efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

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 10-01-2019 , and ending 09-30-2020

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

C Name of organization
ASHLAND HOSPITAL CORPORATION

Doing business as
KING'S DAUGHTERS MEDICAL CENTER

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2201 LEXINGTON AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ASHLAND, KY 41101

D Employer identification number
61-0444716

E Telephone number
(606) 408-4000

G Gross receipts $ 515,835,600

F Name and address of principal officer:
KRISTIE WHITLATCH
2201 LEXINGTON AVENUE
ASHLAND, KY 41101

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.KINGSDAUGHTERSHEALTH.COM

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

L Year of formation: 1941

M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE COMMUNITY HEALTHCARE SERVICES. TO CARE. TO SERVE. TO HEAL.

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**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	3,694
6	Total number of volunteers (estimate if necessary)	**6**	118
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	20,254
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	311,238	8,099,760
9	Program service revenue (Part VIII, line 2g)	438,711,069	474,377,589
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,969,898	5,909,338
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,340,051	5,475,565
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	449,332,256	493,862,252
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	325,686	412,185
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)	194,212,755	209,388,611
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	234,000,924	253,422,804
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	428,539,365	463,223,600
19	Revenue less expenses. Subtract line 18 from line 12	20,792,891	30,638,652

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	692,505,967	810,355,083
21	Total liabilities (Part X, line 26)	319,401,817	405,385,538
22	Net assets or fund balances. Subtract line 21 from line 20	373,104,150	404,969,545

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

****** 2021-08-16
Signature of officer Date

AUTUMN MCFANN VICE PRESIDENT/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
				P00760402

Firm's name ▶ BAKER TILLY US LLP — Firm's EIN ▶ 39-0859910

Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400
LANCASTER, PA 17601 — Phone no. (717) 740-4863

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE COMMUNITY HEALTHCARE SERVICES. TO CARE. TO SERVE. TO HEAL.

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 $ 387,064,612 including grants of $ 412,185) (Revenue $ 474,377,589)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 387,064,612

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	289		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3,694		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		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?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	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?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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:
▶LAURIE STEWART CONTROLLER 2201 LEXINGTON AVENUE ASHLAND, KY 41101 (606) 408-9640

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) KRISTIE WHITLATCH PRESIDENT/CEO	51.25 11.25	X		X				781,097	0	80,370
(2) RICHARD FORD MD VP/INPATIENT CMO/PROC. SVCS	0.25 40.25				X			0	586,479	21,994
(3) AUTUMN MCFANN NON-VOTING TREASURER, VP/CFO	51.25 11.25	X		X				522,077	0	76,217
(4) WILLIAM BOYKIN1019-1219 DIRECTOR/MEDICAL STAFF PRESIDENT	0.25 40.25	X						24,000	556,687	16,908
(5) JAMES DETHERAGE MD VP/OUTPATIENT CMO/KDIP/PHYSICIAN	0.25 40.25				X			0	538,224	34,483
(6) CHARLES CONLEY DO PHYSICIAN	40.00 12.00					X		384,241	115,715	30,310
(7) SHERYL MAHANEY NON-VOTING SECRETARY, VP/CHIEF LEGAL	51.25 11.25	X		X				409,633	0	80,728
(8) SARA MARKS VP/COO	51.25 11.25				X			335,955	0	84,951
(9) PATRICK BALL DO PHYSICIAN	40.00 0.00					X		379,566	0	30,432
(10) JANE STRADER MD PHYSICIAN	40.00 13.00					X		300,539	81,419	25,569
(11) EVAN CONDEE DO PHYSICIAN	40.00 3.00					X		336,758	27,060	20,465
(12) RAMONA THOMPSON VP/CHIEF COMPLIANCE OFFICER	45.00 1.25				X			292,882	0	26,131
(13) JONATHAN MAYNARD MD PHYSICIAN	40.00 0.00					X		271,022	0	31,832
(14) STACY PATRICK VP CLINICAL & PROCEDURAL OPERATIONS	45.00 1.25				X			236,094	0	25,121
(15) BRIAN J FREDERICK120-920 DIRECTOR/MEDICAL STAFF PRESIDENT	0.25 0.25	X						22,000	0	0
(16) STEPHEN ADDINGTON DIRECTOR	0.25 0.25	X						0	0	0
(17) TOM BURNETTE DIRECTOR	0.25 0.50	X						0	0	0

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) DONALD HAMMONDS DO	0.25	X						0	0	0
DIRECTOR	0.25									
(19) KIM MCCANN	0.25	X						0	0	0
DIRECTOR	2.25									
(20) JOHN STEWART	0.25	X						0	0	0
DIRECTOR	0.50									
(21) JOHN VINCENT	0.25	X						0	0	0
DIRECTOR	1.50									
(22) DAVID JONES	2.00	X		X				0	0	0
CHAIRMAN	4.00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,295,864	1,905,584	585,511

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 ▶ 167

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EMCARE INC 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693	EMERGENCY ROOM PHYSICIANS	1,439,725
OBHG KENTUCKY PSC 777 LOWNDES HILL ROAD-BUILDING 1 GREENVILLE, SC 296072131	HOSPITALISTS	1,194,899
SPECIALTYCARE CARDIOVASCULAR RESOURCES PO BOX 11407 BIRMINGHAM, AL 352461614	PERFUSIONISTS	976,581
CLEVELAND CLINIC FOUNDATION PO BOX 931760 CLEVELAND, OH 441931861	CONSULTANTS	833,333
VANANTWERP ATTORNEYS LLP 1544 WINCHESTER AVENUE ASHLAND, KY 41101	LAWYERS	792,192

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 ▶ 34

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** 7,393,028			
	f All other contributions, gifts, grants, and similar amounts not included above	**1f** 706,732			
	g Noncash contributions included in lines 1a - 1f:$	**1g** 300,852			
	h Total. Add lines 1a-1f . . . . . ▶	8,099,760			
Program Service Revenue		Business Code			
	2a NET PATIENT SVC REV	621110	450,090,651	450,090,651	
	b PHARMACY	446110	24,286,738	24,271,408	15,330
	c MEANINGFUL USE REVENUES	621110	200	200	
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	474,377,589			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,500,412	4,924	4,495,488
	4 Income from investment of tax-exempt bond proceeds ▶		770		770
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**	1,102,811	3,150		
	b Less: rental expenses **6b**	667,188	3,150		
	c Rental income or (loss) **6c**	435,623	0		
	d Net rental income or (loss) . . . . . ▶		435,623		435,623
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	22,702,391	8,775		
	b Less: cost or other basis and sales expenses **7b**	20,776,678	526,332		
	c Gain or (loss) **7c**	1,925,713	-517,557		
	d Net gain or (loss) . . . . . ▶		1,408,156		1,408,156
	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	722210	1,865,631		1,865,631
	b EMPLOYEE RETENTION CREDIT	900099	1,251,153		1,251,153
	c QUALITY INCENTIVE	900099	961,524		961,524
	d All other revenue		961,634		961,634
	e Total. Add lines 11a–11d . . . . . ▶		5,039,942		
	12 Total revenue. See instructions . . . . . ▶		493,862,252	474,362,259	20,254	11,379,979

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	412,185	412,185		
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	2,664,800		2,664,800	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	32,296	32,296		
7 Other salaries and wages	160,827,831	139,168,688	21,659,143	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,218,141	5,381,179	836,962	
9 Other employee benefits	27,793,885	24,052,828	3,741,057	
10 Payroll taxes	11,851,658	10,089,316	1,762,342	
11 Fees for services (non-employees):				
a Management				
b Legal	2,727,072	11,620	2,715,452	
c Accounting	150,000		150,000	
d Lobbying	34,030	34,030		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	480,507		480,507	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,760,380	27,936,160	4,824,220	
12 Advertising and promotion	1,607,705	261,240	1,346,465	
13 Office expenses	2,182,220	1,104,236	1,077,984	
14 Information technology	3,052,047	3,036,576	15,471	
15 Royalties				
16 Occupancy	6,445,453	1,658,409	4,787,044	
17 Travel	170,902	8,115	162,787	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,226,858		11,226,858	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,653,770	21,080,159	1,573,611	
23 Insurance	6,555,201		6,555,201	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	101,196,148	96,061,987	5,134,161	
b BAD DEBT EXPENSE	27,162,565	27,162,565		
c REPAIRS & MAINTENANCE	16,936,648	15,587,312	1,349,336	
d TAX (INC. PROVIDER TAX)	7,711,845	7,637,735	74,110	
e All other expenses	10,369,453	6,347,976	4,021,477	
25 **Total functional expenses.** Add lines 1 through 24e	463,223,600	387,064,612	76,158,988	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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		5,233,090	1	8,728,800
	2	Savings and temporary cash investments		13,408,922	2	23,414,142
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		59,854,147	4	67,615,013
	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	
	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		1,046,131	7	1,146,026
	8	Inventories for sale or use		7,443,119	8	11,044,762
	9	Prepaid expenses and deferred charges		5,582,597	9	3,835,664
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 655,664,781			
	b	Less: accumulated depreciation	10b 415,762,217	236,459,181	10c	239,902,564
	11	Investments—publicly traded securities		176,820,552	11	248,579,107
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		5,005,696	13	5,013,605
	14	Intangible assets		788,715	14	788,715
	15	Other assets. See Part IV, line 11		180,863,817	15	200,286,685
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		692,505,967	16	810,355,083
Liabilities	17	Accounts payable and accrued expenses		35,441,337	17	46,503,538
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		218,517,125	20	213,039,656
	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			23	
	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		65,443,355	25	145,842,344
	26	**Total liabilities.** Add lines 17 through 25		319,401,817	26	405,385,538
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		373,104,150	27	404,969,545
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		373,104,150	32	404,969,545
	33	Total liabilities and net assets/fund balances		692,505,967	33	810,355,083

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	493,862,252
2	Total expenses (must equal Part IX, column (A), line 25)	2	463,223,600
3	Revenue less expenses. Subtract line 2 from line 1	3	30,638,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	373,104,150
5	Net unrealized gains (losses) on investments	5	3,851,391
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	-2,624,648
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	404,969,545

