDE SUPPORT GROUP MEETINGS REPORT NUMBER OF PARTICIPANTS AT COMMUNITY OUT OF THE DARKNESS AWARENESS EVENT, DOLLARS RAISED AT THE EVENT, AND % OF DOLLARS THAT WILL STAY LOCAL IN JEFFERSON COUNTY YEAR 2 - 2018 UPDATE - ALMOST \$25,000 WAS RAISED AT THE 2018 OUT OF THE DARKNESS WALK IN JEFFERSON COUNTY SOME OF THIS MONEY RAISED REMAINED IN THE COUNTY TO PURCHASE BOOKS/TEACHING MATERIALS FOR THE SUICIDE PREVENTION TRAININGS MENTIONED ABOVE KDH PROMOTED THIS EVENT TO ALL EMPLOYEES FOR PARTICIPATION AND SERVED AS A FINANCIAL SPONSOR FOR THE EVENT - CANDLELIGHT SERVICE HELD IN CONJUNCTION WITH WORLD SUICIDE PREVENTION DAY AGAIN IN 2018</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

Employer identification number  
35-0895832

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) IHA HOSPITAL ASSISTANCE FOUNDATION 500 NORTH MERIDIAN STREET STE 250 INDIANAPOLIS, IN 46204	45-5573749		11,716				DONATION

- 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)					
(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	FUNDS ARE NOT GRANTED BUT ARE DONATED DONATIONS ARE DETERMINED ON A DISCRETIONARY BASIS

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

Employer identification number  
35-0895832

**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 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 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 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>				
<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>				
<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>		No		
	<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 7	PHYSICIANS ARE ELIGIBLE FOR INCENTIVE COMPENSATION. THE PHYSICIAN IS COMPENSATED FOR EACH WORK RVU PERFORMED BY A PHYSICIAN IN A CALENDAR YEAR IN EXCESS OF THE PHYSICIAN'S WORK RVU INCENTIVE THRESHOLD FOR THE CALENDAR YEAR MULTIPLIED BY THE INCENTIVE RVU PAYMENT. NON-PHYSICIAN BONUS COMPENSATION IS DISCRETIONARY, SOLELY UP TO THE BOARD OF MANAGERS, AND THE CALCULATION FOR SAID BONUS COMPENSATION VARIES FROM YEAR TO YEAR.

<b>Return Reference</b>	<b>Explanation</b>
ADDITIONAL SCHEDULE J DISCLOSURES	BOARD MEMBERS PAT STACK, MD AND JONATHAN HANSON, MD LISTED ABOVE ARE EMPLOYED PHYSICIANS OF THE HOSPITAL DR STACK AND DR HANSON DO NOT RECEIVE COMPENSATION FOR SERVICES PROVIDED AS BOARD MEMBERS THE COMPENSATION LISTED ABOVE FOR DR STACK AND DR HANSON IS COMPENSATION RECEIVED FOR SERVICES PROVIDED AS EMPLOYED PHYSICIANS



Schedule J (Form 990) 2018

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 35-0895832

**Name:** THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JONATHAN HANSON MD BOARD MEMBER/PHYSICIAN	(i)	307,677	159,650	360	13,750	28,212	509,649	0
	(ii)	0	0	0	0	0	0	0
PATRICK STACK MD BOARD MEMBER/PHYSICIAN	(i)	140,987	93,767	1,584	12,012	11,537	259,887	0
	(ii)	0	0	0	0	0	0	0
CAROL DOZIER PRESIDENT/CEO	(i)	402,645	0	8,780	13,750	1,373	426,548	0
	(ii)	0	0	0	0	0	0	0
JOHN PRICE VP FINANCE	(i)	230,296	0	19,052	11,560	6,858	267,766	0
	(ii)	0	0	0	0	0	0	0
LISA MORGAN VP OUTPATIENT SERVICES	(i)	161,038	0	19,532	8,206	10,295	199,071	0
	(ii)	0	0	0	0	0	0	0
DENINE FALLIS-HALLGARTH VP PHYSICIAN PRACTICES	(i)	142,898	0	19,052	7,348	11,267	180,565	0
	(ii)	0	0	0	0	0	0	0
JENNIFER LITER VP INPATIENT SERVICES	(i)	137,124	0	18,737	4,897	15,474	176,232	0
	(ii)	0	0	0	0	0	0	0
THOMAS ECKERT MD EMPLOYED PHYSICIAN	(i)	422,821	271,683	1,584	13,750	11,090	720,928	0
	(ii)	0	0	0	0	0	0	0
TRAVIS CLEGG MD EMPLOYED PHYSICIAN	(i)	453,809	1,341,489	216	13,750	28,247	1,837,511	0
	(ii)	0	0	0	0	0	0	0
WILLIAM SKILES MD EMPLOYED PHYSICIAN	(i)	448,152	204,587	1,584	13,750	14,352	682,425	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SCHMIDT MD EMPLOYED PHYSICIAN	(i)	447,994	204,804	360	13,750	18,211	685,119	0
	(ii)	0	0	0	0	0	0	0
RONALD AUER MD EMPLOYED PHYSICIAN	(i)	539,705	357,852	42,614	13,750	28,846	982,767	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

