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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 09-01-2020 , and ending 08-31-2021

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

C Name of organization
Baptist Health Deaconess Madisonville Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2701 Eastpoint Parkway

City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY 40223

D Employer identification number
61-0654587

E Telephone number
(270) 825-5201

G Gross receipts $ 236,139,457

F Name and address of principal officer:
Stephen R Oglesby
2701 Eastpoint Pkwy
Louisville, KY 40223

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.baptisthealthdeaconess.com

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

L Year of formation: 1956

M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Our mission is to demonstrate the love of Christ by providing and coordinating care and improving health in our communities. Our vision is to lead in clinical excellence, compassionate care and growth to meet the needs of our patients. Baptist Health Madisonville will live out its Christ-centered mission and achieve its vision guided by integrity, respect, excellence, collaboration and joy.

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**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	1,568
6	Total number of volunteers (estimate if necessary)	**6**	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
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)	11,792,372	1,622,315
9	Program service revenue (Part VIII, line 2g)	189,361,899	219,982,312
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,909,453	-64,551,042
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,911,317	3,885,393
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,975,041	160,938,978
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	509,267	204,224
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)	82,510,921	89,704,338
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)	103,658,775	114,285,929
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	186,678,963	204,194,491
19	Revenue less expenses. Subtract line 18 from line 12	26,296,078	-43,255,513

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	203,240,586	53,107,624
21	Total liabilities (Part X, line 26)	35,484,964	43,844,884
22	Net assets or fund balances. Subtract line 21 from line 20	167,755,622	9,262,740

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2022-07-15

Stephen R Oglesby CFO & Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01268401

Firm's name ▶ Ernst & Young US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 221 E 4th Street Suite 2900 Cincinnati, OH 45202 — Phone no. (513) 612-1400

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:

Our mission is to demonstrate the love of Christ by providing and coordinating care to improve the health of our community, and is rooted in a tradition of Christian service. Baptist Health Madisonville expands access to high quality healthcare that is delivered with a compassionate and nurturing spirit to all. Guided by a values-based culture to deliver clinical and service excellence, Baptist Health Madisonville strives for excellent care, every time.

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 $ 191,294,766 including grants of $ 204,224) (Revenue $ 220,281,875)

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 ▶** 191,294,766

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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		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	Yes	
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	0		
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**	1,568		
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**	No
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
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**	
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	8		
	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	7		
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:
▶Stephen R Oglesby 2701 Eastpoint Parkway Louisville, KY 40223 (502) 896-5000

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) James E Armstrong MD Director (Through 12/31/20)	1.00 40.00	X						0	452,252	32,940
(2) Janet R Berry Chair	1.00 0.00	X		X				0	3,000	0
(3) Amy Sanderson Director	1.00 0.00	X						0	3,000	0
(4) Jason Vincent Vice Chair & Director	1.00 0.00	X		X				0	3,000	0
(5) Kent T Mills Director (Through 12/31/20)	1.00 0.00	X						0	0	0
(6) Kevin Ray Cotton Director	1.00 0.00	X						0	3,000	0
(7) Michael Allen Davenport Director	1.00 0.00	X						0	3,000	0
(8) R Steven Cox Director (Through 12/31/20)	1.00 0.00	X						0	0	0
(9) Ron Poole Director	1.00 0.00	X						0	3,000	0
(10) Donald L Fishman Director	1.00 0.00	X						0	0	0
(11) Ronald R Gilley MD Director (Effective 5/14/21)	1.00 40.00	X						0	426,090	23,652
(12) Gerard Colman CEO	1.00 40.00			X				0	3,058,256	284,700
(13) Janet Norton VP and Secretary	1.00 40.00			X				0	1,130,225	37,875
(14) Stephen R Oglesby VP and Treasurer	1.00 40.00			X				0	1,059,001	140,123
(15) Robert Ramey President	40.00 0.00			X				0	569,403	18,720
(16) Ursula Dugger Assistant Secretary	40.00 0.00			X				57,141	0	2,173
(17) Margo Ashby Director, Pharmacy	40.00 0.00					X		180,933	0	6,555

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) Darlena Jones	40.00					X		202,512	0	30,059
Program Administrator	0.00									
(19) William McColl	40.00					X		227,375	0	25,551
Medical Physicist	0.00									
(20) Pamela Thurman	40.00					X		187,957	0	22,889
Asst Program Director	0.00									
(21) Lorie Oglesby	40.00					X		165,129	0	6,607
VP, HR and Education	0.00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,021,047	6,713,227	631,844