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 61-0444716

Name: ASHLAND HOSPITAL CORPORATION

Form 990, Part III, Line 4a:

LOCATED IN ASHLAND, KY., KING'S DAUGHTERS MEDICAL CENTER HAS BEEN SERVING THE PEOPLE OF NORTHEASTERN KENTUCKY, SOUTHERN OHIO, AND WESTERN WEST VIRGINIA FOR MORE THAN 120 YEARS. OUR FOCUS HAS ALWAYS BEEN ON HEALING THE SICK; IMPROVING QUALITY AND LENGTH OF LIFE; BUILDING HEALTHY COMMUNITIES; AND MEETING THE EVER-CHANGING HEALTHCARE NEEDS OF OUR REGION. AS ONE OF THE AREA'S LARGEST EMPLOYERS, KING'S DAUGHTERS IS AN IMPORTANT PART OF THE REGION'S INFRASTRUCTURE, ENSURING LOCAL ACCESS TO HIGH-QUALITY HEALTHCARE SERVICES; PROVIDING STABLE JOBS; ENCOURAGING ECONOMIC DEVELOPMENT; AND SUPPORTING EDUCATION FROM PRE-SCHOOL THROUGH COLLEGE AND BEYOND. CONTINUED ON SCHEDULE "O".KING'S DAUGHTERS PROVIDES COMPREHENSIVE HEALTHCARE IN THE FOLLOWING SPECIALTIES: HEART AND VASCULAR; ORTHOPEDICS AND SPORTS MEDICINE; DIGESTIVE HEALTH; SURGICAL SERVICES AND BARIATRICS; BEHAVIORAL MEDICINE/PSYCHIATRIC; ONCOLOGY; MATERNITY, WOMEN'S CARE AND PEDIATRICS; PULMONOLOGY; AND PRIMARY CARE. OUR GEOGRAPHICALLY DISTRIBUTED NETWORK OF PRIMARY CARE AND SPECIALIST PHYSICIANS, ALONG WITH DIAGNOSTIC CENTERS, HELPS ENSURE ACCESSIBLE, CONVENIENT HEALTHCARE SERVICES FOR PEOPLE WHERE THEY LIVE AND WORK. KING'S DAUGHTERS, ALONG WITH ITS TEAM MEMBERS, IS DEEPLY INVOLVED IN SUPPORTING PROGRAMS THAT IMPACT THE HEALTH, WELL-BEING, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY: - PROVIDING FREE IN-PERSON HEALTH SCREENINGS COVERING TOPICS RANGING FROM HEART DISEASE TO JOINT HEALTH TO SLEEP DISORDERS AND SKIN CANCER;- OFFERING FREE, ONLINE HEALTH RISK ASSESSMENTS AND SUPPORT GROUPS;- SPONSORING OR PARTICIPATING IN COMMUNITY EVENTS SUCH AS STRIKE OUT STROKE, KICKOFF CARAVAN AND FREE FLU VACCINATIONS; - PROVIDING FREE SPORTS PHYSICALS TO YOUNG ATHLETES AT SCHOOLS THROUGHOUT OUR REGION; PLACING CERTIFIED ATHLETIC TRAINERS AT SCHOOLS; AND OFFERING WALK-IN ORTHOPEDIC AND SATURDAY MORNING SPORTS CLINICS- PURCHASING AND DONATING AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) AND ANCILLARY EQUIPMENT (BATTERIES, PADS) TO FIRST-RESPONDERS THROUGHOUT OUR SERVICE AREA- EXTENSIVE EFFORTS TO INCREASE COMMUNITY AWARENESS OF AND/OR COMPLIANCE WITH SCREENING RECOMMENDATIONS FOR COMMON HEALTH ISSUES INCLUDING BREAST, LUNG, AND COLORECTAL CANCERS; STROKE; HEART DISEASE; AND SUBSTANCE ABUSE DISORDERS - OFFERING 3D MAMMOGRAPHY THROUGHOUT OUR REGION THROUGH STATIONARY LOCATIONS AT KING'S DAUGHTERS MEDICAL CENTER AND KING'S DAUGHTERS OHIO.- PROVIDING MOBILE HEALTH SERVICES ABOARD OUR MOBILE MAMMOGRAPHY AND TWO ADDITIONAL FLEXIBLE MOBILE UNITS PROVIDING A WIDE RANGE OF SERVICES INCLUDING OCCUPATIONAL MEDICINE SERVICES, HEALTH SCREENINGS, PFTS, AND OTHER SERVICES TRAVELING THROUGHOUT THE REGION. - INCREASING ACCESS TO FRESH, HEALTHY FOODS THROUGH SPONSORSHIP OF THE BOYD COUNTY FARMERS MARKET IN DOWNTOWN ASHLAND AND AT KING'S DAUGHTERS MEDICAL CENTER OHIO. - INCREASING BLOOD DONATION THROUGH A PARTNERSHIP WITH THE KENTUCKY BLOOD CENTER.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

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

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 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: 61-0444716

Name: ASHLAND HOSPITAL CORPORATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

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	Employer identification number
ASHLAND HOSPITAL CORPORATION	61-0444716

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
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		34,030
j	Total. Add lines 1c through 1i			34,030
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:	- $27,995: A PORTION OF THE DUES PAID TO THE KENTUCKY HOSPITAL ASSOCIATION ATTRIBUTABLE TO LOBBYING EXPENSES. - $5,995: A PORTION OF DUES PAID TO THE COLLEGE OF AMERICAN PATHOLOGISTS ATTRIBUTABLE TO LOBBYING. - $40: A PORTION OF THE DUES PAID TO THE AMERICAN SOCIETY FOR HEALTH CARE HUMAN RESOURCES ADMINISTRATION ATTRIBUTABLE TO LOBBYING EXPENSES.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

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:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,678,029		27,678,029
b Buildings		368,097,333	213,533,206	154,564,127
c Leasehold improvements				
d Equipment		253,331,026	197,226,568	56,104,458
e Other		6,558,393	5,002,443	1,555,950
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				239,902,564

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)TRUSTEED FUNDS	33,766
(2)DUE FROM RELATED PARTIES	182,778,062
(3)OTHER RECEIVABLES	2,061,250
(4)OPERATING LEASES	15,413,607
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	200,286,685

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MALPRACTICE COSTS	23,085,371
(3) ACCRUED PENSION	17,807,000
(4) LONG-TERM RETENTION PLAN	401,818
(5) INTEREST RATE SWAP AGREEMENTS	17,149,230
(6) EST. THIRD PARTY PAYOR SETTLEMENTS	60,707,464
(7) LEASES PAYABLE	26,691,461
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	145,842,344

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE MEDICAL CENTER, KHF, KBNH, CDC, KHI, KDMT, KDMS, KDHF AND PHC HAVE BEEN RECOGNIZED BY THE IRS AS SECTION 501(C)(3) CHARITABLE ORGANIZATIONS. SECTION 501(C)(3) ORGANIZATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

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

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,048,852		2,048,852	0.470 %
b Medicaid (from Worksheet 3, column a)			101,276,312	74,490,371	26,785,941	6.140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			103,325,164	74,490,371	28,834,793	6.610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,396,089		2,396,089	0.550 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			405,322		405,322	0.090 %
j **Total.** Other Benefits			2,801,411		2,801,411	0.640 %
k **Total.** Add lines 7d and 7j			106,126,575	74,490,371	31,636,204	7.250 %

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						
8 Workforce development			1,108,664		1,108,664	0.250 %
9 Other						
10 Total			1,108,664		1,108,664	0.250 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	9,414,843		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	111,951,757		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	121,552,913		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-9,601,156		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ASHLAND HOSPITAL CORPORATION

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): KINGSDAUGHTERSHEALTH.COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url): KINGSDAUGHTERSHEALTH.COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ASHLAND HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): KINGSDAUGHTERSHEALTH.COM/PATIENT-VISITORS/FINANCIAL-SERVICES-RESOURCES			
b	☑ The FAP application form was widely available on a website (list url): KINGSDAUGHTERSHEALTH.COM/PATIENT-VISITORS/FINANCIAL-SERVICES-RESOURCES			
c	☑ A plain language summary of the FAP was widely available on a website (list url): KINGSDAUGHTERSHEALTH.COM/PATIENT-VISITORS/FINANCIAL-SERVICES-RESOURCES			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ASHLAND HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ASHLAND HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **35**