Employer identification number  
35-0895832

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316	45471ACW0	11-03-2010	97,847,058	SEE PART VI		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .				
2 Amount of bonds legally defeased . . . . .				
3 Total proceeds of issue . . . . .	97,847,058			
4 Gross proceeds in reserve funds . . . . .	6,756,861			
5 Capitalized interest from proceeds . . . . .				
6 Proceeds in refunding escrows . . . . .				
7 Issuance costs from proceeds . . . . .	1,749,243			
8 Credit enhancement from proceeds . . . . .				
9 Working capital expenditures from proceeds . . . . .				
10 Capital expenditures from proceeds . . . . .	88,974,097			
11 Other spent proceeds . . . . .	266,857			
12 Other unspent proceeds . . . . .				
13 Year of substantial completion . . . . .	2013			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .		X		
15 Were the bonds issued as part of an advance refunding issue? . . . . .		X		
16 Has the final allocation of proceeds been made? . . . . .	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

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

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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?								
<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 . . . . . ▶	0 560 %							
<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 . . . . . ▶	0 560 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0 560 %							
<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
SCH K PART I LINE A - PURPOSE	THE PURPOSE OF THE BOND ISSUANCE IS TO FINANCE, REFINANCE, OR REIMBURSE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, RENOVATING AND EQUIPPING VARIOUS HEALTH CARE FACILITIES OF THE HOSPITAL, INCLUDING A REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND A MEDICAL OFFICE BUILDING

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-0895832

**Name:** THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

Return Reference	Explanation
SCH K PART I LINE A - PURPOSE	THE PURPOSE OF THE BOND ISSUANCE IS TO FINANCE, REFINANCE, OR REIMBURSE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, RENOVATING AND EQUIPPING VARIOUS HEALTH CARE FACILITIES OF THE HOSPITAL, INCLUDING A REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND A MEDICAL OFFICE BUILDING



**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
(1) A DATILLO FRUIT COMPANY	VICE PRESIDENT OF OUTPATIENT SERVICES OF KDH HAS 51% OWNERSHIP INTEREST	14,597	VICE PRESIDENT OF OUTPATIENT SERVICES OF KDH, LISA MORGAN, OWNS A 51% INTEREST IN A DATILLO FRUIT COMPANY KDH PURCHASES PRODUCE FROM A DATILLO FRUIT COMPANY THE HOSPITAL MADE PURCHASES TOTALING \$ 14,597 IN 2018		No
(2) GERMAN AMERICAN BANK	BOARD MEMBER IS THE SPOUSE OF THE FORMER REGIONAL CHAIRMAN OF THE GERMAN NA	163,418	BOARD ASST TREASURER, ANDREA FORRESTER, IS MARRIED TO THE FORMER REGIONAL CHAIRMAN OF THE GERMAN NATIONAL BANK THE HOSPITAL'S OPERATING ACCOUNT IS HELD BY GERMAN NATIONAL BANK THE HOSPITAL RECORDED INTEREST INCOME OF \$156,130 AND SERVICE FEES OF \$7,288 IN 2018 FROM ACTIVITY WITH THE BANK		No
(3) MCCUBBIN MOTORS	BOARD MEMBER IS THE SPOUSE OF THE PRESIDENT OF MCCUBBIN MOTORS, INC	46,828	BOARD OF MANAGERS MEMBER, MARY KAY MCCUBBIN, IS MARRIED TO THE PRESIDENT OF MCCUBBINS MOTORS, INC KING'S DAUGHTERS' HEALTH UTILIZES MCCUBBIN MOTORS, INC FOR SERVICING AND/OR REPAIR OF EMERGENCY VEHICLES THE HOSPITAL PAID \$46,828 TO MCCUNNIN MOTORS, INC IN 2018 FOR THESE TYPES OF SERVICES		No
(4) BENNETT MOTORS INC DBA CRAIG TOYOTA	BOARD MEMBER IS THE PRESIDENT OF BENNETT MOTORS, INC (D/B/A CRAIG TOYOTA)	1,582	BOARD OF MANAGERS MEMBER, JOE CRAIG, IS THE PRESIDENT OF BENNETT MOTORS, INC (D/B/A CRAIG TOYOTA) KING'S DAUGHTERS' HEALTH UTILIZES CRAIG TOYOTA FOR SERVICING AND/OR REPAIR OF EMERGENCY VEHICLES THE HOSPITAL PAID \$1,582 TO CRAIG TOYOTA IN 2018 FOR THESE TYPES OF SERVICES		No

