

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 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

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

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 \$ 146,706,171

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)

H(c) Group exemption number ▶

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

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

| | | |
|--|-----------|--------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 1,123 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 67 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 46,273 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 11,702 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 323,957 | 330,570 |
| 9 Program service revenue (Part VIII, line 2g) | 131,389,037 | 123,174,153 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,035,094 | 4,942,616 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 595,593 | 549,491 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 137,343,681 | 128,996,830 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 17,791 | 28,860 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 65,393,601 | 64,060,009 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 93,498 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 61,010,144 | 60,985,056 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 126,421,536 | 125,073,925 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 10,922,145 | 3,922,905 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 275,324,825 | 300,922,993 |
| 21 Total liabilities (Part X, line 26) | 107,693,407 | 106,292,529 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 167,631,418 | 194,630,464 |

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: 2020-08-14
ANNIE SCHROEDER BOARD CHAIRWOMAN
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-08-14
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 \$ 93,858,214 including grants of \$ 28,860) (Revenue \$ 123,245,863)
See Additional Data

4b (Code) (Expenses \$ 2,109,684 including grants of \$) (Revenue \$)
See Additional Data

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

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

4e Total program service expenses ▶ 95,967,898

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question/Description, Answer Field, and Yes/No columns. Rows include questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, deductible contributions, and charitable trusts.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a 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: a The governing body? (Yes); b 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (No); 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

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 [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
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

See instructions for the order in which to list the persons above

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 0 00 | X | | | | | | 0 | 0 | 0 |
| (2) MARJORIE HARE JAN - AUG BOARD SECRETARY | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (3) ANNIE SCHROEDER BOARD VICE CHAIR | 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 | | | | | | 489,592 | 0 | 32,745 |
| (8) PATRICK STACK MD BOARD MEMBER/PHYSICIAN | 40 00 0 00 | X | | | | | | 171,075 | 0 | 10,534 |
| (9) JOE CRAIG BOARD MEMBER | 1 00 0 00 | X | | | | | | 750 | 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 | | | | | | 500 | 0 | 0 |
| (12) SUSAN OHLENDORF OCT - DEC BOARD SECRETARY | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (13) CAROL DOZIER PRESIDENT/CEO | 40 00 1 00 | | | X | | | | 412,012 | 0 | 14,455 |
| (14) JOHN PRICE VP FINANCE | 40 00 0 00 | | | X | | | | 256,972 | 0 | 17,958 |
| (15) LISA MORGAN VP OUTPATIENT SERVICES | 40 00 0 00 | | | X | | | | 185,766 | 0 | 15,775 |
| (16) DENINE FALLIS-HALLGARTH VP PHYSICIAN PRACTICES | 40 00 0 00 | | | X | | | | 167,238 | 0 | 14,903 |
| (17) JENNIFER LITER VP INPATIENT SERVICES | 40 00 0 00 | | | X | | | | 166,400 | 0 | 18,960 |

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) NATHAN POLLEY MD EMPLOYED PHYSICIAN | 40 00 0 00 | | | | | X | | 1,032,694 | 0 | 32,693 |
| (19) THOMAS ECKERT MD EMPLOYED PHYSICIAN | 40 00 1 00 | | | | | X | | 645,626 | 0 | 21,020 |
| (20) MICHAEL SCHMIDT MD EMPLOYED PHYSICIAN | 40 00 0 00 | | | | | X | | 626,628 | 0 | 26,769 |
| (21) WILLIAM SKILES MD EMPLOYED PHYSICIAN | 40 00 0 00 | | | | | X | | 617,239 | 0 | 26,573 |
| (22) GEORGE ALCORN MD EMPLOYED PHYSICIAN | 40 00 0 00 | | | | | X | | 525,816 | 0 | 35,151 |
| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | | 5,304,058 | 0 | 267,536 |

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 |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | 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 |
|--|--|---------------------|
| WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397 | CONTRACTED PHYSICIAN & MID LEVEL PROVIDE | 1,702,049 |
| EMCARE INC 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693 | CONTRACTED PHYSICIAN & MID LEVEL PROVIDE | 1,365,541 |
| ARUP LABORATORIES PO BOX 27964 SALT LAKE CITY, UT 84127 | LABORATORY SERVICES | 941,326 |
| COMPREHENSIVE MEDICAL MANAGEMENT 300 DAVE COWENS DRIVE STE 600 NEWPORT, KY 41071 | CONTRACTED PHYSICIAN BILLING SERVICES | 681,968 |
| NORTON HEALTHCARE PO BOX 35070 N-52 LOUISVILLE, KY 40232 | CONTRACTED PHSICIAN PROVIDER SERVICES | 544,461 |

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 ▶ 37

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | 58,396 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 272,174 | | |
| | g Noncash contributions included in lines 1a - 1f \$ | 1g | 9,995 | | |
| | h Total. Add lines 1a-1f | | 330,570 | | |

| Program Service Revenue | | | (A) | (B) | (C) | (D) |
|--|--|---------------|-------------|-------------|-----|-----|
| | | Business Code | | | | |
| 2a NET PATIENT SERVICE REVENUE | | 621110 | 123,174,153 | 123,174,153 | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f. | | | 123,174,153 | | | |

| | | | | | | | |
|---|---|--|----------------|-------------|-----------|-----------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 4,084,984 | | 4,084,984 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | 6a | (i) Real | 52,746 | | | |
| | | | (ii) Personal | | | | |
| | | b Less rental expenses | 6b | 23,286 | | | |
| | | c Rental income or (loss) | 6c | 29,460 | | | |
| | d Net rental income or (loss) | | | 29,460 | 29,460 | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 18,435,949 | 107,738 | | |
| | | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | 7b | 17,571,264 | 114,791 | | |
| | | c Gain or (loss) | 7c | 864,685 | -7,053 | | |
| | d Net gain or (loss) | | | 857,632 | | 857,632 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | 8a | | | | | |
| | b Less direct expenses | 8b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | 9a | | | | | |
| | b Less direct expenses | 9b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a CAFETERIA REVENUE | 722210 | | 405,565 | | 405,565 | | |
| b GIFT SHOP | 453220 | | 25,943 | | 25,943 | | |
| c EHR INCOME | 900099 | | 7,043 | 7,043 | | | |
| d All other revenue | | | 81,480 | 35,207 | 46,273 | | |
| e Total. Add lines 11a-11d | | | 520,031 | | | | |
| 12 Total revenue. See instructions | | | 128,996,830 | 123,245,863 | 46,273 | | |
| | | | | | 5,374,124 | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 28,860 | 28,860 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,981,385 | 1,520,296 | 461,089 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 48,845,126 | 37,421,123 | 11,349,423 | 74,580 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 1,853,592 | 1,422,242 | 431,350 | |
| 9 Other employee benefits | 8,110,026 | 6,208,431 | 1,882,950 | 18,645 |
| 10 Payroll taxes | 3,269,880 | 2,508,944 | 760,936 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 507,535 | | 507,535 | |
| c Accounting | 131,156 | | 131,156 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 614,316 | | 614,316 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 169,286 | | 169,286 | |
| 12 Advertising and promotion | 180,417 | 138,432 | 41,985 | |
| 13 Office expenses | 475,152 | 364,579 | 110,573 | |
| 14 Information technology | 46,074 | 35,352 | 10,722 | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,947,332 | 1,494,167 | 453,165 | |
| 17 Travel | 102,656 | 78,767 | 23,889 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 5,270,407 | 4,043,927 | 1,226,480 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 8,952,060 | 6,868,821 | 2,082,966 | 273 |
| 23 Insurance | 1,531,212 | 1,174,883 | 356,329 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PURCHASED SERVICES | 13,167,571 | 10,103,338 | 3,064,233 | |
| b DRUGS | 11,618,724 | 11,618,724 | | |
| c SUPPLIES | 6,395,408 | 4,907,129 | 1,488,279 | |
| d HOSPITAL ASSESSMENT FEE | 3,937,701 | 3,937,701 | | |
| e All other expenses | 5,938,049 | 2,092,182 | 3,845,867 | |
| 25 Total functional expenses. Add lines 1 through 24e | 125,073,925 | 95,967,898 | 29,012,529 | 93,498 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash—non-interest-bearing | 9,574 | 1 | 9,524 |
| | 2 Savings and temporary cash investments | 19,678,050 | 2 | 14,385,357 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 9,340,720 | 4 | 9,960,805 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | 34,165 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 309,153 | 7 | 544,859 |
| | 8 Inventories for sale or use | 2,507,284 | 8 | 2,442,862 |
| | 9 Prepaid expenses and deferred charges | 3,741,312 | 9 | 4,114,174 |
| | 10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D | 10a 184,327,274 | | |
| | b Less accumulated depreciation | 10b 88,405,447 | 101,960,857 | 10c 95,921,827 |
| | 11 Investments—publicly traded securities | 129,076,266 | 11 | 163,970,770 |
| | 12 Investments—other securities—See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related—See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets—See Part IV, line 11 | 8,701,609 | 15 | 9,538,650 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 275,324,825 | 16 | 300,922,993 | |
| Liabilities | 17 Accounts payable and accrued expenses | 11,412,609 | 17 | 11,479,384 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 92,387,457 | 20 | 90,825,285 |
| | 21 Escrow or custodial account liability—Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,746,968 | 23 | 1,206,861 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D | 2,146,373 | 25 | 2,780,999 | |
| 26 Total liabilities. Add lines 17 through 25 | 107,693,407 | 26 | 106,292,529 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 167,618,568 | 27 | 194,617,343 |
| | 28 Net assets with donor restrictions | 12,850 | 28 | 13,121 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 167,631,418 | 32 | 194,630,464 | |
| 33 Total liabilities and net assets/fund balances | 275,324,825 | 33 | 300,922,993 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 128,996,830 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 125,073,925 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 3,922,905 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 167,631,418 |
| 5 | Net unrealized gains (losses) on investments | 5 | 22,790,361 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 285,780 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 194,630,464 |