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	KDMC USED WORKSHEET 2 PROVIDED IN THE SCHEDULE H INSTRUCTIONS (FORM 990) TO CALCULATE A COST TO CHARGE RATIO. THIS RATIO WAS USED TO CALCULATE CHARITY CARE AT COST. TO CALCULATE UNPAID COSTS OF MEDICAID, THE HOSPITAL'S COST ACCOUNTING SYSTEM WAS USED, ALONG WITH DATA FROM THE KY MEDICAID COST REPORT. ALL OTHER ITEMS WERE REPORTED AS NET EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $27,162,565.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	THE EXPENSES REPORTED IN PART II FOR COMMUNITY BUILDING ACTIVITIES ARE THE EXPENSES ASSOCIATED WITH RECRUITING PHYSICIANS TO MEDICALLY UNDER-SERVED AREAS (MURS). THESE EXPENSES ARE NECESSARY TO ENSURE OUR COMMUNITY IS STAFFED WITH THE PHYSICIANS TO MEET THE NEEDS OF THE PEOPLE LIVING HERE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	KDMC USED WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS (FORM 990) TO CALCULATE A COST TO CHARGE RATIO. THIS RATIO WAS USED TO CALCULATE BAD DEBT EXPENSE AT COST.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	BAD DEBT EXPENSE IS RECORDED AFTER ANY DISCOUNTS AND PAYMENTS ARE MADE ON PATIENT ACCOUNTS. HOWEVER, THE BUSINESS OFFICE DOES NOT KEEP TRACK OF "NO-RESPONSE" APPLICATIONS AND DOES NOT FEEL THAT THE PORTION CONSIDERED TO BE A COMMUNITY BENEFIT IS MATERIAL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE MEDICAL CENTER ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE MEDICAL CENTER ANALYZES CONTRACTUAL AMOUNTS DUE AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND INSURED PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES), THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE HOSPITAL CONTINUES TO PROVIDE CARE TO ALL PRESENTING AND ADMITTED PATIENTS, REGARDLESS OF ABILITY TO PAY. NOTWITHSTANDING THE COSTS TO PROVIDE CARE, RECEIVING "LESS" THAN WHAT IT COSTS TO PROVIDE ADEQUATE CARE TO MEDICARE COVERED LIVES DOES THE HOSPITAL A DISSERVICE. THIS SHORTFALL SHOULD COUNT AS A COMMUNITY BENEFIT. THE HOSPITAL USES THE ALLOWABLE COSTS PER THE MEDICARE COST REPORT, THE MOST RECENT COST REPORT DATA, AND PROVIDER STATISTICAL AND REIMBURSEMENT REPORT WAS USED TO COMPUTE THE INFORMATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	THE HOSPITAL HAS A WRITTEN POLICY FOR BAD DEBT. UNINSURED PATIENTS ARE SCREENED FOR ELIGIBILITY FOR MEDICARE, MEDICAID AND OTHER SUCH PROGRAMS BY A CONTRACTED VENDOR. ALL PATIENTS, INSURED AND UNINSURED, WITH VALID MAILING ADDRESSES RECEIVE POST-DISCHARGE BILLING STATEMENTS OVER THE COURSE OF A 120 DAY PERIOD. IF THERE ARE NO ACTIVE DISPUTES OR OTHER PAYMENT SOURCES AVAILABLE, AND THE BALANCE IS UNPAID AT THE END OF THE STATEMENT PERIOD, THE ACCOUNT WILL BE PLACED WITH A COLLECTION AGENCY TO REPORT AS A BAD DEBT. EACH STATEMENT INCLUDES INFORMATION REGARDING THE AVAILABILITY OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM ALONG WITH A NUMBER WHERE REPRESENTATIVES CAN BE REACHED FOR ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED AS A COLLABORATIVE EFFORT BETWEEN KING'S DAUGHTERS MEDICAL CENTER, BON SECOURS KENTUCKY (OUR LADY OF BELLEFONTE HOSPITAL), LOCAL HEALTH DEPARTMENTS, THE HEALTHY COMMUNITIES COALITION, AND THE CHNA ADVISORY GROUP. THE CHNA INCLUDES BOTH PRIMARY (FOCUS GROUP AND QUESTIONNAIRE) AND SECONDARY DATA ANALYSIS. THE PRIMARY DATA WAS COLLECTED FROM COMMUNITY MEMBERS AND LOCAL LEADERS REPRESENTING A BROAD SPECTRUM OF THE SERVICE AREA. THE FOCUS GROUPS INCLUDED REPRESENTATION FROM PUBLIC HEALTH IN ALL FOUR COUNTIES, AS WELL AS, INDIVIDUALS WITH SPECIAL KNOWLEDGE OF THE MEDICALLY UNDERSERVED, LOW INCOME AND VULNERABLE POPULATIONS AND PEOPLE WITH CHRONIC DISEASE. DURING 2020, KDMC ALSO CONDUCTED A SUPPLEMENTARY QUESTIONNAIRE TO MEASURE THE HEALTHCARE NEEDS OF LOCAL MINORITY POPULATIONS. THE RESULTS OF THE QUESTIONNAIRE WERE USED TO REEVALUATE THE STRATEGIES IN THE IMPLEMENTATION PLAN TO ASSURE THAT THE NEEDS OF THESE POPULATIONS WERE BEING MET. THE CHNA HELPED KDMC DETERMINE WHAT AGENCIES WERE DOING TO MEET AND OR IMPROVE HEALTHCARE NEEDS IN THE AREA, LEARN WHAT HEALTHCARE NEEDS WERE NOT BEING MET AND WHY, DETERMINE THE STRENGTHS AND WEAKNESSES OF CURRENT RESOURCES, AND TO INVESTIGATE WHAT CAN BE DONE TO IMPROVE THE HEALTH OF THE COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	THE MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY PROVIDES DIRECTION FOR FREE OR DISCOUNTED SERVICES TO RESIDENTS OF THE COMMUNITY WHO HAVE INADEQUATE FINANCIAL RESOURCES TO PAY FOR NECESSARY HEALTHCARE SERVICES PROVIDED BY KING'S DAUGHTERS. THE POLICY STATES THAT THE MEDICAL CENTER WILL NOT DENY CARE TO ANY PATIENT REQUIRING CARE DUE TO THEIR INABILITY TO PAY. THE FINANCIAL ASSISTANCE POLICY PROVIDES GUIDANCE TO PROVIDING ASSISTANCE BASED ON SLIDING SCALE METHODOLOGY AND THE FEDERAL POVERTY GUIDELINES ESTABLISHED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. PATIENTS REQUIRING CARE WITH INCOME BELOW 300% OF THE FEDERAL POVERTY LEVEL QUALIFY FOR FREE OR REDUCED COST SERVICES. KING'S DAUGHTERS ALSO CONTRACTS WITH CARDON OUTREACH TO ASSIST PATIENTS IN GOVERNMENT ENROLLMENT PROGRAMS. THERE ARE VARIOUS WAYS THE FINANCIAL ASSISTANCE PROGRAM IS CONVEYED TO THE COMMUNITY: KDMC WEBSITE, SIGNS IN VARIOUS PATIENT REGISTRATION AREAS, OUTBOUND/INBOUND CUSTOMER SERVICES CALLS, STATEMENT LANGUAGE, AND CERTAIN COMMUNITY EVENTS ("IN THE KNOW" NIGHT FOR BOYD CO. SCHOOLS).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	THE SERVICE AREA IS MADE UP OF SIX COUNTIES IN TWO STATES BOYD, CARTER, GREENUP, AND LAWRENCE COUNTIES IN KENTUCKY, AND LAWRENCE AND SCIOTO COUNTIES IN OHIO. ACCORDING TO THE US CENSUS BUREAU (ESTIMATES AS OF APRIL 26, 2021), A TOTAL OF 258,707 PEOPLE LIVE IN THE SIX-COUNTY SERVICE REGION. THE REGION COVERS 12,397 SQUARE MILES. THE POPULATION DENSITY IS APPROXIMATELY 108 PERSONS PER SQUARE MILE. THE AREA IS PREDOMINANTLY RURAL (47.19%), WITH AN URBAN POPULATION AT 35.3% AND SUBURBAN (17.5%). OF THE POPULATION, 96.1% ARE WHITE, 1.6% ARE BLACK, 1.4% HISPANIC/LATINO AND 0.9% MAKE UP ALL OTHER RACES. THERE ARE MORE FEMALES (50.8%) THAN MALES (49.2%) IN THE AREA. THE MEDIAN FAMILY INCOME IS $42,359, COMPARED TO KENTUCKY ($50,589) AND OHIO ($56,602). PER CAPITA INCOME IS $23,183, COMPARED TO KENTUCKY ($28,178) AND OHIO ($31,552). APPROXIMATELY 19.7% OF THE POPULATION LIVES IN POVERTY. MORE THAN SEVEN-PERCENT (7.2%) OF THE POPULATION UNDER THE AGE OF 65 IS WITHOUT ANY FORM OF HEALTHCARE COVERAGE. AS OF APRIL 2021, THE UNEMPLOYMENT RATE FOR THE FOUR-COUNTY AREA IS 5.4%.