**Part V Supplemental Information**

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

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

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON INDIANA INC

Employer identification number

35-0895832

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PER THE BYLAWS, THE MEMBERSHIP OF THE ORGANIZATION SHALL BE NON-SECTARIAN, NON-POLITICAL AND NOT CONFINED TO ANY CHRISTIAN RELIGIOUS DENOMINATION OR SECT ANY SUCH PERSON OF GOOD REPUTE WHO HOLDS HERSELF RESPONSIBLE TO THE KING, CHRIST, OUR LORD AND SAVIOR, MAY BECOME A MEMBER OF THE ORGANIZATION ALL MEMBERS MUST BE AND REMAIN PERMANENT RESIDENTS OF THE SERVICE AREA OF THE HOSPITAL, AS DETERMINED FROM TIME TO TIME BY THE HOSPITAL BOARD OF MANAGERS, AS A CONTINUING REQUIREMENT FOR MEMBERSHIP FAILURE TO MAINTAIN SUCH RESIDENCY STATUS AUTOMATICALLY TERMINATES A PERSON'S MEMBERSHIP HOSPITAL EMPLOYEES, MEMBERS OF THE MEDICAL STAFF, AND THEIR IMMEDIATE FAMILY MEMBERS SHALL NOT BE ELIGIBLE FOR MEMBERSHIP IN THE ORGANIZATION THE IMMEDIATE FAMILY SHALL BE DEFINED AS INCLUDING THE MOTHER, FATHER, HUSBAND, WIFE, SISTER, BROTHER, DAUGHTER, SON, AND STEPCHILDREN

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION SHALL HAVE TWO (2) CLASSES OF MEMBERS, ACTIVE AND HONORARY, AND ALL MEMBERS SHALL HAVE THE RIGHTS, PRIVILEGES, DUTIES, LIABILITIES, LIMITATIONS AND RESTRICTIONS AS SET FORTH FROM TIME TO TIME IN THE STANDING RULES ANY ACTIVE MEMBER OF THE ORGANIZATION MAY PROPOSE ANY OTHER PERSON MEETING THE ELIGIBILITY REQUIREMENTS OUTLINED IN PART VI, 7A ABOVE FOR MEMBERSHIP ONLY ACTIVE MEMBERS IN GOOD STANDING THAT HAVE BEEN A MEMBER FOR AT LEAST TWO ANNIVERSARY YEARS CAN PRESENT A PERSON'S NAME FOR MEMBERSHIP OR TO SERVE ON THE BOARD OF DIRECTORS A MAJORITY VOTE OF THOSE PRESENT AND VOTING AFFIRMATIVELY AT ANY REGULAR MEETING OF THE ORGANIZATION AT WHICH A QUORUM IS PRESENT SHALL BE SUFFICIENT TO ELECT SUCH PROPOSED PERSON TO MEMBERSHIP ONLY ACTIVE MEMBERS SHALL HAVE THE RIGHT AT EVERY MEETING OF THE MEMBERS TO CAST ONE (1) VOTE FOR HER MEMBERSHIP THIS RIGHT TO VOTE MUST BE EXERCISED IN PERSON, OR AS THE BYLAWS MAY PROVIDE FROM TIME TO TIME

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ONLY ACTIVE MEMBERS SHALL HAVE THE RIGHT AT EVERY MEETING OF THE MEMBERS TO CAST ONE (1) VOTE FOR HIS/HER MEMBERSHIP THIS RIGHT TO VOTE MUST BE EXERCISED IN PERSON, OR AS THE BYLAWS MAY PROVIDE FROM TIME TO TIME

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE ORGANIZATION'S MANAGEMENT THE BOARD OF MANAGERS RECEIVES A DRAFT COPY OF THE FORM 990 INCLUDING REQUESTED SCHEDULES PRIOR TO FILING WITH THE IRS CHANGES OR REVISIONS ARE SUGGESTED BY THE BOARD IF NECESSARY THE 990 WILL BE REVIEWED AT THE NEXT BOARD MEETING