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 |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 35-0895832

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

Form 990 (2019)

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 2019, THE HOSPITAL PROVIDED HEALTHCARE TO PATIENTS AT THE FOLLOWING LEVELS 10,607 DAYS OF CARE TO ACUTE INPATIENTS1,156 DAYS OF CARE TO NEWBORN INFANTS195,482 VISITS ASSOCIATED WITH HOSPITAL OUTPATIENTS131,102 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 2019, KING'S DAUGHTERS' HEALTH PROVIDED SERVICES TOTALING \$2,109,684 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 for instructions and the latest information.

OMB No 1545-0047
2019
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 | | |
| | | | | | | |
| Total | | | | | | |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI)) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2018 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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> | | |
| | | 1 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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> | | |
| | | 2 | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|----------|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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> | | |
| | | 1 | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2019 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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 for instructions and the latest information.

OMB No 1545-0047

2019
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-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 |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 9,054 |
| j Total Add lines 1c through 1i | | | 9,054 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|-------------------|---|
| PART II-B, LINE 1 | 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

OMB No 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 12,850 | 12,957 | 20,194 | 28,255 | 30,058 |
| b Contributions | 4,035 | 3,208 | 28,678 | 356,398 | 506,513 |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 3,764 | 3,315 | 35,915 | 364,459 | 508,316 |
| f Administrative expenses | | | | | |
| g End of year balance | 13,121 | 12,850 | 12,957 | 20,194 | 28,255 |

- 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 ▶ 76 210 %
- c** Temporarily restricted endowment ▶ 23 790 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 3,989,556 | | 3,989,556 |
| b Buildings | | 118,503,603 | 39,562,491 | 78,941,112 |
| c Leasehold improvements | | | | |
| d Equipment | | 61,554,800 | 48,842,956 | 12,711,844 |
| e Other | | 279,315 | | 279,315 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 95,921,827 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

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

| (a) Description of liability | (b) Book value |
|---|----------------|
| 1. Federal income taxes | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 2,780,999 |

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

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 151,421,815 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 22,790,361 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 285,780 |
| e | Add lines 2a through 2d | 2e | 23,076,141 |
| 3 | Subtract line 2e from line 1 | 3 | 128,345,674 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 614,316 |
| b | Other (Describe in Part XIII) | 4b | 36,840 |
| c | Add lines 4a and 4b | 4c | 651,156 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 128,996,830 |

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 124,422,769 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 124,422,769 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 614,316 |
| b | Other (Describe in Part XIII) | 4b | 36,840 |
| c | Add lines 4a and 4b | 4c | 651,156 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 125,073,925 |

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 | |
| | |
| | |
| | |
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| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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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 12/31/2019 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, 2019 AND 2018, 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 285,780 |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | OTHER RENTAL INCOME 7,980 OTHER EXPENSE NETTED WITH INCOME ON FINANCIAL STATEMENTS 28,860 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| PART XII, LINE 4B - OTHER ADJUSTMENTS | OTHER RENTAL INCOME 7,980 OTHER EXPENSE NETTED WITH INCOME ON FINANCIAL STATEMENTS 28,860 |

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 for instructions and the latest information.**

OMB No 1545-0047
2019
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 |
|-----------|-----|----|
| 1a | Yes | |
| 1b | Yes | |
| 3a | Yes | |
| 3b | Yes | |
| 4 | Yes | |
| 5a | Yes | |
| 5b | Yes | |
| 5c | | No |
| 6a | Yes | |
| 6b | 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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 674,126 | | 674,126 | 0.540 % |
| b Medicaid (from Worksheet 3, column a) | | | 22,772,504 | 15,952,816 | 6,819,688 | 5.450 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 23,446,630 | 15,952,816 | 7,493,814 | 5.990 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 225,326 | 59,560 | 165,766 | 0.130 % |
| f Health professions education (from Worksheet 5) | | | 185,565 | 45,225 | 140,340 | 0.110 % |
| g Subsidized health services (from Worksheet 6) | | | 2,549,093 | 2,184,900 | 364,193 | 0.290 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 29,110 | | 29,110 | 0.020 % |
| j Total Other Benefits | | | 2,989,094 | 2,289,685 | 699,409 | 0.550 % |
| k Total Add lines 7d and 7j | | | 26,435,724 | 18,242,501 | 8,193,223 | 6.540 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | 254,130 | | 254,130 | 0 200 % |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | 254,130 | | 254,130 | 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? | 1 | | No |
| 2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount | 2 | | |
| | | | 10,979,809 |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | | 0 |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | | |

Section B. Medicare

| | | |
|--|---|---|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 26,640,332 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 25,939,188 |
| 7 Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | 701,144 |
| 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

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

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

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

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

1

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

| | 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 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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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 |
|--|---|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 19</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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 | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | No |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW KDHMADISON ORG/ABOUT-US/COMMUNITY-NEEDS-ASSESSMENT</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u> | | |
| 10 | 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 | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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 | | |
| 13 | 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 | Yes | |
| a | <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 | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | 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) | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW KDHMADISON ORG/PATIENTS_FINANCIAL ASPX</u> | | |
| 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> | | |
| c | <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> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <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 | | |
| j | <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 |
|-----------|--|-----|-----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | 19 | No |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