Form and Line Reference	Explanation
PART VI, LINE 5:	KDMC PROVIDES A NUMBER OF SCREENING AND EDUCATIONAL PROGRAMS THAT ARE OUTSIDE OF THE CHNA IMPLEMENTATION PLAN AND BEYOND THE BORDERS OF THE PRIMARY MARKET. THESE PROGRAMS STRETCH I NTO EASTERN KENTUCKY, SOUTHEASTERN OHIO, AND WEST VIRGINIA. THE FOLLOWING DEMONSTRATES PRO GRAMS/SERVICES DELIVERED THAT ARE BEYOND THE IMPLEMENTATION PLAN STRATEGIES: COVID RESPONS E: COVID-19 HIT THE AREA IN FEBRUARY/MARCH OF 2020. IN RESPONSE TO THE PANDEMIC, KDMC PROV IDED ACCESS TO COVID-19 SCREENING UTILIZING EXTERNAL LABS FOR THE RESULTS. THIS PROCESS WA S VERY SLOW, WITH RESULTS OFTEN TAKING DAYS TO BE RECEIVED; SO KDMC PURCHASED NEW LAB EQUI PMENT THAT COULD PROVIDE RESULTS IN A MORE-TIMELY MANNER. BEGINNING IN MAY 2020, KDMC'S LA B STARTED PROCESSING THE TESTS FOR COVID-19; PROVIDING THE RESULTS TO PATIENTS IN LESS THA N 24 HOURS. DURING THE FISCAL YEAR, KDMC PROVIDED MORE THAN 58,300 COVID-19 SCREENING TEST S AND 652 SARS COV-2 IGG ANTIBODY TESTS. IN ADDITION, KDMC WORKED HARD TO EDUCATE THE COMM UNITY ABOUT SAFETY MEASURES TO REDUCE THE SPREAD INCLUDING SOCIAL DISTANCING, STAYING HOME AND WEARING A MASK. KDMC USED SOCIAL MEDIA IN ITS OUTREACH, POSTING 14 VIDEOS TO PROVIDE SCIENCE-BASED INFORMATION PRESENTED BY KDMC PHYSICIANS AND OTHER CLINICAL STAFF. THESE VID EOS REACHED MORE THAN 68,000 PEOPLE.SCREENINGS, IMMUNIZATIONS AND PHYSICALS:- CARPAL TUNNE L SCREENING 7 ADULTS SCREENED- COVID-19 CONVALESCENT PLASMA COLLECTION 4 SERVED- HEALTHY H EART SCREENING (TOTAL CHOLESTEROL, BLOOD PRESSURE, BLOOD SUGAR AND EKG) ADULTS SCREENED, T OTAL TESTS PROVIDED 87 SCREENED (SECONDARY, TERTIARY COUNTIES)- SPORTS PHYSICALS- 339 YOUT H- FLU SHOTS 1,749 VACCINES ADMINISTEREDHEALTH EDUCATION: - ALCOHOL AND OTHER DRUGS 185 AD ULTS AND 320 CHILDREN EDUCATED- BLOOD DONATIONS 458 DONATIONS COLLECTED- BONE HEALTH 21 AD ULTS SERVED- BREAST CANCER 2,260 ADULTS, 10 CHILDREN/YOUTH SERVED- BREAST FEEDING EDUCATIO N 20 ADULTS SERVED- CONGESTIVE HEART FAILURE 193 ADULTS- COLON CANCER 30 ADULTS- DIABETES 73 ADULTS, 50 CHILDREN SERVED (SECONDARY, TERTIARY COUNTIES)- EARLY SIGNS AND SYMPTOMS OF HEART ATTACK 112 ADULTS SERVED- EXERCISE EDUCATION 30 ADULTS (SECONDARY/TERTIARY COUNTIES) - FIRE SAFETY 50 ADULTS, 50 CHILDREN- FLU PREVENTION 12 ADULTS SERVED- HAND WASHING- 75 AD ULTS SERVED- HEALTHY HEART EDUCATION 53 ADULTS (SECONDARY/TERTIARY COUNTIES)- MEDICATION S AFETY 53 ADULTS SERVED- NUTRITION EDUCATION 60 ADULTS, 60 CHILDREN/YOUTH SERVED (SECONDARY /TERTIARY COUNTIES)- POISON PREVENTION 30 ADULTS SERVED- PREGNANCY/PARENTING EDUCATION 34 ADULTS AND 24 CHILDREN SERVED- STROKE 223 SERVED - SUBSTANCE USE DISORDER 200 PROFESSIONAL AND COMMUNITY MEMBERS SERVED- TOBACCO - 53 ADULTS (SECONDARY AND TERTIARY COUNTIES) - WOR KPLACE SAFETY - 155 ADULTS SERVEDDURING COVID-19, EDUCATIONAL PROGRAMMING WAS SHIFTED TO I NCLUDE VIDEOS POSTED TO FACEBOOK. KDMC POSTED THE FOLLOWING EDUCATIONAL VIDEOS:- DIGESTIVE HEALTH FIVE VIDEOS WITH 2,331 REACHED- STROKE ONE VIDEO WITH 1,534 REACHED- SURGICAL WEIG HT LOSS ONE VIDEO WITH 365 REACHEDSUPPORT GROUPS: KDMC PROVIDES VARIOUS SUPPORT GROUPS FOR INDIVIDUALS WITH DISEASE AND/OR THEIR CAREGIVERS. DURING FY20, THE FOLLOWING GROUPS WERE OFFERED.- ADULT DIABETES MELLITUS 10 ATTENDED- BREAST CANCER 7 ATTENDED- PREGNANCY LOSS GR OUP 40 ATTENDED- SURGICAL WEIGHT LOSS 7 ATTENDEDCLINICAL RESEARCH: KDMC SUPPORTS CLINICAL RESEARCH IN BOTH CARDIAC AND ONCOLOGY. OTHER COMMUNITY ACTIVITIES:- BLOOD DRIVES: KDMC HOS TED 14 BLOOD DRIVES ON KDMC CAMPUSES. A TOTAL OF 485 COMMUNITY AND TEAM MEMBERS DONATED BL OOD.- BACKPACK PROGRAM: THIS IS A PARTNERSHIP WITH THE ASHLAND ALLIANCE. TEAM MEMBERS FILL ED BACKPACKS WITH SCHOOL SUPPLIES FOR 76 ELEMENTARY, MIDDLE, AND HIGH SCHOOL AGED CHILDREN TO ENSURE STUDENTS START THE SCHOOL YEAR WITH THE NECESSARY SCHOOL SUPPLIES AND AT LEAST ONE NEW OUTFIT OF CLOTHES.- ADOPT-A-FAMILY: TEAM MEMBERS ADOPTED 30 FAMILIES, 26 NURSING H OME RESIDENTS AND 90 INDIVIDUAL CHILDREN, PROVIDING GIFTS AND FOOD TO THOSE IN NEED AT CHR ISTMAS TIME. IN ADDITION, A CHRISTMAS PARTY WAS PROVIDED FOR THE SHELTER OF HOPE RESIDENTS AND RESIDENTS WERE PROVIDED STOCKINGS.- BUILD-A-BED: BUILD-A-BED IS AN EFFORT TO PUT TOGE THER BEDS FOR UNDERPRIVILEGED CHILDREN IN THE REGION. THESE BEDS COME INTO KDMC'S PRIMARY SERVICE AREA THROUGH AN APPLICATION PROCESS WHERE PARENTS/GUARDIANS CAN APPLY FOR BEDS FOR THEIR CHILDREN. THE APPLICANTS MUST MEET INCOME ELIGIBILITY GUIDELINES. KDMC SUPPLIED 5 B ED KITS (COMFORTER, SHEETS, PILLOWS) FOR THE BEDS. IN ADDITION, A STUFFED TOY AND BOOK WER E PROVIDED WITH EACH BED KIT FOR THE CHILDREN RECEIVING BEDS.- CHILDBIRTH CLASSES: CHILDBI RTH CLASSES HELP MOTHERS-TO-BE AND THEIR PARTNERS BECOME MORE COMFORTABLE WITH THE BIRTH E XPERIENCE, LEARN BIRTHING OPTIONS, NUTRITION, THE LABOR PROCESS, AND PAIN MANAGEMENT, TO H ELP THEM MAKE THE BEST DECISIONS ABOUT HOW THEY WISH TO GIVE BIRTH. PARENTS-TO-BE ALSO LEA RN ABOUT THE BENEFITS OF BREAST FEEDING. THE WOMEN'S HEALTH TEAM, IN PARTNERSHIP WITH LOCA L OB/GYN PHYSICIANS, PROVIDED CHILDBIRTH EDUCATION

Form and Line Reference	Explanation
PART VI, LINE 5:	IN THE DOCTOR'S PRACTICE AND PROVIDED A NURSE CHILDBIRTH EDUCATOR/LACTATION CONSULTANT ON MONDAY AND WEDNESDAY DURING THE OFFICE'S BUSIEST APPOINTMENT DAYS. BY PROVIDING ONE-ON-ON E OR SMALL GROUP EDUCATION SESSIONS IN THE DOCTOR'S OFFICE, KDMC WAS ABLE TO REACH 162 MOT HERS-TO-BE IN THESE SESSIONS BEFORE COVID-19 LIMITED THE ABILITY TO PROVIDE THIS SERVICE S AFELY.- COMMUNITY VAN MINISTRY: THE COMMUNITY VAN MINISTRY IS A FREE NON-EMERGENCY TRANSPO RTATION PROGRAM FOR PATIENTS NEEDING A RIDE TO THE HOSPITAL FOR ANY MEDICAL SERVICE, DOCTO R APPOINTMENTS AND THERAPY. THERE WERE 74 INDIVIDUALS SERVED WITH 324 ENCOUNTERS.- CPR TRA INING CENTER: 2,544 PEOPLE TRAINED. BEFORE COVID-19 LIMITED THE ABILITY TO PROVIDE CPR COU RSES, KDMC PROVIDED FREE TRAINING AND CERTIFICATION FOR THE FOLLOWING:1) EMS (INCLUDES BOY D CO., CARTER CO., AND AIR EVAC. 23 CARDS ISSUES (BLS, PALS AND ACLS INCLUDED)2) COLLEGE S TUDENTS (INCLUDES KCTC, OUS, MARSHALL AND EKU) 26 BLS CARDS ISSUED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	KING'S DAUGHTERS MEDICAL CENTER IS PART OF AN AFFILIATED HEALTH CARE DELIVERY SYSTEM. THE SYSTEM OPERATES ANOTHER HOSPITAL, KING'S DAUGHTERS MEDICAL CENTER OHIO ("KDOH") IN PORTSMOUTH, OH. KDOH HAS BEEN SPECIFICALLY DESIGNED TO MEETING THE HEALTHCARE NEEDS OF PORTSMOUTH AND ITS SURROUNDING AREAS. KDOH OFFERS SURGICAL AND URGENT CARE SERVICES. KDOH PROVIDES CHARITY CARE AND PARTICIPATES IN GOVERNMENT PROGRAMS. THE SYSTEM PROVIDES PHYSICIAN SERVICES THROUGH KING'S DAUGHTERS MEDICAL SPECIALTIES, INC. ("KDMS"). KDMS PROVIDES CHARITY CARE AND PARTICIPATES IN GOVERNMENT PROGRAMS. KING'S DAUGHTERS ALSO INCLUDES TWO OTHER AFFILIATES - KING'S DAUGHTERS MEDICAL TRANSPORT, WHICH SEEKS TO CONTINUOUSLY IMPROVE THE PRE- AND POST-HOSPITAL HEALTHCARE PROVIDED IN ALL OF IT'S SERVICES AREAS WHILE ENSURING THAT EMERGENCY AND NON-EMERGENCY AMBULANCE SERVICE WILL BE AVAILABLE TO ALL THOSE IN NEED; AND KINGSBROOK NURSING HOME, WHICH PROVIDES QUALITY CARE TO PATIENTS, MEETING THE NEEDS AND DESIRES OF RESIDENTS AT VARIOUS LEVELS OF CARE, INCLUDING SHORT-TERM AND LONG-TERM CARE.

Additional Data

Software ID:

Software Version:

EIN: 61-0444716

Name: ASHLAND HOSPITAL CORPORATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ASHLAND HOSPITAL CORPORATION 2201 LEXINGTON AVENUE ASHLAND, KY 41101 WWW.KINGSDAUGHTERSHEALTH.COM 100958	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
ASHLAND HOSPITAL CORPORATION	PART V, SECTION B, LINE 5: IN ORDER TO ASSURE THAT THERE WAS A BROAD INVOLVEMENT FROM ALL FOUR COUNTIES IN THE ASSESSMENT PROCESS, FOCUS GROUPS AND A SURVEY WERE SELECTED TO GAIN INPUT. EACH COUNTY FOCUS GROUP CONSISTED OF INDIVIDUALS FROM PUBLIC HEALTH, BUSINESS, NON-PROFITS, HEALTHCARE AND OTHERS INTERESTED IN THE HEALTH OF THEIR COMMUNITY. THERE WERE INDIVIDUALS FROM EACH COUNTY PUBLIC HEALTH DEPARTMENT, WHICH REPRESENTED THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. IN ADDITION, MULTIPLE OTHER NON-PROFITS ALSO REPRESENTED THOSE WHO ARE UNDERSERVED, LOW INCOME OR PART OF THE MINORITY COMMUNITY. THESE COVERED PROGRAMS FOR THE AGED TO THOSE FOR YOUNG CHILDREN/INFANTS.