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 ▶ 51

		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
Laboratory Corporation of America 531 South Spring Street Burlington, NC 27215	Hospital Services	3,146,316
Southeastern Emergency Physicians 3920 Dutchmans Lane Louisville, KY 40207	Medical Staffing	3,066,233
Covenant Anesthesia PLLC 800 Hospital Drive Madisonville, KY 42431	Medical Staffing	1,656,604
One Anesthesia PLLC 320 Whittington Parkway Louisville, KY 40222	Medical Staffing	1,537,724
Trimedx Inc 5451 Lakeview Parkway Indianapolis, IN 46268	Management Agreement	1,324,276

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 ▶ 19

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	1,372,830			
f All other contributions, gifts, grants, and similar amounts not included above	1f	249,485			
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f		1,622,315			
Program Service Revenue	Business Code				
2a Patient Service Rev	621110	202,916,688	202,916,688		
b Pharmacy Revenue	446110	5,194,658	5,194,658		
c Home Health & Hospice	621610	5,084,791	5,084,791		
d Fam Practice Residency	611600	3,928,200	3,928,200		
e Other	611600	1,965,859	1,965,859		
f All other program service revenue.		892,116	892,116		
g **Total.** Add lines 2a–2f	219,982,312				
Other Revenue 3 Investment income (including dividends, interest, and other similar amounts)		817,082			817,082
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
		(i) Real	(ii) Personal		
6a Gross rents	6a	4,122,807			
b Less: rental expenses	6b	1,483,667			
c Rental income or (loss)	6c	2,639,140			
d Net rental income or (loss)		2,639,140			2,639,140
		(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory	7a	8,348,688			
b Less: cost or other basis and sales expenses	7b	0	73,716,812		
c Gain or (loss)	7c	8,348,688	-73,716,812		
d Net gain or (loss)		-65,368,124			-65,368,124
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 Sales	722210	946,690			946,690
b Miscellaneous Revenue	900099	299,563	299,563		
c					
d All other revenue					
e **Total.** Add lines 11a–11d		1,246,253			
12 **Total revenue.** See instructions		160,938,978	220,281,875	0	-60,965,212

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	204,224	204,224		
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	57,141	57,141		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	72,449,468	70,311,443	2,138,025	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,354,196	1,333,657	20,539	
9 Other employee benefits	10,110,075	9,117,811	992,264	
10 Payroll taxes	5,733,458	5,105,125	628,333	
11 Fees for services (non-employees):				
a Management	1,300,200	870,759	429,441	
b Legal	112,503		112,503	
c Accounting				
d Lobbying	8,860		8,860	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	173,397		173,397	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,470,830	29,504,252	3,966,578	
12 Advertising and promotion	11,735	7,500	4,235	
13 Office expenses	3,135,220	2,822,878	312,342	
14 Information technology	82,120	57,120	25,000	
15 Royalties				
16 Occupancy	3,620,932	2,702,825	918,107	
17 Travel	104,176	63,784	40,392	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,197	3,867	1,330	
20 Interest	154,263		154,263	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,822,614	7,972,596	850,018	
23 Insurance	2,738,707	1,645,834	1,092,873	
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	40,903,519	40,903,519		
b Purchased Svcs-Non-Med	11,605,681	10,832,611	773,070	
c Provider Tax	5,829,869	5,829,869		
d Administrative Expense	557,762	394,051	163,711	
e All other expenses	1,648,344	1,553,900	94,444	
25 **Total functional expenses.** Add lines 1 through 24e	204,194,491	191,294,766	12,899,725	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	12,861	1	13,309
	2	Savings and temporary cash investments	9,292,106	2	1,102,316
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	23,690,772	4	30,355,359
	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		7	
	8	Inventories for sale or use	4,042,006	8	4,031,046
	9	Prepaid expenses and deferred charges	322,251	9	2,036,321
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 7,555,849			
	b	Less: accumulated depreciation — 10b: 3,254,553	75,838,098	10c	4,301,296
	11	Investments—publicly traded securities	73,190,243	11	5,269,908
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,852,249	15	5,998,069
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	203,240,586	16	53,107,624
Liabilities	17	Accounts payable and accrued expenses	10,724,394	17	15,127,237
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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	4,295,817	23	3,555,367
	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	20,464,753	25	25,162,280
	26	**Total liabilities.** Add lines 17 through 25	35,484,964	26	43,844,884
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	167,691,960	27	8,991,202
	28	Net assets with donor restrictions	63,662	28	271,538
		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	167,755,622	32	9,262,740
	33	Total liabilities and net assets/fund balances	203,240,586	33	53,107,624

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	160,938,978
2	Total expenses (must equal Part IX, column (A), line 25)	2	204,194,491
3	Revenue less expenses. Subtract line 2 from line 1	3	-43,255,513
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	167,755,622
5	Net unrealized gains (losses) on investments	5	1,594,735
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	-116,832,104
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,262,740