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

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 |
|-----------|-----|----|
| 23 | | No |
| 24 | | 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) |
|--|---|
| 1 1 - REHABILITATION CENTER AND HOME CARE 2670 N MICHIGAN ROAD MADISON, IN 47250 | OUTPATIENT REHABILITATION CENTER AND HOME CARE SERVICES |
| 2 2 - CONVENIENT CARE CENTER 445 CLIFTY DRIVE MADISON, IN 47250 | CONVENIENT CARE CENTER |
| 3 3 - VERSAILLES MEDICAL OFFICE BLDG-TYSON ST 206 W TYSON STREET VERSAILLES, IN 47042 | PHYSICIAN MEDICAL OFFICE |
| 4 4 - TRIMBLE COUNTY MEDICAL OFFICE BLDG 10235 US HIGHWAY 421 MILTON, KY 40045 | PHYSICIAN MEDICAL OFFICE |
| 5 5 - CARROLLTON MEDICAL OFFICE BLDG 205 MARWILL DRIVE CARROLLTON, KY 41008 | PHYSICIAN MEDICAL OFFICE |
| 6 6 - SWITZERLAND CNTY MEDICAL OFFICE BLDG 1190 WEST MAIN STREET VEVAY, IN 47043 | PHYSICIAN MEDICAL OFFICE |
| 7 7 - HANOVER MEDICAL OFFICE BLDG 36 MEDICAL PLAZA HANOVER, IN 47243 | PHYSICIAN MEDICAL OFFICE |
| 8 8 - DOWNTOWN MEDICAL OFFICE BLDG 630 NORTH BROADWAY MADISON, IN 47250 | PHYSICIAN MEDICAL OFFICE AND HOSPITAL STAFF |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| PART II, COMMUNITY BUILDING ACTIVITIES | COMMUNITY BUILDING ACTIVITIES PROMOTED THE HEALTH OF THE COMMUNITY IN THE FOLLOWING WAYS - 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 | 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 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 THE SPECIFIC AMOUNT OF IMPLICIT PRICE CONCESSIONS IS NOT REQUIRED TO BE DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS |

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 THE SPECIFIC AMOUNT OF IMPLICIT PRICE CONCESSIONS IS NOT REQUIRED TO BE DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS PLEASE REFER TO THE ATTACHED AUDITED FINANCIAL STATEMENTS - PAGES 8-9 "PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE" PAGES 30-33 "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 UP TO 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 | <p>THE HOSPITAL CONDUCTED ITS LATEST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019 THE COMMUNITY HEALTH NEEDS ASSESSMENT PROVIDES INFORMATION SO THAT THE COMMUNITY MAY IDENTIFY ISSUES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS TOOK INTO ACCOUNT INPUT FROM PERSONS IN THE COMMUNITY BY UTILIZING THE FOLLOWING COMPONENTS TELEPHONE INTERVIEWS OF A RANDOM SAMPLE OF 200 INDIVIDUALS AGE 18 AND OLDER IN THE PRIMARY SERVICE AREA NOTE THAT THE SAMPLE CONSISTED SOLELY OF AREA RESIDENTS AGE 18 AND OLDER DATA ON CHILDREN WERE GIVEN BY PROXY BY THE PERSON MOST RESPONSIBLE FOR THAT CHILD'S HEALTHCARE NEEDS ON-LINE KEY INFORMANT SURVEY DIRECTED AT PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BY KING'S DAUGHTERS' BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS THE COMMUNITY OVERALL THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICAL UNDERSERVED POPULATIONS BASED ON THE INFORMATION GATHERED THROUGH THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL WAS ABLE TO PUT TOGETHER A LIST OF "AREAS OF OPPORTUNITY" REPRESENTING SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY THE AREAS OF OPPORTUNITY WERE DETERMINED AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING STANDING IN COMPARISON WITH BENCHMARK DATA (PARTICULARLY NATIONAL DATA), THE PREPONDERANCE OF SIGNIFICANT FINDINGS WITHIN TOPIC AREAS, THE MAGNITUDE OF THE ISSUE IN TERMS OF THE NUMBER OF PERSONS AFFECTED, THE POTENTIAL HEALTH IMPACT OF A GIVEN ISSUE THESE ALSO TAKE INTO ACCOUNT THOSE ISSUES OF GREATEST CONCERN TO THE COMMUNITY STAKEHOLDERS (KEY INFORMANTS) GIVING INPUT TO THIS PROCESS THE PRIORITIZATION OF THE HEALTH NEEDS IDENTIFIED IN THIS ASSESSMENT WAS DETERMINED BASED ON A PRIORITIZATION EXERCISE CONDUCTED AMONG COMMUNITY STAKEHOLDERS (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) IN CONJUNCTION WITH THE ADMINISTRATION OF THE ONLINE KEY INFORMANT SURVEY IN THIS PROCESS, THESE KEY INFORMANTS WERE ASKED TO RATE THE SEVERITY OF A VARIETY OF HEALTH ISSUES IN THE COMMUNITY INSOFAR AS THESE HEALTH ISSUES WERE IDENTIFIED THROUGH THE DATA ABOVE AND/OR WERE IDENTIFIED AS TOP CONCERNS AMONG KEY INFORMANTS, THEIR RANKING OF THESE ISSUES INFORMED THE FOLLOWING PRIORITIES 1 SUBSTANCE ABUSE2 MENTAL HEALTH3 TOBACCO USE4 NUTRITION, PHYSICAL ACTIVITY & WEIGHT5 DIABETES6 HEART DISEASE & STROKE7 CANCER8 RESPIRATORY DISEASES9 INJURY & VIOLENCE10 ACCESS TO HEALTHCARE SERVICES</p> |

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 | KDH PROVIDES HEALTH CARE SERVICES TO FIVE COUNTIES IN SOUTHERN INDIANA AND NORTHERN KENTUCKY THE 2019KDH COMMUNITY HEALTH NEEDS ASSESSMENT 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 CARROL IN KENTUCKY) HAVE MULTIPLE HEALTH CARE FACILITIES THAT CURRENTLY CONDUCT A CHNA TO AVOID DUPLICATION, THE THREE PRIMARY COUNTIES DESCRIBED WERE INCLUDED IN THE 2019 KDH CHNA A FEWDESCRIPTIVE DEMOGRAPHIC HIGHLIGHTS FOR THE THREE COUNTIES DEFINED AS THE "PRIMARY SERVICE AREA" INCLUDE - POPULATION 51,607 (JEFFERSON CO= 32,293, SWITZERLAND CO= 10,617, TRIMBLE CO= 8,697)- URBAN VS RURAL CLASSIFICATION 35 2% URBAN AND 64 8% RURAL- AGE GROUP PERCENT AGE 0-17 WAS 22 0%, AGE 18-64 WAS 61 4%, AGE+65 WAS 16 6%- MEDIAN AGE JEFFERSON CO= 40 6, SWITZERLAND CO= 40 0, TRIMBLE CO= 41 9- RACE 95 9% WHITE, 1 5% BLACK, 1 2% OTHER RACE, 1 4% MULTIPLE RACES- PERCENT POVERTY 15 2%- EDUCATION LEVEL 13 4% OF POPULATION AGE 25+ WITHOUT A HIGH SCHOOL DIPLOMA OR EQUIVALENT UNEMPLOYMENT RATE 4 0% |

Form and Line Reference

Explanation

PART VI, LINE 5

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 NEITHER 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 IMPROVEMENTS IN PATIENT CARE HISTORICALLY, KDH HAS EMPLOYED A FULL TIME COMMUNITY WELLNESS COORDINATOR 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 VARIOUS GRANTS ALL OF THESE SERVICES HELP US MEET THE IDENTIFIED NEEDS OF THE COMMUNITIES WE SERVE PARTICIPATION IN THE BELOW COMMUNITY ORGANIZATIONS IS PART OF THE HOSPITAL'S INDIANA STATE DEPARTMENT OF HEALTH COMMUNITY BENEFIT PLAN AND GOALS 2019 KING'S DAUGHTERS' HEALTH OVERVIEW OF COMMUNITY BENEFIT ACTIVITIES