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
ASHLAND HOSPITAL CORPORATION	PART V, SECTION B, LINE 6A: BON SECOURS KENTUCKY A.K.A. OUR LADY OF BELLEFONTE HOSPITAL & PORTSMOUTH HOSPITAL CORPORATION.

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
ASHLAND HOSPITAL CORPORATION	PART V, SECTION B, LINE 11: THE CHNA IDENTIFIED NEW NEEDS TO BE ADDRESSED INCLUDING SUBSTA NCE ABUSE/MISUSE; OBESITY/DIABETES; HEART DISEASE; COPD AND OTHER BREATHING ISSUES; AND CA NCER PREVENTION. THESE NEEDS ARE BEING ADDRESSED IN THE FOLLOWING WAYS:- SUBSTANCE ABUSE/M ISUSE: KDMC IS PARTNERING WITH LOCAL COURT SYSTEMS TO WORK WITH JUSTICE INVOLVED INDIVIDUA LS THAT ARE PARTICIPATING IN DRUG COURT. A GRANT HAS ENABLED KDMC TO EXPAND THEIR OUTPATIE NT BEHAVIORAL SERVICES TO INCLUDE A LCSW AND NURSE PRACTITIONERS THAT HAVE SPECIALTY IN WO RKING WITH SUBSTANCE ABUSE PATIENTS. THE PRIMARY FOCUS IS ON JUSTICE INVOLVED INDIVIDUALS WITH OPIOID ADDICTION. THE PROGRAM ADDRESSES NOT ONLY THE ISSUE OF ADDICTION BUT ALSO PRIM ARY CARE AND REMOVAL OF SOCIAL/ECONOMIC ISSUES THAT LIMIT THE PATIENT'S ABILITY TO OVERCOM E THEIR ADDICTION. KDMC IS ALSO WORKING THROUGH THE FAITH COMMUNITY TO REMOVE THE STIGMA O F ADDICTION IN ORDER TO HELP IMPROVE RECOVERY RATES. IN ADDITION, KDMC RECEIVED A SECOND G RANT TO OPEN A RECOVERY CLINIC DEDICATED TO HELPING THOSE WITH SUBSTANCE USE DISORDER TO O VERCOME AND RECOVERY FROM THEIR ADDICTION. KDMC ALSO CONTINUES TO PROVIDE EDUCATION ABOUT SAFE MEDICATION PRACTICE SCHOOLS AND THROUGHOUT THE COMMUNITY TO REDUCE ACCIDENTAL POISONI NG.- OBESITY/DIABETES: KDMC CONTINUES TO HELP MEET THE FOOD NEEDS OF THE COMMUNITY THROUGH FARMER'S MARKETS, FOOD BANK DONATIONS AND THE MEALS-ON-WHEELS PROGRAM, WHILE LOOKING FOR ADDITIONAL WAYS TO ASSURE THE AVAILABILITY OF HEALTHY FOODS FOR THOSE IN NEED. TO ADDRESS OBESITY, KDMC SUPPORTS PHYSICAL ACTIVITY PROGRAMS IN THE AREA AND SPONSORS YOUNG PEOPLE TH AT CANNOT AFFORD ENTRY INTO RUNS/WALKS. IN ADDITION, SCHOOL-BASED PROGRAMS FOR PHYSICAL AC TIVITY THAT WERE SUSPENDED DUE TO COVID-19 WILL AGAIN BE AVAILABLE FALL 2021. TO ADDRESS D IABETES, KDMC CONTINUES TO PROVIDE FREE NON-FASTING BLOOD SUGAR SCREENINGS THROUGHOUT THE AREA IN ORDER TO IDENTIFY THOSE WITH PREDIABETES OR DIABETES. THE LOW-COST BLOOD PROFILES, INCLUDING A1C ARE ALSO AN ONGOING OFFERING.- CANCER PREVENTION: KDMC IS ADDRESSING PREVEN TION OF THREE CANCERS LUNG, BREAST AND COLON/RECTAL. LUNG CANCER IS BEING TACKLED THROUGH EARLY DETECTION USING LOW-DOSE CT SCREENING, PATIENT EDUCATION AND THE HEALTHAWARE RISK AS SESSMENT; COLON/RECTAL CANCERS IS BEING ADDRESSED THROUGH INCREASING VARIOUS SCREENING OPT IONS, INCLUDING COLONOSCOPY, COLOGUARD AND FIT TESTING. THE HEALTHAWARE RISK ASSESSMENT AL SO ADDRESS COLON/RECTAL CANCER. BREAST CANCER SCREENING IS FOCUSED ON CARTER COUNTY, WHERE SCREENING IS LOW AND BREAST CANCER DEATHS ARE HIGH. THE MOBILE MAMMOGRAPHY UNIT WILL INCR EASE THE NUMBER OF VISITS TO CARTER COUNTY FOR SCREENING AND EDUCATION. KDMC HAS FUNDS AVA ILABLE TO PAY FOR MAMMOGRAMS AND DIAGNOSTIC TESTING FOR THE UNINSURED AND UNDER INSURED. G ENETIC TESTING FOR CANCER IS ALSO BEING OFFERED.- COPD AND OTHER BREATHING ISSUES: THESE L UNG ISSUES ARE BEING ADDRESSED THROUGH INCREASING EFFORT TO EDUCATION THE COMMUNITY ABOUT THE ILL EFFECTS OF TOBACCO USE

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
ASHLAND HOSPITAL CORPORATION	AND E-CIGARETTES (VAPING). THIS EDUCATION IS PROVIDED THROUGH SCHOOLS AND COMMUNITY EVENT S. IN ADDITION, AN INCREASED EFFORT TO ASSIST INDIVIDUALS TO QUIT TOBACCO USE IS BEING MAD E THROUGH REFERRALS AND SMOKING CESSATION CLASSES. AN INCREASED EFFORT IS BEING MADE TO HE LP IDENTIFY INDIVIDUALS WITH LUNG ISSUES THROUGH TAKING BREATHING SCREENINGS (PFT TESTING) TO RURAL AREAS THROUGH THE MOBILE HEALTH UNIT.- HEART DISEASE: THE EARLY DETECTION OF HEA RT DISEASE AIDS IN PREVENTING FUTURE CATASTROPHIC EVENTS. THROUGH SCREENING AND PREVENTION EDUCATION, KDMC ADDRESSES THE NEED TO LOWER CHOLESTEROL AND HIGH BLOOD PRESSURE. THOSE SC REENED RECEIVED EDUCATION, BASED ON THEIR NUMBERS, ON WHETHER TO SEE A DOCTOR OR HOW THEY CAN ADDRESS REDUCING OR IMPROVING THEIR CHOLESTEROL AND/OR HIGH BLOOD PRESSURE READINGS.AL L OF THE PRIMARY NEEDS IDENTIFIED IN THE CHNA ARE BEING ADDRESSED IN THE 2020-21 IMPLEMENT ATION PLAN.

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
ASHLAND HOSPITAL CORPORATION	PART V, SECTION B, LINE 13H: DOES NOT COVER SERVICES DEEMED NOT MEDICALLY NECESSARY.

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
ASHLAND HOSPITAL CORPORATION	PART V, SECTION B, LINE 24: ONLY FOR SERVICES EXCLUDED FROM ELIGIBILITY AS DEFINED WITHIN THE FAP, WHICH ARE DEFINED AS ELECTIVE SERVICES AND THEREFORE NOT MEDICALLY NECESSARY.

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - CENTER FOR ADVANCED IMAGING 2225 CENTRAL AVENUE ASHLAND, KY 41101	OUTPATIENT IMAGING CENTER
1	2 - ASHLAND URGENT CARE 2245 WINCHESTER AVENUE ASHLAND, KY 41101	URGENT CARE
2	3 - GRAYSON URGENT CARE I-64 INTERCHANGE GRAYSON, KY 41143	URGENT CARE
3	4 - IRONTON URGENT CARE 912 PARK AVENUE IRONTON, OH 45638	URGENT CARE
4	5 - OUTPATIENT SERVICES CENTER 480 23RD STREET ASHLAND, KY 41101	PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY
5	6 - CATLETTSBURG FAMILY CARE CENTER 4004 LOUIS RD CATLETTSBURG, KY 41129	FAMILY CARE CENTER
6	7 - CEDAR KNOLL FAMILY CARE CENTERPEDIATRIC 10650 US ROUTE 60 ASHLAND, KY 41102	FAMILY CARE CENTER/PEDIATRICS
7	8 - FLATWOODS FAMILY CARE 1107 BELLEFONTE RD FLATWOODS, KY 41139	FAMILY CARE CENTER
8	9 - GRAYSON MEDICAL SPECIALTIES 609 N CAROL MALONE BLVD GRAYSON, KY 41143	FAMILY CARE CENTER
9	10 - FLATWOODS MEDICAL SPECIALTIES 1109 BELLEFONTE RD FLATWOODS, KY 41139	FAMILY CARE CENTER
10	11 - OLIVE HILL FAMILY CARE CENTER 391 WEST TOM T HALL BOULEVARD OLIVE HILL, KY 41164	FAMILY CARE CENTER
11	12 - BURLINGTON FAMILY CARE CENTER 384 COUNTRY ROAD 120 SOUTH SOUTH POINT, OH 45680	FAMILY CARE CENTER
12	13 - IRONTON FAMILY CARE CENTER 912 PARK AVENUE IRONTON, OH 45638	FAMILY CARE CENTER
13	14 - JACKSON MEDICAL SPECIALTIES 14395 STATE ROUTE 93 JACKSON, OH 45640	FAMILY CARE CENTER
14	15 - PORTSMOUTH MEDICAL SPECIALTIES 2001 SCIOTO TRAIL PORTSMOUTH, OH 45662	FAMILY CARE CENTER