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<p>KING'S DAUGHTERS' HEALTH HAS A FORMAL CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY COVERS BOARD OF MANAGER MEMBERS, OFFICERS AND DIRECTORS THE POLICY REQUIRES THE BOARD OF MANAGERS, OFFICERS AND DIRECTORS TO DISCLOSE ANNUALLY INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICT THIS INFORMATION IS TO BE DISCLOSED TO THE APPROPRIATE VICE PRESIDENT, THE PRESIDENT/CEO AND COMPLIANCE DEPARTMENT SHOULD SUCH INFORMATION BE DISCLOSED, THE INTERESTED PERSON WILL REFRAIN FROM ANY SUBSEQUENT DISCUSSION AND DECISIONS RELATED TO THE OUTSIDE FIRM AT SUCH TIME AS ANY MATTER COMES BEFORE THE BOARD OF MANAGERS CONCERNING AN EXISTING OR CONTEMPLATED TRANSACTION OR RELATIONSHIP BETWEEN THE HOSPITAL AND ANY PARTY MAY GIVE RISE TO A CONFLICT OF INTEREST 1 ) THE BOARD OF MANAGERS MEMBER SHALL LEAVE THE MEETING DURING THE DISCUSSION OF AN AND THE VOTE ON THE TRANSACTION OR ARRANGEMENT 2 ) THE CHAIRPERSON OF THE BOARD OF MANAGERS SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT 3 ) AFTER EXERCISING DUE DILIGENCE, THE BOARD OF MANAGERS SHALL DETERMINE WHETHER THE HOSPITAL CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST 4 ) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OF MANAGERS SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE HOSPITAL'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT TO ENSURE THE HOSPITAL OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED THE PERIODIC REVIEWS INCLUDE, AT A MINIMUM, - 1 ) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING 2 ) WHETHER PARTNERSHIPS, JOINT VENTURES AND ARRANGEMENTS WITH MANAGEMENT OR ORGANIZATIONS CONFORM TO THE HOSPITAL'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT, OR IN AN EXCESS BENEFIT TRANSACTION DISCIPLINARY AND CORRECTION ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT, CAN BE TAKEN FOR FAILURE TO DISCLOSE A CONFLICT OF INTEREST</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	THE HOSPITAL'S BOARD OF MANAGERS REVIEWS ANNUAL CEO SURVEY INFORMATION FROM THE INDIANA HOSPITAL ASSOCIATION THIS SURVEY COMPARES KDH'S CEO'S COMPENSATION WITH OTHER HOSPITAL CEOs IN INDIANA COMPARISONS ARE MADE WITH HOSPITALS THAT ARE IN KDH'S REGION IN INDIANA, HOSPITALS OF A SIMILAR SIZE, AND HOSPITALS THAT MIGHT REASONABLY BE EXPECTED TO COMPETE FOR SERVICES OF KDH'S CEO THE BOARD OF MANAGERS, AFTER REVIEWING THE SURVEY AND A STATUS REPORT OF THE CEO'S ANNUAL GOALS, APPROVES THE CEO'S COMPENSATION HOWEVER, PHYSICIAN BOARD MEMBERS WHO ARE ALSO HOSPITAL EMPLOYEES DO NOT PARTICIPATE IN VOTING FOR ANY CHANGES TO CEO COMPENSATION MINUTES ARE TAKEN AT ALL OF THE BOARD OF MANAGERS MEETINGS AND EXECUTIVE SESSIONS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST, OR FINANCIAL STATEMENTS ARE NOT MADE AVAILA BLE FOR PUBLIC INSPECTION THE FORM 990 TAX RETURN IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN SUBSCRIBER SAVINGS CUMULATIVE ACCOUNT 441,687

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 2C, AUDIT OVERSIGHT	THE HOSPITAL'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE SELECTION OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO PERFORM THE ANNUAL AUDIT OF THE FINANCIAL STATEMENTS THE FINANCE COMMITTEE ALSO IS RESPONSIBLE FOR OVERSIGHT OF THAT AUDIT PROCESS THE TREASURER OF THE HOSPITAL'S BOARD OF MANAGERS SERVES AS THE CHAIR OF THE FINANCE COMMITTEE THE FINANCE COMMITTEE REGULARLY MEETS EVERY OTHER MONTH, AND MEETS ONCE PER YEAR WITH THE INDEPENDENT AUDITORS

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON INDIANA INC

**Employer identification number**

35-0895832

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE KING'S DAUGHTERS' HOSPITAL FOUNDATION INC PO BOX 447  MADISON, IN 47250 20-2148950	FUNDRAISING TO SUPPORT THE PROVISION OF HEALTHCARE SERVICES	IN	501(C)(3)	LINE 7	N/A		No

**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

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



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

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

<b>Return Reference</b>	<b>Explanation</b>