1 HEALTH SCREENS/HEALTH FAIRS A COMMUNITY HEALTH SCREENS / FAIRS REMC HEALTH FAIR FOR RIPLEY AND DEARBORN COUNTIES IN INDIANA ANTHEM MEMBER HEALTH FAIR IVY TECH EMPLOYEE/STUDENT AND COMMUNITY HEALTH FAIR TRIMBLE CO KY HIGH SCHOOL HEALTH FAIR SWISS VILLA HEALTH FAIR IN SWITZERLAND CO IN INDIANA HOSTED A LUNG CANCER SCREENING EVENT FOR LOW INCOME PARTICIPANTS B CORPORATE FLU SHOTS LAW FIRM 13 EMPLOYEES C 4-H FAIR PARTICIPATION JEFFERSON AND RIPLEY COUNTIES IN INDIANA D FREE TAKE-HOME COLON CANCER SCREENING KITS 79 KITS DISTRIBUTED THROUGH THE KDH LABORATORY

2 COMMUNITY EDUCATION OPPORTUNITIES/CLASSES/SPECIAL EVENTS A WELLNESS DEPARTMENT 16 SPEAKING ENGAGEMENTS B FIT KIDS PROGRAM (7 WEEK PROGRAM FOR AREA 5TH GRADE CLASSROOMS) 5 SCHOOL SYSTEMS / 18 CLASSROOMS / 424 KIDS + TEACHERS C TOBACCO CESSATION & EDUCATION KING'S DAUGHTERS' HEALTH EMPLOYS A FULL TIME STATE GRANT FUNDED TOBACCO COORDINATOR - KDH DOCUMENTED 265 ELECTRONIC PATIENT REFERRALS TO THE INDIANA QUITLINE - COLLABORATED WITH THE JEFFERSON COUNTY SCHOOLS TO EDUCATE STUDENTS ON THE HARMS OF TOBACCO/E-CIGARETTES AND OBTAINED GRANT FUNDING TO BRING IN A TRUTH INITIATIVE SPEAKER FOR AREA SCHOOLS - TOBACCO COORDINATOR SPOKE AT GIRLS INC OF JEFFERSON COUNTY - HELD A CIGARETTE BUTT CLEAN-UP EVENT - RECEIVED GRANT FUNDING TO PROVIDE FREE NICOTINE REPLACEMENT THERAPY ALONG WITH CESSATION RESOURCES FOR COMMUNITY MEMBERS - PARTICIPATED IN STANDARDIZED TOBACCO ASSESSMENT OF RETAIL SETTINGS (STARS) SURVEY - PARTICIPATED IN MULTI-UNIT HOUSING SURVEYS IN JEFFERSON COUNTY - IMPLEMENTED BABY AND ME TOBACCO FREE PROGRAM AT KDH - PARTNERED WITH JEFFERSON COUNTY WIC TO PROVIDE TOBACCO CESSATION RESOURCES TO TOBACCO USING MOTHERS - HOSTED A TOBACCO-FREE KIDDIE DAY AT THE SUMMER 4-H FAIR D CPR AND FIRST AID CLASSES COMMUNITY CLASSES - 494 TOTAL GRADUATES BLS, PALS, ACLS, AND PEARS CLASSES HELD FOR KDH EMPLOYEES AND AREA HEALTH CARE PROFESSIONALS 640 TOTAL PEOPLE TRAINED E STRIVE FOR 5 PROGRAM COMMUNITY 5-WEEK WEIGHT LOSS EDUCATION PROGRAM ONE CLASS HELD F PRENATAL EDUCATION OB PREP PROGRAM 422 EXPECTING MOTHERS SERVED IN ADDITION, 26 MOTHERS AND 24 SUPPORT PEOPLE ATTENDED THE CHILDBIRTH CLASS SERIES OFFERED BY KDH G GIRLS ON THE RUN FALL SEASON 105 GIRLS / 8 SITES / 28 TRAINED COACHES / 10 WEEK PROGRAM FALL 5K 246 PARTICIPANTS AND 71 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 MONTHLY "TO YOUR HEALTH" RADIO SHOW 30-MINUTE HEALTH EDUCATION PROGRAM WITH VARIOUS TOPICS OFFERED EACH MONTH J WOMEN'S SAFETY & SELF-DEFENSE WORKSHOPS FREE COMMUNITY WORKSHOP OFFERED TO COMMUNITY 8 PARTICIPANTS K KDH RUN THE FALL 5K WALK/RUN 200 PEOPLE PARTICIPATED L CANCER SUPPORT ACTIVITIES WOMEN AND CANCER SUPPORT GROUP, MET 6 TIMES IN 2019 PARTICIPATION IN JEFFERSON COUNTY AND TRIMBLE COUNTY RELAY FOR LIFE EVENTS CANCER SURVIVOR'S DINNER HELD WITH 125 PARTICIPANTS HOSTED A "DINING WITH A DOC" EVENT TO PROVIDE EDUCATION ABOUT COLON CANCER PREVENTION 3 EMPLOYEE HEALTH OPPORTUNITIES FOR KDH STAFF WELLNESS NEWSLETTERS (ON-LINE AND PAPER VERSIONS AVAILABLE) WELLNESS COLUMN IN THE MONTHLY MONITOR NEWSLETTER MONTHLY PADLET WELLNESS NEWSLETTER CREATED AND SENT TO ALL STAFF FREE LIPID BLOOD TEST OFFERED FOR ALL STAFF WITH INSURANCE PREMIUM REDUCTION OPPORTUNITY MONTH LONG STRESS LESS CAMPAIGN HELD WHICH INCLUDED CHAIR MASSAGES 2019 GOAL SHEETS OFFERED FOR STAFF WITH INCENTIVE HEART MONTH EDUCATION WITH PROMOTION OF GO RED CAMPAIGN MONTH LONG EDUCATION CAMPAIGN FOR EMPLOYEE WELLBEING MONTH LUNCH & LEARN SESSION ON STAIR CLIMBING WELLNESS CHALLENGE FOCUSING ON PHYSICAL ACTIVITY FOR EMPLOYEES STAFF PARTICIPATION IN COMMUNITY-WIDE WEIGHT LOSS CONTEST PROVIDES FREE NICOTINE REPLACEMENT THERAPY PRODUCTS FOR STAFF WHEN REQUESTED 4 COMMUNITY SERVICE ACTIVITIES A ACTIVE ATTENDANCE AND PARTICIPATION IN JCJTAP JEFFERSON