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

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

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

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

	Name and address	Type of Facility (describe)
16	16 - SANDY HOOK FAMILY CARE CENTER STATE ROUTES 7 AND 32 SANDY HOOK, KY 41171	FAMILY CARE CENTER
1	17 - KDMC OCCUPATIONAL MEDICINE 2301 LEXINGTON AVE STE 215 ASHLAND, KY 41101	OCCUPATIONAL MEDICINE
2	18 - KDMC HOME HEALTH 2301 LEXINGTON AVE STE 305 ASHLAND, KY 41101	HOME HEALTH SERVICES
3	19 - PRESTONSBURG FAMILY CARE 1279 OLD ABBOT MOUNTAIN RD PRESTONBURG, KY 41653	FAMILY CARE CENTER
4	20 - RUSSELL WALK-IN CAREHALL FAMILY CARE 399 DIEDERICH BLVD RUSSELL, KY 41169	WALK-IN CLINIC AND FAMILY CARE CENTER
5	21 - BURLINGTON URGENT CARE 384 COUNTRY ROAD 120 SOUTH SOUTH POINT, OH 45680	URGENT CARE
6	22 - KDMC SKILLED NURSING FACILITY 2201 LEXINGTON AVENUE ASHLAND, KY 41101	SKILLED NURSING
7	23 - PORTSMOUTH INTERNAL MEDICINE 1729 KINNEYS LANE PORTSMOUTH, OH 45662	FAMILY CARE CENTER
8	24 - ASHLAND PEDIATRICS 2301 LEXINGTON AVE STE 135 ASHLAND, KY 41101	PEDIATRICS CENTER
9	25 - CANNONSBURG URGENT CARE 12470 US 60 ASHLAND, KY 41102	URGENT CARE
10	26 - KD BELLEFONTE PRIMARY CAREPEDIATRI 1000 ASHLAND DR STE 102 ASHLAND, KY 41101	FAMILY CARE CENTER/PEDIATRICS
11	27 - KD CORNERSTONE MEDICAL PLAZA 1816 CARTER AVE ASHLAND, KY 41101	FAMILY CARE CENTER
12	28 - KD ASHLAND 29TH ST PEDIATRICS 336 29TH ST STE 201 ASHLAND, KY 41101	PEDIATRICS CENTER
13	29 - KD ASHLAND PRIMARY CARE 2028 WINCHESTER AVE ASHLAND, KY 41101	FAMILY CARE CENTER
14	30 - KD CANNONSBURG PRIMARY CARE 12470 US 60 ASHLAND, KY 41102	FAMILY CARE CENTER

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - KD FLATWOODS PRIMARY CARE 2420 ARGILLITE RD STE B FLATWOODS, KY 41139	FAMILY CARE CENTER
1	32 - KD GRAYSON PRIMARY CARE MED SPEC & PEDS 100 BELLEFONTE DR GRAYSON, KY 41143	FAMILY CARE CENTER/PEDIATRICS
2	33 - KD GREENUP PRIMARY CARE 1629 ASHLAND ROAD GREENUP, KY 41144	FAMILY CARE CENTER
3	34 - VITALITY CENTER - PED & ADULT PTOT 1100 ST CHRISTOPHER DR ASHLAND, KY 41101	PHYSICAL & OCCUPATIONAL THERAPY CTR
4	35 - WOUND CENTER MEDICAL PLAZA A STE 215 ASHLAND, KY 41101	WOUND CENTER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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:	KING'S DAUGHTERS MEDICAL CENTER MAKES GRANTS/CONTRIBUTIONS TO ORGANIZATIONS BASED ON THE NEED OF THE ORGANIZATION AND THE TYPE OF EVENT IT SUPPORTS. MOST CONTRIBUTIONS ARE TO NON-PROFIT ORGANIZATIONS THAT FULFILL A NEED IN THE COMMUNITY, PROMOTE HEALTHY LIVING AND/OR ARE ECONOMIC-DEVELOPMENT BASED. ALL REQUESTS MUST BE MADE IN WRITING TO KDMC OUTLINING WHAT IS NEEDED AND HOW IT WILL BE USED. CONTRIBUTIONS ARE TRACKED AND DOCUMENTED.

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE COMMUNITY & TECHNICAL COLLEGE FOUNDATION OF ASHLAND INC 1400 COLLEGE DRIVE ASHLAND, KY 411013683	61-1274401	501(C)(3)	211,000	40	INVOICES	FOOD	SPONSORSHIP OF YOUTH LEADERSHIP EVENT; SUPPORT OF 2 NURSING FACULTY POSITIONS
ASHLAND COMMUNITY KITCHEN PO BOX 1743 ASHLAND, KY 411051743	61-1100724	501(C)(3)	721	29,819	INVOICES	FOOD AND MISC SUPPLIES	PROVIDE FOOD TO SENIOR CITIZENS IN OUR COMMUNITY THROUGH MEALS ON WHEELS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BELLEFONTE COUNTY CLUB PO BOX 1875 ASHLAND, KY 411051743	61-0131100	501(C)(7)	5,000				SPONSORSHIP OF RENOVATION PROJECT
RIVER CITIES HARVEST PO BOX 2136 ASHLAND, KY 411052136	61-1208113	501(C)(3)	3,430	54,604	INVOICES	FOOD	FOODBANK SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HIGHLANDS MUSEUM AND DISCOVERY CENTER 1620 WINCHESTER AVENUE ASHLAND, KY 41101	31-1061542	501(C)(3)	13,250				SPONSORHIP OF 3 FUNDRAISING EVENTS AND CAPITAL CAMPAIGN
NEIGHBORS HELPING NEIGHBORS 2516 CARTER AVENUE ASHLAND, KY 41101	61-1450110	501(C)(3)	6,000				SPONSORHIP OF 2 FUNDRAISING EVENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARAMOUNT ARTS CENTER 1300 WINCHESTER AVENUE ASHLAND, KY 41101	61-1181883	501(C)(3)	12,050				SPONSORSHIP OF ANNUAL SPRING GALA FUNDRAISER AND 1 OTHER FUNDRAISING EVENT
UNITED WAY OF NORTHEAST KENTUCKY 2000 CARTER AVENUE SUITE D ASHLAND, KY 41101	61-6000060	501(C)(3)		11,629	INVOICES	MARKETING MATERIALS	CONTRIBUTION TO ANNUAL FUNDRAISING CAMPAIGN

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* 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
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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	**1b**		No
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?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE FOLLOWING INDIVIDUALS RECEIVED 100% TAXABLE GROSS UP PAYMENTS: - AUTUMN MCFANN: $8,741 - SHERYL MAHANEY: $8,842 - STACY PATRICK: $8,239 - RAMONA THOMPSON: $18,373 THE HOSPITAL PAID COUNTRY CLUB MEMBERSHIP DUES OF $4,333 FOR KRISTIE WHITLATCH. THESE WERE INCLUDED TO HER TAXABLE WAGES.
PART I, LINE 1B	THE GROSS UPS ARE APPROVED BY THE CEO. THE ANNUAL SOCIAL CLUB DUES ARE PAID DIRECTLY TO THE ORGANIZATION UPON APPROVAL OF THE INVOICE BY THE CFO.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: - RICHARD FORD M.D.: $10,784; - KRISTIE WHITLATCH: $17,224; - AUTUMN MCFANN: $2,607; - SHERYL MAHANEY: $4,493; - SARA MARKS $3,308; - JAMES DETHERAGE, M.D.: $8,827. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) EXECUTIVE RETENTION PLAN PAYOUTS: - KRISTIE WHITLATCH: $27,321; - AUTUMN MCFANN: $105,450 - SHERYL MAHANEY: $24,859; - RAMONA THOMPSON: $17,195; - JAMES DETHERAGE M.D.: $27,423. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) EXECUTIVE RETENTION PLAN DEFERRALS: - KRISTIE WHITLATCH: $50,000; - SHERYL MAHANEY: $50,000; - AUTUMN MCFANN: $50,000; - SARA MARKS: $50,000. THE CEO AND CERTAIN VICE PRESIDENTS, WHOSE BENEFIT IN THE QUALIFIED TAX SHELTERED ANNUITY PLAN IS LIMITED DUE TO THE IRS COMPENSATION AND BENEFIT LIMITS, RECEIVE A BENEFIT RESTORATION CONTRIBUTION UNDER THE DEFERRED ANNUITY PLAN THAT IS PAID AS A TAXABLE DISTRIBUTION TO THE PARTICIPANT ANNUALLY.
PART I, LINE 7	NONFIXED PAYMENTS ARE MADE AS A PART OF THE MEDICAL CENTER'S TEAM INCENTIVE AWARD (TIA) PLAN. ALL TEAM MEMBERS ARE ELIGIBLE FOR THE TIA. THE TIA IS PAID OUT BASED UPON SUCCESSFUL COMPLETION OF BOTH QUANTITATIVE AND QUALITATIVE STRATEGIC GOALS, SET ANNUALLY BY THE MEDICAL CENTER LEADERSHIP TEAM AND APPROVED BY THE BOARD OF DIRECTORS.

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KRISTIE WHITLATCH PRESIDENT/CEO	(i)	602,821	126,776	51,500	65,600	14,770	861,467	27,321
	(ii)	0	0	0	0	0	0	0
1RICHARD FORD MD VP/INPATIENT CMO/PROC. SVCS	(i)	0	0	0	0	0	0	0
	(ii)	573,912	0	12,567	8,400	13,594	608,473	0
2 AUTUMN MCFANN NON-VOTING TREASURER, VP/CFO	(i)	334,600	74,839	112,638	62,600	13,617	598,294	105,450
	(ii)	0	0	0	0	0	0	0
3 WILLIAM BOYKIN1019-1219 DIRECTOR/MEDICAL STAFF PRESIDENT	(i)	24,000	0	0	0	0	24,000	0
	(ii)	551,569	0	5,118	15,600	1,308	573,595	0
4JAMES DETHERAGE MD VP/OUTPATIENT CMO/KDIP/PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	501,328	0	36,896	12,600	21,883	572,707	27,423
5CHARLES CONLEY DO PHYSICIAN	(i)	374,280	0	9,961	8,400	21,910	414,551	0
	(ii)	115,715	0	0	0	0	115,715	0
6 SHERYL MAHANEY NON-VOTING SECRETARY, VP/CHIEF LEGAL	(i)	305,674	68,833	35,126	65,600	15,128	490,361	24,859
	(ii)	0	0	0	0	0	0	0
7SARA MARKS VP/COO	(i)	274,148	57,659	4,148	62,600	22,351	420,906	0
	(ii)	0	0	0	0	0	0	0
8PATRICK BALL DO PHYSICIAN	(i)	372,899	0	6,667	15,600	14,832	409,998	0
	(ii)	0	0	0	0	0	0	0
9JANE STRADER MD PHYSICIAN	(i)	280,203	0	20,336	12,600	12,969	326,108	0
	(ii)	81,419	0	0	0	0	81,419	0
10EVAN CONDEE DO PHYSICIAN	(i)	333,729	0	3,029	12,600	7,865	357,223	0
	(ii)	27,060	0	0	0	0	27,060	0
11RAMONA THOMPSON VP/CHIEF COMPLIANCE OFFICER	(i)	209,887	54,625	28,370	15,600	10,531	319,013	17,195
	(ii)	0	0	0	0	0	0	0
12JONATHAN MAYNARD MD PHYSICIAN	(i)	255,698	0	15,324	8,169	23,663	302,854	0
	(ii)	0	0	0	0	0	0	0
13STACY PATRICK VP CLINICAL & PROCEDURAL OPERATIONS	(i)	188,163	44,158	3,773	10,642	14,479	261,215	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part 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

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF ASHLAND KENTUCKY	61-6001775	044293AN8	09-23-2016	73,445,000	REFUND PRIOR BOND ISSUES		X		X		X
B	CITY OF ASHLAND KENTUCKY	61-6001775	NONEAVAIL	09-23-2016	50,000,000	REFUND PRIOR BOND ISSUES		X		X		X
C	CITY OF ASHLAND KENTUCKY	61-6001775	044293CB2	12-30-2019	95,490,000	REFUND PRIOR BOND ISSUES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,945,000	4,903,593	5,020,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	81,984,559	50,000,000	103,952,363	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,200,341	254,000	1,303,871	
8	Credit enhancement from proceeds			532,314	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	80,784,218	49,746,000	102,116,178	
12	Other unspent proceeds				
13	Year of substantial completion	2016	2016	2020	

		A		B		C		D	
		Yes	No	Yes	No	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		X		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		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART II, LINE 3, ISSUE A:	SERIES 2016A - DIFFERENCE FROM PART I DUE TO BOND PREMIUM OF $8,539,559.

Return Reference	Explanation
PART II, LINE 3, ISSUE C:	SERIES 2019 - DIFFERENCE FROM PART I DUE TO BOND PREMIUM OF $8,462,363.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

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.

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

2 Enter the amount of tax incurred by 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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	(A) NAME OF PERSON: FRESENIUS MEDICAL CARE(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DON HAMMONDS (BOARD MEMBER) IS AN INDEPENDENT CONTRACTOR/CONSULTANT FOR FRESENIUS(D) DESCRIPTION OF TRANSACTION: INPATIENT DIALYSIS TREATMENT. ALL TRANSACTIONS ARE DONE AT ARM'S LENGTH.(A) NAME OF PERSON: OFFICE FUNITURE USA(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TOM BURNETTE (BOARD MEMBER) IS THE OWNER(D) DESCRIPTION OF TRANSACTION: PURCHASE OF OFFICE FURNITURE. ALL TRANSACTIONS ARE DONE AT ARM'S LENGTH.(A) NAME OF PERSON: ASHLAND OFFICE SUPPLY(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TOM BURNETTE (BOARD MEMBER) IS THE OWNER OF ASHLAND OFFICE SUPPLY(D) DESCRIPTION OF TRANSACTION: PURCHASE OF OFFICE SUPPLIES & EQUIPMENT. ALL TRANSACTIONS ARE DONE AT ARM'S LENGTH.(A) NAME OF PERSON: VAN ART PROPERTIES(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SON OF JOHN STEWART (BOARD MEMBER) IS THE OWNER(D) DESCRIPTION OF TRANSACTION: OFFICE SPACE RENT. ALL TRANSACTIONS ARE DONE AT ARM'S LENGTH.(A) NAME OF PERSON: ASHLAND RADIOLOGY ASSOCIATES, PSC(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: WIFE OF WILLIAM BOYKIN (BOARD MEMBER) IS A PHYSICIAN OF THIS PRACTICE(D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR RADIOLOGY SERVICES. ALL TRANSACTIONS ARE DONE AT ARM'S LENGTH.(A) NAME OF PERSON: THE COMMUNITY & TECHNICAL COLLEGE FOUNDATION OF ASHLAND INC.(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: JOHN STEWART (BOARD MEMBER) IS THE PRESIDENT (YEAR 2 OF 5)(D) DESCRIPTION OF TRANSACTION: SUPPORT OF LOCAL COMMUNITY COLLEGE NURSING PROGRAM. ALL TRANSACTIONS ARE DONE AT ARM'S LENGTH.(A) NAME OF PERSON: CINDY GILLUM(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SISTER OF KRISTIE WHITLATCH (PRESIDENT/CEO) (D) DESCRIPTION OF TRANSACTION: EMPLOYEE PAYROLL COMPENSATION. THERE IS NO MANAGEMENT RELATIONSHIP OR CONTROL OVER COMPENSATION BY KRISTIE WHITLATCH.