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 5 | <p>COUNTY JUSTICE TREATMENT AND PREVENTION COALITION SCAN SWITZERLAND COUNTY AWARENESS NETWO RK MADISON CONSOLIDATED SCHOOLS WELLNESS COMMITTEE MASHER (AREA CORPORATE SAFETY GROUP) OV O HEAD START POLICY COUNCIL PURDUE EXTENSION HEALTH AND HUMAN SERVICES BOARD PERINATAL COM MUNITY TASK FORCE PARTICIPATION IN INDIANA HEALTH ROADSHOW PROVIDED SPEAKERS AND SPONSORS HIP B EMS STAND-BY AT ALL COMMUNITY ACTIVITIES EMS PROVIDES STAND-BY COVERAGE AT ALL JE FFERSON COUNTY ACTIVITIES C ATHLETIC TRAINING/REHAB SERVICES PROVIDED FOR THREE JEFFERSO N COUNTY SCHOOLS D SUPPORT TO VARIOUS AREA SCHOOLS WITH INTERNSHIPS SUPPORT MANY LOCAL AND AREA HIGH SCHOOLS AND COLLEGES WITH INTERNSHIPS AND JOB SHADOW EXPERIENCES INCLUDES N URSING AND MEDICAL STUDENTS AMONG OTHERS 5 HEALTHY COMMUNITIES INITIATIVE (HCI) EFFORTS LED BY KING'S DAUGHTERS' HEALTH, PART-TIME COORDINATOR FUNDED BY KDH FOUNDATION HCI IS COM PRISED OF THREE TEAMS WHICH INCLUDES KDH STAFF AND COMMUNITY REPRESENTATIVES MENTAL HEALT H/ZERO SUICIDE SUBSTANCE ABUSE HEALTHY LIFESTYLES (INCLUDES TOBACCO COALITION) KDH HOSTS T HE MAJORITY OF THE TEAMS' MEETINGS 2019 HCI ACCOMPLISHMENTS SUBSTANCE ABUSE TEAM - HOST ED THE PRESENTATION OF AN EVENING TO DEAL HOPE, NOT DOPE MENTAL HEALTH/ZERO SUICIDE TEAM - HOSTED AND/OR ATTENDED A VARIETY OF SUICIDE TRAININGS INCLUDING ASIST, FAMILY TO FAMILY , MENTAL HEALTH FIRST AID, AND QPR - RECOGNIZED MENTAL HEALTH AWARENESS MONTH AND SUICIDE AWARENESS MONTH - SPONSORED THE PRODUCTION OF A FACING SUICIDE BOOKLET - STARTED THE PR OCESS OF MAKING JEFFERSON COUNTY A TRAUMA INFORMED COMMUNITY - PARTICIPATED IN A CANDLELI GHT VIGIL FOR VICTIMS OF SUICIDE FOR THE NATIONAL DAY OF PRAYER - HOSTED A TABLE AT THE L OCAL OUT OF THE DARKNESS WALK HEALTHY LIFESTYLES TEAM - OBTAINED GRANT FUNDING TO HOST F OUR COMMUNITY SPECIAL PROJECTS AND A MONTHLY HEALTH MESSAGE WITH DISEASE PREVENTION HEALTH INFORMATION WHICH WAS PUBLISHED IN ALL LOCAL MEDIA OUTLETS - HELD LIGHTEN UP JEFFERSON C OUNTY WEIGHT LOSS CONTEST WITH 221 PARTICIPANTS AND A TOTAL WEIGHT LOSS OF 749 9 LBS - HE LPED HOST A COMMUNITY PARK HOP CHALLENGE TO ENCOURAGE AREA PARK USAGE - OFFERED SUMMER CO MMUNITY HEALTHY SCAVENGER HUNT - HELD HEALTHY YOUTH TAILGATE PARTY WITH OVER 250 PARTICIP ANTS, 20 BOOTHS, AND 50 VOLUNTEERS</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**

| Section A. Hospital Facilities | | 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? 1 | | | | | | | | | | | |
| 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 19-005063-1 | 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 CANCER, DIABETES, HEART DISEASE & STROKE, INJURY & VIOLENCE, MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY, WEIGHT, RESPIRATORY DISEASES, SUBSTANCE ABUSE, TOBACCO USE, FAMILY PLANNING, INFANT/CHILD HEALTH, DEMENTIA/ALZHEIMER'S DISEASE, SEXUALLY TRANSMITTED DISEASES, ARTHRITIS/OSTEOPOROSIS/BACK CONDITIONS, ORAL HEALTH/DENTAL CARE, HIV/AIDS, IMMUNIZATION/INFECTIOUS DISEASES, AND HEARING & VISION PROBLEMS |

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 HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS IN THE COMMUNITY BY UTILIZING THE FOLLOWING COMPONENTS TELEPHONE INTERVIEWS OF A RANDOM SAMPLE OF 200 INDIVIDUALS AGE 18 AND OLDER IN THE PRIMARY SERVICE AREA NOTE THAT THE SAMPLE CONSISTED SOLELY OF AREA RESIDENTS AGE 18 AND OLDER DATA ON CHILDREN WERE GIVEN BY PROXY BY THE PERSON MOST RESPONSIBLE FOR THAT CHILD'S HEALTHCARE NEEDS ON-LINE KEY INFORMANT SURVEY DIRECTED AT PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BY KING'S DAUGHTERS' BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS THE COMMUNITY OVERALL THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS |