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) FRESENIUS MEDICAL CARE	SEE PART V	1,389,084	SEE PART V		No
(1) OFFICE FUNITURE USA	SEE PART V	801,598	SEE PART V		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(3) ASHLAND OFFICE SUPPLY	SEE PART V	726,023	SEE PART V		No
(1) VAN ART PROPERTIES	SEE PART V	370,632	SEE PART V		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) ASHLAND RADIOLOGY ASSOCIATES PSC	SEE PART V	248,967	SEE PART V		No
(1) THE COMMUNITY & TECHNICAL COLLEGE FOUNDATION OF ASHLAND INC	SEE PART V	211,650	SEE PART V		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(7) CINDY GILLUM	SEE PART V	32,296	SEE PART V		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	15,852	COST
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	270,000	SIMILAR PROPERTY VALUE
17 Real estate—Other	X	1	15,000	BV IN DONOR'S ASSET REC.
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER IN PART I, COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE AHC BOARD IS MADE UP OF THE FOLLOWING MEMBERS: DAVID JONES, CHAIR; STEPHEN ADDINGTON, VICE CHAIR; KRISTIE WHITLATCH, CHIEF EXECUTIVE OFFICER; JOHN STEWART, TRUSTEE; AND TOM BURNETTE, TRUSTEE. ELECTION AND COMPOSITION: THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE BOARD OF TRUSTEES CHAIR, ANY VICE-CHAIRS, THE CHIEF EXECUTIVE OFFICER, AND ANY OTHER TRUSTEE RECOMMENDED BY THE CHAIR AND APPROVED BY THE BOARD OF TRUSTEES. THE TRUSTEES' CHAIR SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE. THE CHIEF EXECUTIVE OFFICER SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE. POWERS AND FUNCTIONS: THE EXECUTIVE COMMITTEE SHALL HAVE ALL POWERS AND AUTHORITY OF THE TRUSTEES TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION, SUBJECT TO ANY LIMITATIONS IMPOSED BY THE TRUSTEES, THE BYLAWS OR BY APPLICABLE LAW. MEETINGS OF THE EXECUTIVE COMMITTEE SHALL BE HELD AS NEEDED. THE EXECUTIVE COMMITTEE SHALL FROM TIME TO TIME, AS IT DETERMINES APPROPRIATE, REVIEW AND RECOMMEND REVISIONS TO THE BYLAWS FOR CONSIDERATION AND APPROVAL BY THE TRUSTEES. THE EXECUTIVE COMMITTEE SHALL ALSO RECEIVE SUCH REPORTS AS THE COMMITTEE MAY DIRECT FROM THE EXECUTIVE OR ANY SIMILAR COMMITTEE OF THE BOARD OF DIRECTORS OF EACH AFFILIATED ORGANIZATION CONCERNING THE ACTIVITIES OF SUCH COMMITTEE AND PROVIDE PERIODIC REPORTS ON SUCH ACTIVITIES TO THE TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	KING'S DAUGHTERS HEALTH SYSTEM IS THE CORPORATE MEMBER OF ASHLAND HOSPITAL CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AS THE PARENT ORGANIZATION OF THE HEALTH CARE SYSTEM, KDHS HAS CERTAIN GOVERNANCE RIGHTS W ITH RESPECT TO AHC. THOSE RIGHTS INCLUDE ELECTING OR REMOVING AHC'S DIRECTORS AND OFFICERS .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS THE PARENT ORGANIZATION OF THE HEALTH CARE SYSTEM, KDHS HAS CERTAIN GOVERNANCE RIGHTS W ITH RESPECT TO AHC. THOSE RIGHTS REQUIRE CERTAIN SIGNIFICANT AHC ACTIONS TO NOW ALSO BE AP PROVED BY KDHS, INCLUDING, AMONG OTHERS, A CHANGE OF MEMBERSHIP OR SALE OF AHC, ELECTING O R REMOVING AHC'S DIRECTORS AND OFFICERS, AMENDING AHC'S ARTICLES AND BYLAWS, OR ANY BANKRU PTCY, LIQUIDATION OR DISSOLUTION OF AHC, INCLUDING THE TAX-EXEMPT ORGANIZATION TO WHOM AHC 'S ASSETS ARE DISTRIBUTED UPON ITS DISSOLUTION. KDHS' BOARD OF TRUSTEES MAY IDENTIFY ADDIT IONAL AHC ACTIONS THAT MUST BE APPROVED BY KDHS IN ADDITION TO THOSE SPECIFICALLY LISTED I N AHC'S ARTICLES AND BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 WILL BE REVIEWED BY THE CFO AND CONTROLLER. AFTER THIS REVIEW, BUT BEFORE IT IS FI LED WITH THE IRS, THE FINAL 990 WILL BE PROVIDED TO THE FULL BOARD OF DIRECTORS THROUGH AN E-MAIL SENT TO EACH BOARD MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ASHLAND HOSPITAL CORPORATION DBA KING'S DAUGHTERS MEDICAL CENTER REQUIRES ALL DIRECTORS, O FFICERS, AND KEY EMPLOYEES TO COMPLY WITH ITS CONFLICTS OF INTEREST POLICY, WHICH TRACKS T HE IRS' RECOMMENDED POLICY WITH RESPECT TO SUCH OFFICERS AND DIRECTORS. MEMBERS OF THE MED ICAL CENTER'S BOARD OF DIRECTORS MUST ANNUALLY IDENTIFY, IN WRITING, ANY INTEREST THAT COU LD GIVE RISE TO A CONFLICT, SUCH AS A LEADERSHIP POSITION IN A CONFLICTING ORGANIZATION; D ISCLOSURE IS NOT LIMITED TO FINANCIAL CONFLICTS. LEADERSHIP EMPLOYEES MUST ANNUALLY CERTIF Y, IN WRITING, THAT THEY KNOW OUR CONFLICTS OF INTEREST POLICY AND PROCEDURE AND HAVE NO C ONFLICTS OF INTEREST. IN ADDITION, EMPLOYEES OF THE MEDICAL CENTER CERTIFY THAT NO CONFLIC TS OF INTEREST EXIST OR OBTAIN AN ADVANCE WAIVER OF ANY CONFLICTS. THE MEDICAL CENTER'S HU MAN RESOURCES AND CORPORATE COMPLIANCE DEPARTMENT MAINTAINS ALL RELEVANT DISCLOSURES AND S IGNATURES. ALL EMPLOYEES PROVIDE ANNUAL CONFLICT CHECKS. IF A CONFLICT OF INTEREST IS REPO RTED, THE VICE PRESIDENT TO WHOM THE REPORTING EMPLOYEE DIRECTLY OR INDIRECTLY REPORTS, TO GETHER WITH THE CEO, CHIEF CORPORATE COMPLIANCE OFFICER AND GENERAL COUNSEL, DETERMINES IF A CONFLICT EXISTS. IF THE REPORTING EMPLOYEE IS A VICE PRESIDENT, THE CEO, IN CONSULTATIO N WITH THE GENERAL COUNSEL, DETERMINES IF A CONFLICT EXISTS. ANNUALLY, BOARD MEMBERS DISCL OSE PERSONAL AND PROFESSIONAL RELATIONSHIPS TO THE SECRETARY OF THE BOARD. IF A POTENTIAL CONFLICT EXISTS, THE BOARD SECRETARY OR A BOARD MEMBER WILL IDENTIFY THE CONFLICT, OR POTE NTIAL CONFLICT, AND THE BOARD MEMBER WILL BE REMOVED FROM ANY PART OF THE DECISION-MAKING PROCESS, AND HAS NO ROLE IN THE INSTANCE IN WHICH THE CONFLICT EXISTS. A BOARD MEMBER WHO HAS A CONFLICT OF INTEREST MUST ABSTAIN FROM ANY RELEVANT DISCUSSION OR VOTE. IF A CONFLIC T OF INTEREST IS DISCOVERED AFTER THE FACT, THE CEO AND VICE PRESIDENT, TOGETHER WITH THE GENERAL COUNSEL, IF APPROPRIATE, REVIEW THE INSTANCE IN WHICH THE CONFLICT OCCURRED. THOSE LEADERS DETERMINE WHETHER THE CONFLICTED INDIVIDUAL INFLUENCED THE DECISION-MAKING OR PRO FITED FROM THE CONFLICT. THE CONFLICTED INDIVIDUAL IS REMOVED FROM ANY FURTHER INVOLVEMENT . IN ADDITION, ANY FAILURE TO REPORT CONFLICTS OF INTEREST VIOLATES THE MEDICAL CENTER'S P OLICY AND COULD RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYME NT OR REMOVAL FROM THE MEDICAL CENTER'S BOARD OF DIRECTORS. MEDICAL STAFF MEMBERS ARE REQU IRED BY THE MEDICAL STAFF BYLAWS TO DISCLOSE CONFLICTS OF INTEREST. ONCE DISCLOSED, THE ME DICAL STAFF MEMBER IS REMOVED FROM ANY DISCUSSION, DECISION-MAKING, AND/OR VOTE ON ANY REL ATED ISSUE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AT THE DIRECTION OF THE EXECUTIVE COMMITTEE OF KING'S DAUGHTERS BOARD OF TRUSTEES, KDMC SE T COMPENSATION FOR THE TEAM MEMBERS, LEADERS AND EXECUTIVES USING A 2016 SULLIVAN COTTER A ND ASSOCIATES COMPENSATION REVIEW AS WELL AS REVIEW OF LOCAL AND REGIONAL SALARY INFORMATI ON. A NEW COMPENSATION STUDY FOR TEAM MEMBERS, LEADERS AND EXECUTIVES WAS NOT PERFORMED IN THE PAST YEAR. THE PRIMARY OBJECTIVE OF KING'S DAUGHTERS COMPENSATION PHILOSOPHY IS TO HA VE COMPENSATION AND BENEFITS SET THAT REFLECTS OTHER SIMILAR INDEPENDENT NOT FOR PROFIT HE ALTHCARE SERVICES AS WELL AS REFLECTS THE WORK PERFORMANCE OF THE ORGANIZATION. HOWEVER, S ULLIVAN COTTER, AN INDEPENDENT COMPENSATION EXPERT, DID REVIEW ALL PHYSICIAN COMPENSATION AND BENEFITS FOR DETERMINATION OF FAIR MARKET VALUE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ON A QUARTERLY BASIS, THE FINANCIAL STATEMENTS ARE REPORTED TO EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS) AND MADE AVAILABLE ON THEIR WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT O F INTEREST POLICY ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN MARKET VALUE INTEREST RATE SWAP -1,633,159. CHANGE IN MARKET VALUE SELF INSURANC E FUNDS -58. PENSION LIABILITY ADJUSTMENT -1,005,000. ADJUSTMENT FOR ACCUMULATED LOSS ON S WAP 79,556. CHANGE IN MARKET VALUE - PREMIER -65,987.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 3B:	THE ORGANIZATION AND AFFILIATES RECEIVED FEDERAL FUNDING DURING THE YEAR WHICH REQUIRES A SINGLE AUDIT. THE AUDIT HAS NOT BEEN COMPLETED YET BUT IS SCHEDULED TO BE PREPARED IN ACCO RDANCE WITH THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228034411

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASHLAND HOSPITAL CORPORATION

Employer identification number
61-0444716

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)ASHLAND MEDICAL PROPERTIES INC 2201 LEXINGTON AVENUE ASHLAND, KY 41101 61-1079090	RENTALS	KY	ASHLAND HOSPITAL CORPORATION	C	-275	30,990	100.000 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
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		No
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		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-0444716
Name: ASHLAND HOSPITAL CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
2500 STATE ROUTE 5 ASHLAND, KY 41102 61-1386016	NURSING HOME	KY	501(C)(3)	LINE 10	ASHLAND HOSPITAL CORPORATION	Yes	
2201 LEXINGTON AVENUE ASHLAND, KY 41101 01-0560598	DAYCARE	KY	501(C)(3)	LINE 10	ASHLAND HOSPITAL CORPORATION	Yes	
2201 LEXINGTON AVENUE ASHLAND, KY 41101 61-1255904	PHYSICIANS	KY	501(C)(3)	LINE 10	ASHLAND HOSPITAL CORPORATION	Yes	
2201 LEXINGTON AVENUE ASHLAND, KY 41101 26-0791997	MEDICAL RESEARCH	KY	501(C)(3)	LINE 7	ASHLAND HOSPITAL CORPORATION	Yes	
425 22ND STREET ASHLAND, KY 41101 26-4736971	MEDICAL TRANSPORT	KY	501(C)(3)	LINE 10	ASHLAND HOSPITAL CORPORATION	Yes	
2201 LEXINGTON AVENUE ASHLAND, KY 41101 61-1035701	FUNDRAISING	KY	501(C)(3)	LINE 12B, II	ASHLAND HOSPITAL CORPORATION	Yes	
2201 LEXINGTON AVENUE ASHLAND, KY 41101 27-4553836	HEALTHCARE	KY	501(C)(3)	LINE 12B, II	N/A		No
2201 LEXINGTON AVENUE ASHLAND, KY 41101 26-4183569	PHYSICIANS	KY	501(C)(3)	LINE 10	ASHLAND HOSPITAL CORPORATION	Yes	
1901 ARGONNE AVENUE PORTSMOUTH, OH 45662 45-3215312	HEALTHCARE	OH	501(C)(3)	LINE 3	KING'S DAUGHTERS HEALTH SYSTEM		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ASHLAND NURSING HOME CORP	R	1,960,651	ALL TRANSACTIONS BETWEEN
ASHLAND NURSING HOME CORP	S	1,957,859	COMPANIES ARE CAPTURED AT COST
CHILD DEVELOPMENT CENTER CORP	R	84,405	IN THE DUE TO/FROM
KENTUCKY HEART FOUNDATION INC	O	101,080	ACCOUNTS. THE TYPES OF
KENTUCKY HEART FOUNDATION INC	R	121,912	ACCOUNTS. THE TYPES OF
KENTUCKY MEDICAL LOGISTICS INC	A	55,086	TRANSACTIONS THAT HIT THIS
KENTUCKY MEDICAL LOGISTICS INC	O	1,256,720	ACCOUNT ARE TRACKED MONTHLY.
KENTUCKY MEDICAL LOGISTICS INC	R	1,624,684	
KENTUCKY MEDICAL LOGISTICS INC	S	2,339,100	
KING'S DAUGHTERS MEDICAL SPECIALTIES INC	R	51,581,115	
KING'S DAUGHTERS MEDICAL SPECIALTIES INC	S	34,069,018	