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 THE HOSPITAL CONDUCTED A NEEDS ASSESSMENT IN 2019 WHOSE IMPLEMENTATION STRATEGY WAS ADOPTED IN MARCH 2020 THE IMPLEMENTATION STRATEGY ASSOCIATED WITH THE 2019 NEEDS ASSESSMENT INCLUDED THE FOLLOWING PRIORITY AREAS- SUBSTANCE ABUSE, MENTAL HEALTH, TOBACCO USE, NUTRITION/PHYSICAL ACTIVITY/WEIGHT, DIABETES, HEALTH DISEASE & STROKE, AND CANCER THIS IMPLEMENTATION STRATEGY WILL GUIDE THE ACTIVITIES FOR THREE CONSECUTIVE YEARS FOLLOWING THE MOST RECENT NEEDS ASSESSMENT (AN UPDATE TO THIS STRATEGY PLAN WILL BE PROVIDED AT THE END OF EACH CALENDAR YEAR (2020, 2021, AND 2022) DURING CALENDAR YEAR 2019. THE HOSPITAL CONTINUED ITS WORK ON THE IMPLEMENTATION STRATEGY ASSOCIATED WITH THE 2016 NEEDS ASSESSMENT THE REMAINDER OF INFORMATION PRESENTED HERE IS RELATED TO THAT PARTICULAR NEEDS ASSESSMENT AFTER REVIEW OF THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2016, 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 EVALUATION 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 3 - 2019 UPDATE - NUMBER OF DRUG DROP OFF EVENT</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 |
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| KING'S DAUGHTERS' HEALTH | <p>S IN 2019 4 (ALL EVENTS WERE HELD AT THE KDH CAMPUS)- NUMBER OF INDIVIDUALS DROPPING OFF DRUGS/MEDICINE 94- TOTAL POUNDS OF DRUGS COLLECTED 306 LBS (SIGNIFICANT INCREASE FROM 20 18) - TOTAL POUNDS OF SYRINGES COLLECTED 75 2 LBS - CONTINUED TO SUPPORT THESE DRUG DROP OFF EVENTS THROUGH ALL KDH PROMOTION METHODS IN ADDITION, THE HEALTHY COMMUNITIES INITIATIVE PROMOTED 2019 DRUG DROP OFF DATES TO ALL THREE TEAMS - KDH CONTINUES TO TAKE A LEAD ROLE WITH THE HCI SUBSTANCE ABUSE TEAM AND PARTICIPATES IN THE LOCAL COALITION THE SUBSTANCE ABUSE TEAM HELPED TO PROMOTE A LOCAL PRESENTATION WITH 150 PEOPLE IN ATTENDANCE FOCUSING ON HOPE FOR SUBSTANCE ABUSE CONCERNS - KDH EMERGENCY DEPARTMENT AND SOCIAL SERVICES NOW PROVIDE CERT REFERRALS FOR PATIENTS CERT OFFERS 24-HOUR ASSESSMENTS AND PROVIDES SUPPORT FOR PATIENTS AND FAMILIES IN A SUBSTANCE ABUSE OR MENTAL HEALTH CRISIS TREATMENT PLACEMENT IS ALSO PROVIDED FOR THOSE WANTING SUBSTANCE ABUSE HELP 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-APPROPRIATE 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 3 - 2019 UPDATE - THE PROGRAM WAS OFFERED AT FIVE SCHOOL SYSTEMS IN JEFFERSON COUNTY - SWITZERLAND COUNTY HAD A BUSY ACADEMIC CALENDAR AND CHOSE NOT TO INCLUDE THE FIT KIDS PROGRAM - A TOTAL OF 18 CLASSROOMS WERE REACHED THIS INCLUDED 424 STUDENTS AND 18 TEACHERS THIS WAS A RECORD HIGH FOR THE THREE-YEAR PERIOD - FOR THE SECOND YEAR IN A ROW, PROCEEDS FROM A KDH FOUNDATION FUNDRAISING EVENT WERE DESIGNATED TO THE FIT KIDS PROGRAM THIS FUNDING PAID FOR A HEALTHY SNACK DURING THE FINAL LESSON, WHICH INCLUDED FRESH PRODUCE 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</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 |
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| KING'S DAUGHTERS' HEALTH | <p>E 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 OUT COMES 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 A LONG WITH NUMBER OF INDIVIDUALS PARTICIPATING AND PERCENT OF PEOPLE WHO COMPLETE/FINISH THE CHALLENGE CHALLENGE TRACKING TOOLS WILL BE MEASURED, DEPENDING ON THE THEME/FOCUS OF THE CHALLENGE, EXAMPLE- CALCULATING TOTAL STEPS, EXERCISE MINUTES, CHANGE IN BMI, SERVINGS OF FRUITS/VEGETABLES, ETC YEAR 3 - 2019 UPDATE - HEALTHY LIFESTYLES TEAM MET 12 TIMES IN 2019 THE TEAM HAS 64 MEMBERS - FREQUENT UPDATES ARE MADE FOR THE HEALTHY LIFESTYLES RESOURCE GUIDE THIS JEFFERSON COUNTY GUIDE IS AVAILABLE ON-LINE AND IN PRINT - A 2019 LIGHTEN UP JEFFERSON COUNTY COMMUNITY WEIGHT LOSS CHALLENGE WAS HELD 221 ADULTS PARTICIPATED WITH A RECORDED 7499 LB TOTAL WEIGHT LOSS - THE KDH WELLNESS COORDINATOR, WHO SERVES AS THE CHAIR OF THE HEALTHY LIFESTYLES TEAM, SERVED ON THE PLANNING TEAM FOR A NEW SPRING PARK HOP THIS INCENTIVE PROGRAM ENCOURAGED AREA YOUTH AND THEIR FAMILIES TO VISIT ALL AREA PARKS WITH THE GOAL TO INCREASE PHYSICAL ACTIVITY AND PLAY TIME - A SUMMER COMMUNITY HEALTHY SCAVENGER HUNT WALK WAS HELD - THE TEAM ASSISTED THE TOBACCO COORDINATOR AND HELPED WITH A CIGARETTE BUTT CLEAN UP EVEN HELD AT A LOCAL PARK - A FALL 2019 HEALTHY YOUTH TAILGATE EVENT WAS HELD FOR THE THIRD YEAR IN A ROW WITH APPROXIMATELY 250 STUDENTS IN ATTENDANCE, 20 HEALTH EDUCATION BOOTHS, AND 50 VOLUNTEERS - A HEALTH MESSAGE WAS CREATED EACH MONTH WHICH FOCUSED ON VARIOUS HEALTH THEMES THROUGHOUT THE YEAR THESE EDUCATION MESSAGES WERE PUBLISHED IN THE LOCAL NEWSPAPER, AIRED ON THE LOCAL RADIO STATION, SENT TO HUMAN RESOURCES PROFESSIONALS TO ENCOURAGE SHARES TO AREA EMPLOYERS GROUPS, AND ALSO BLASTED ON SOCIAL MEDIA OUTLETS</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 |
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| 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 |
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| 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 |
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| <p>PART V, SECTION B, LINE 11 CONTINUED</p> | <p>STRIVE FOR 5 WEIGHT LOSS EDUCATION CLASS DESCRIPTION THIS 5-WEEK CLASS SERIES TEACHES BASIC WEIGHT LOSS CONCEPTS AND FOCUSES ON DIFFERENT ASPECTS OF HEALTHY NUTRITION AND EXERCISE EACH WEEK CLASS PARTICIPANTS WEIGH IN DURING THE FIRST AND LAST CLASS THE ONE-TIME CLASS FEE OF \$5 IS REFUNDED TO ANYONE WHO LOSES AT LEAST 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 FOR PARTICIPANTS WHO LOSE THE MINIMUM OF 5 POUNDS OF BODY WEIGHT DURING THE 5 WEEK CLASS SERIES ANTICIPATED OUTCOMES IMPROVE NUTRITIONAL HABITS AND INCREASE PHYSICAL ACTIVITY FOR ALL CLASS PARTICIPANTS MOTIVATE, EDUCATE, AND ASSIST CLASS PARTICIPANTS TO REDUCE BMI PLAN 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 ATTENDANCE OFFER PRE AND POST BODY WEIGHT CHECKS AND MEASURE ANY WEIGHT CHANGE YEAR 3 - 2019 UPDATE - ONE 5-WEEK CLASS SERIES WAS HELD IN 2019 WITH 2 TOTAL PARTICIPANTS A SCHEDULING CONFLICT PERMITTED AN EVENING CLASS, WHICH TYPICALLY BRINGS IN MORE PARTICIPANTS THIS WILL BE EVALUATED FOR FUTURE CLASSES - 100% OF PARTICIPANTS COMPLETED THE 5 WEEK PROGRAM - THESE CLASSES LOST A TOTAL OF 96 LBS AND 100% OF PARTICIPANTS LOST WEIGHT 50% OF PARTICIPANTS WHO COMPLETED THE CLASS LOST THE SUGGESTED 5+ LBS DURING THE CLASS TOBACCO USE DESCRIPTION TOBACCO PREVENTION AND CESSATION COORDINATOR, EMPLOYED FULL TIME AT KDH, WILL PROVIDE EDUCATIONAL LITERATURE AND RESOURCES REGARDING THE HEALTH AND FINANCIAL EFFECTS OF SMOKING DURING PREGNANCY THROUGH 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 AMONG PREGNANT WOMEN ANTICIPATED OUTCOMES THE MAIN ANTICIPATED OUTCOME IS A DECREASED SMOKING RATE AMONG PREGNANT WOMEN, WHICH WOULD ALSO LEAD TO DECREASED PRE-TERM BIRTHS, LOW BIRTH WEIGHT AND BIRTH DEFECTS DUE TO SMOKING 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 3 - 2019 UPDATE - NUMBER OF OB/GYN PATIENTS REFERRED TO THE TOBACCO QUITLINE 38 - EDUCATION/CESSATION LITERATURE CONTINUES TO BE PROVIDED TO EACH OB PATIENT - 2019 JEFFERSON COUNTY SMOKING WHILE PREGNANT RATE DECREASED TO 26.1% INDIANA TOBACCO QUITLINE DESCRIPTION KDH TOBACCO PREVENTION AND CESSATION COORDINATOR WILL PROMOTE THE INDIANA TOBACCO QUITLINE IN ORDER TO INCREASE THE NUMBER OF PEOPLE WHO UTILIZE OR ARE REFERRED TO THE QUITLINE VIA THEIR MEDICAL PROVIDER OR EMPLOYER THE QUITLINE IS A FREE RESOURCE FOR ALL INDIANA RESIDENTS THAT CONNECTS THEM WITH A CESSATION COUNSELOR AND PROVIDES FREE NICOTINE REPLACEMENT PRODUCT</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 |
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| <p>PART V, SECTION B, LINE 11 CONTINUED</p> | <p>S FOR THOSE ENROLLED IN MEDICARE, MEDICAID, OR ARE UNINSURED 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 INCIDENCE 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/INITIATIVE 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 3 - 2019 UPDATE - NUMBER OF 2019 QUIT LINE REFERRALS 237 - NUMBER OF ACCEPTED SERVICES - 19 (DOES NOT INCLUDE MARCH REPORT)- NUMBER OF DECLINED SERVICES - 61 (DOES NOT INCLUDE MARCH REPORT)- THE OTHER 157 REFERRALS WERE PENDING OR NOT REACHABLE AT THE TIME OF THIS REPORT YOUTH OUTREACH THROUGH SCHOOLS AND YOUTH ORGANIZATIONS DESCRIPTION KDH TOBACCO PREVENTION AND CESSATION COORDINATOR WILL HOLD PRESENTATIONS AND ORGANIZE ACTIVITIES AT SCHOOLS AND YOUTH ORGANIZATIONS REGARDING HEALTH EFFECTS OF TOBACCO 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 TACTICS 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 YOUTH WHO DO NOT DESIRE TO START SMOKING AND CAN ALSO RECOGNIZE THE TACTICS BIG TOBACCO USES TO TARGET YOUNG PEOPLE PLAN TO EVALUATE SURVEYS, PRE AND POST TESTS, INDIANA STATE DEPARTMENT OF HEALTH AND CDC STATISTICS AND REPORTS METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE NUMBER OF PRESENTATIONS, NUMBER OF STUDENTS REACHED, SURVEY AND TEST RESULTS YEAR 3 - 2019 UPDATE - KDH RECEIVED A GRANT IN 2019 TO BRING THE TRUTH INITIATIVE TO JEFFERSON COUNTY GUEST SPEAKERS SPOKE AT EACH (THREE) HIGH SCHOOL ON THE HARMS OF E-CIGARETTE/TOBACCO USE THE PRESENTATIONS REACHED AN ESTIMATED 1,038 STUDENTS - TOBACCO COORDINATOR DID AN EDUCATION PRESENTATION FOR GIRLS INCORPORATED - TOBACCO COORDINATOR DID AN EDUCATION PRESENTATION FOR A LOCAL ELEMENTARY SCHOOL DURING RED RIBBON WEEK - TOBACCO COORDINATOR DID A TOBACCO MARKETING LESSON TO A TEAM OF GIRLS PARTICIPATING IN THE GIRLS ON THE RUN PROGRAM - KDH PARTICIPATED IN THE STARS TOBACCO RETAIL SURVEY IN JEFFERSON COUNTY 42 LICENSED TOBACCO RETAILERS IN JEFFERSON COUNTY WERE LISTED AND SURVEYED 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 INDIANA TOBACCO QUITLINE PATCHES WILL BE PURCHASED THROUGH A GRANT, FUNDED FROM THE JEFFERSON COUNTY JUSTI</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>CE, 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 3 - 2019 UPDATE - NUMBER OF PATCHES GIVEN BY RESPIRATORY DEPARTMENT TO PATIENTS IN 2019 3PLANS ARE IN PLACE FOR THE TOBACCO EDUCATOR TO WORK WITH THE RESPIRATORY THERAPIST TO HELP PROVIDE NICOTINE PATCHES WHEN NEEDED FOR INPATIENTS - ALL IN-PATIENTS WHO ARE LABELED AS A TOBACCO USER ARE OFFERED CESSATION COUNSELING QUITLINE REFERRALS ARE OFFERED AND CESSATION INFORMATION (BROCHURES, LITERATURE, ITEMS SUCH AS STRESS BALLS, ETC) ARE GIVEN WHEN A PATIENT IS WILLING TO ACCEPT IF THEY AGREE TO THE QUITLINE REFERRAL, THE QUITLINE OFFERS 2 WEEKS OF FREE NICOTINE REPLACEMENT THERAPY</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>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 GOALS 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 3 - 2019 UPDATE - ELEVEN PROGRAMS WERE HELD IN 2019 - ATTENDANCE RANGED FROM 25-70 PEOPLE EACH MONTH - TOPICS INCLUDED HEART HEALTH, NUTRITION, SEXUAL HEALTH, TOBACCO, MOSQUITOS, SKIN CANCER, IMMUNIZATIONS, DIABETES, BREAST CANCER, FOOD SAFETY, AND VAPING - THE ONLY BIOMETRIC SCREEN OFFERED IN 2019 WAS BLOOD PRESSURE A TOTAL OF 20 PEOPLE WERE SCREENED CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) READMISSION PREVENTION PROGRAM DESCRIPTION A MULTI-DISCIPLINARY TEAM OF STAFF AT KDH WILL TARGET COPD PATIENTS AND THE PROBLEM OF READMISSION READMISSION IS COSTLY TO THE PATIENT, THE HEALTH CARE ORGANIZATION, THE INSURANCE COMPANY, AND READMISSIONS INCREASE HEALTH CONCERNS FOR THE PATIENT EMERGENCY MEDICATION KITS WILL BE PROVIDED TO COPD PATIENTS WITH DETAILED INSTRUCTIONS FOR USE AND SELF-HOME CARE TAKE-HOME BINDERS WITH HEALTH EDUCATION ARE ALSO GIVEN TO ALL COPD PATIENTS GOALS TO DECREASE READMISSIONS FOR COPD PATIENTS ANTICIPATED OUTCOMES IMPROVE CHRONIC DISEASE MANAGEMENT SKILLS 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 PROGRAM TITLED MEDISOLV FOLLOW UP PATIENT PHONE CALLS ARE ALSO DOCUMENTED METRICS USED TO EVALUATE 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 WILL BE DOCUMENTED YEAR 3 - 2019 UPDATE - # OF EMERGENCY MED KITS DISTRIBUTED TO COPD PATIENTS 169- # OF HEALTH EDUCATION BINDERS DISTRIBUTED TO COPD PATIENTS 95- A TOTAL OF 110 DOCUMENTED FOLLOW-UP PHONE CALLS WERE MADE IN 2019 TO COPD PATIENTS NOTE- READMISSION COPD RATE FOR 2019 WAS 15.4% DUE TO THE INCREASE IN READMISSION RATE, KDH IS ALREADY WORKING ON A NEW PNEUMONIA EDUCATION PROGRAM THAT WILL BE IMPLEMENTED IN 2020 CONGESTIVE HEART FAILURE (CHF) READMISSION PREVENTION PRO</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>GRAM 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 MEDISOLV 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 3 - 2019 UPDATE - # OF SCALES DISTRIBUTED TO CHF PATIENTS 33- # OF HEALTH EDUCATION BINDERS DISTRIBUTED TO COPD PATIENTS 123- ALL PATIENTS RECEIVED A FOLLOW UP PHONE CALL NOTE- READMISSION CHF RATE FOR 2019 WAS 17.4% 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 PERSUADE 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 PERSONNEL 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 3 - 2019 UPDATE - HELPED TO PROMOTE VARIOUS MENTAL HEALTH TRAININGS HELD IN 2019 A TOTAL OF 75 PEOPLE RECEIVED SUICIDE-RELATED TRAINING IN JEFFERSON COUNTY IN 2019 MENTAL HEALTH/SUICIDE TEAM, SCHOOL BASED MENTAL HEALTH GRANT DESCRIPTION A LARGE GRANT, WHICH WILL SUPPORT A COMPREHENSIVE MENTAL</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>L 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 3 - 2019 UPDATE - ZERO-SUICIDE GRANT DOLLARS WERE SPENT DOWN IN 2018 - MCS-BASED LILLY GRANT PROGRAMMING WRAPPED UP FOR THE SCHOOL SYSTEM IN 2019 THIS WORK CONTINUED INDEPENDENTLY BUT THE MADISON SCHOOL COUNSELING STAFF SERVED ON THE HCI MENTAL HEALTH TEAM IN 2019</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>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 ENSURE 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 FACILITATOR 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 3 - 2019 UPDATE - JEFFERSON COUNTY HELD ANOTHER SUCCESSFUL OUT OF THE DARKNESS SUICIDE AWARENESS WALK IN 2019 THE EVENT EXCEEDED THE GOAL AND RAISED OVER \$25,000 KDH SERVED AS A SPONSOR FOR THIS EVENT - A FORMAL SUICIDE SUPPORT GROUP DID NOT MEET IN 2019 - NEW MENTAL HEALTH AWARENESS ACTIVITIES TOOK PLACE IN 2019 LED BY THE MENTAL HEALTH TEAM THE MONTH OF MAY WAS RECOGNIZED AS MENTAL HEALTH AWARENESS MONTH THE MONTH OF SEPTEMBER WAS RECOGNIZED AS SUICIDE AWARENESS MONTH WORK STARTED IN 2019 TO MAKE JEFFERSON COUNTY A TRAUMA-INFORMED COMMUNITY A FACING SUICIDE BOOKLET, WHICH TELLS THE STORIES OF JEFFERSON COUNTY FAMILIES IMPACTED BY SUICIDE, WAS MADE AVAILABLE FOR VIEWING ON THE KDH WEBSITE IN 2019 PLANS NOT TO ADDRESS THE FOLLOWING NEEDS NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY KING'S DAUGHTERS' HEALTH IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE IMPLEMENTATION STRATEGY DOES NOT INCLUDE SPECIFIC PLANS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT 1 KDH WILL FOCUS STRATEGIES TARGETING SUBSTANCE ABUSE / ADDICTIONS PRIMARILY TO RESIDENTS OF JEFFERSON COUNTY, INDIANA KDH WILL CONTINUE TO BE INVOLVED IN THE LOCAL COORDINATING COUNCIL IN SWITZERLAND COUNTY, THE SWITZERLAND COUNTY AWARENESS TEAM (SCAT) TO SUPPORT PROGRAMS FUNDED THROUGH SCAT DOLLARS THESE PROGRAMS TARGET SUBSTANCE ABUSE PREVENTION, TREATMENT, AND JUSTICE EFFORTS KDH WILL ENCOURAGE STAFF FROM THE SWITZERLAND COUNTY PHYSICIANS PRACTICE OFFICE TO STAY INFORMED WITH SCAT EFFORTS AND ANY COUNTY PROGRAMMING TARGETING SUBSTANCE ABUSE KDH WILL NOT HAVE AN ACTIVE PRESENCE IN TRIMBLE COUNTY KENTUCKY REGARDING SUBSTANCE ABUSE CONCERN</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>S DUE TO LACK OF STAFFING AND RESOURCES RESIDENTS OF BOTH SWITZERLAND AND TRIMBLE COUNTY S HAVE THE POTENTIAL TO INDIRECTLY BENEFIT FROM STRATEGIES IN JEFFERSON COUNTY, AS MANY RESIDENTS IN THESE NEIGHBORING COUNTIES WORK, SHOP, DINE, OR EVEN GO TO SCHOOL IN JEFFERSON COUNTY 2 TWO OF THE THREE STRATEGIES TARGETING OVERWEIGHT / OBESITY AND LACK OF PHYSICAL ACTIVITY HAVE THE POTENTIAL TO BENEFIT RESIDENTS IN ALL THREE COUNTIES SURVEYED IN THE 2016 CHNA RESIDENTS IN SWITZERLAND AND TRIMBLE COUNTIES WILL HAVE THE ABILITY TO PARTICIPATE IN THE STRIVE FOR 5 CLASSES, JUST LIKE JEFFERSON COUNTY RESIDENTS THE FIT KIDS PROGRAM WILL EXPAND TO ELEMENTARY SCHOOLS IN SWITZERLAND COUNTY AND POTENTIALLY TRIMBLE COUNTY AT A LATER DATE THE HCI HEALTHY LIFESTYLES WELLNESS CHALLENGE WILL BE EXCLUSIVE TO JEFFERSON COUNTY RESIDENTS THIS IS DUE TO HCI CURRENTLY FOCUSING EFFORTS IN JEFFERSON COUNTY LACK OF STAFFING AND A NON-EXISTING COMMUNITY HEALTH INITIATIVE IN SWITZERLAND AND TRIMBLE COUNTIES AT THE PRESENT TIME LIMIT A SIMILAR PROGRAM TO HCI 3 TOBACCO USE EFFORTS WILL PRIMARILY BE FOCUSED IN JEFFERSON COUNTY CURRENT STATE FUNDING, SUPPORTED IN-KIND BY KDH, LIMITS PROGRAMMING TO JEFFERSON COUNTY RESIDENTS SOME FLEXIBILITY APPLIES TO POSITIVELY IMPACT RESIDENTS OF SWITZERLAND COUNTY INDIANA THESE INDIVIDUALS CAN STILL BENEFIT FROM THE INDIANA STATE QUITLINE SERVICES AND THE TOBACCO COORDINATOR CAN PROVIDE RESOURCES WHEN REQUESTED TO THE PHYSICIAN OFFICE IN SWITZERLAND COUNTY RESIDENTS OF TRIMBLE COUNTY KENTUCKY WHO WORK, SHOP, AND DINE IN JEFFERSON COUNTY WILL BENEFIT FROM SMOKE-FREE AIR EFFORTS 4 TWO OF THE THREE STRATEGIES TARGETING CHRONIC DISEASE ARE INCLUSIVE TO RESIDENTS IN BOTH SWITZERLAND AND TRIMBLE COUNTIES INDIVIDUALS WHO ARE PATIENTS AT KING'S DAUGHTERS' HEALTH, REGARDLESS OF RESIDENCE, HAVE THE POTENTIAL TO PARTICIPATE IN BOTH THE CHF AND COPD READMISSION PROGRAMS RESIDENTS IN THESE COUNTIES CANNOT PARTICIPATE IN THE HOUSE OF HEALTH PROGRAM, AS THE HOUSE OF HOPE FOOD PANTRY IS EXCLUSIVE FOR RESIDENTS OF JEFFERSON COUNTY 5 THE MAJORITY OF STRATEGIES TARGETING MENTAL HEALTH / SUICIDE WILL BE EXCLUSIVE TO JEFFERSON COUNTY, DUE TO THE MCS AND HCI EFFORTS AND PARTNERSHIP RESIDENTS OF NEIGHBORING COUNTIES ARE WELCOME TO ATTEND THE SUICIDE SUPPORT GROUP AND ADDITIONAL SUICIDE AWARENESS ACTIVITIES LIKE THE WALK TO REMEMBER</p> |

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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 for the latest information.

OMB No 1545-0047

2019

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

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

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for IHA HOSPITAL ASSISTANCE FOUNDATION and COMMUNITY FOUNDATION OF MADISON AND JEFFERSON COUNTY INC.

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

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

OMB No 1545-0047

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 for instructions and the latest information.**

2019

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 Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|--|--|--|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on 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> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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> | 4a | No | | | | | | | | |
| | 4b | No | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | Yes | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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. |
| 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. |

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 for instructions and the latest information.

OMB No 1545-0047

2019

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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | |
| 15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | |
| 16 Has the final allocation of proceeds been made? | X | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---------|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 560 % | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | 0 560 % | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | | X | | | | | | |

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

| 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 |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$ 34,165

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|--|---------------------------|---|---|----|
| | | | | Yes | No |
| (1) A DATTILO FRUIT COMPANY | VP OF OUTPATIENT SERVICES OF KDH HAS A PERCENTAGE OWNERSHIP INTEREST | 15,712 | VICE PRESIDENT OF OUTPATIENT SERVICES OF KDH, LISA MORGAN, HAS A PERCENTAGE OWNERSHIP INTEREST IN A DATILLO FRUIT COMPANY KDH PURCHASES PRODUCE FROM A DATTILO FRUIT COMPANY THE HOSPITAL MADE PURCHASES TOTALING \$15,712 IN 2019 | | No |
| (2) MCCUBBIN MOTORS | BOARD MEMBER IS THE SPOUSE OF THE PRESIDENT OF MCCUBBIN MOTORS, INC | 51,698 | 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 \$51,698 TO MCCUBBIN MOTORS, INC IN 2019 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

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 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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 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 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

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

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | CHANGE IN SUBSCRIBER SAVINGS CUMULATIVE ACCOUNT 285,780 |

990 Schedule O, Supplemental Information

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

2019

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

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

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

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

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