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: 61-0654587

Name: Baptist Health Deaconess Madisonville Inc

Form 990 (2020)

Form 990, Part III, Line 4a:

See Schedule O.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196002312

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

2020

Open to Public Inspection

Name of the organization
Baptist Health Deaconess Madisonville Inc

Employer identification number
61-0654587

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

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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

2020

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
Baptist Health Deaconess Madisonville Inc	61-0654587

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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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)?	Yes		
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		8,860
j	Total. Add lines 1c through 1i			8,860
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:	The organization and certain employees are members of various associations that attribute a portion of their dues to lobbying expense. These associations include the Kentucky Hospital Association and the Kentucky Medical Association. The organization has disclosed a lobbying expense allocation of $8,860 per Form 990.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baptist Health Deaconess Madisonville Inc

Employer identification number
61-0654587

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 FASB 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 FASB 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 FASB 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	63,662	473,992	309,670	115,224	
b Contributions	207,876	189,670	164,322	194,271	181,325
c Net investment earnings, gains, and losses				175	
d Grants or scholarships					
e Other expenditures for facilities and programs		600,000			66,101
f Administrative expenses					
g End of year balance	271,538	63,662	473,992	309,670	115,224

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 Term endowment ▶ 100.000 %

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)	No
(ii) Related organizations	3a(ii)	No
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		435,109		435,109
b Buildings		2,894,855	435,889	2,458,966
c Leasehold improvements				
d Equipment		2,919,654	2,608,847	310,807
e Other		1,306,231	209,817	1,096,414
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,301,296

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)Reimbursements Receivable	5,875,830
(2)Other Assets	108,649
(3)ROU Assets - Operating Leases	13,590
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	5,998,069

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) Third Party Payables	5,005,941
(3) Contract Liability - Accelerated Payments	16,878,769
(4) Other Liabilities	3,277,570
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	25,162,280

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: 61-0654587

Name: Baptist Health Deaconess Madisonville Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	Endowment funds are used to support patient care initiatives.

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	Baptist Healthcare System, Inc. evaluates its uncertain tax positions on an annual basis. A tax benefit from an uncertain position may be recognized when it is more likely than not that the position will be sustained upon examination, including the resolution of any rel ated appeals or litigation processes, based on the technical merit of the position. Baptis t has determined that it has no uncertain tax positions that are required to be recorded a s of August 31, 2021. Tax years that are open include the years from 2017 to 2020.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baptist Health Deaconess Madisonville Inc

Employer identification number
61-0654587

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 30000.0000000000 %	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 120000.0000000000 %	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	Yes	
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		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,286,629	422,565	2,864,064	1.400 %
b Medicaid (from Worksheet 3, column a)			44,838,170	44,838,170		
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			48,124,799	45,260,735	2,864,064	1.400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			481,982	0	481,982	0.240 %
f Health professions education (from Worksheet 5)			8,358,192	781,202	7,576,990	3.710 %
g Subsidized health services (from Worksheet 6)			65,834,422	39,366,016	26,468,406	12.960 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			230,341		230,341	0.110 %
j **Total.** Other Benefits			74,904,937	40,147,218	34,757,719	17.020 %
k **Total.** Add lines 7d and 7j			123,029,736	85,407,953	37,621,783	18.420 %

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						
9 Other						
10 Total						

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	1,822,720		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	54,142,779		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	70,819,146		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-16,676,367		
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 Baptist Health Madisonville

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 20			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): www.baptisthealthdeaconess.com			
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 20			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): www.baptisthealthdeaconess.com			
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)

Baptist Health Madisonville

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 300.000000000000 % and FPG family income limit for eligibility for discounted care of 1200.000000000000 %			
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): www.baptisthealthdeaconess.com			
b ☑ The FAP application form was widely available on a website (list url): www.baptisthealthdeaconess.com			
c ☑ A plain language summary of the FAP was widely available on a website (list url): www.baptisthealthdeaconess.com			
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

Baptist Health Madisonville

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)

Baptist Health Madisonville

Name of hospital facility or letter of facility reporting group

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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? **3**

	Name and address	Type of Facility (describe)
1	1 - Baptist Health Sports Medicine & Rehab 950 Hospital Drive Madisonville, KY 42431	Rehab Services
2	2 - Baptist Health Hospice 200 Clinic Drive Madisonville, KY 42431	Hospice Care
3	3 - Baptist Health Transitional Care 900 Hospital Drive Madisonville, KY 42431	Skilled Nursing Facility
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:	Costing Methodology:Baptist Health Madisonville utilizes a sophisticated cost accounting system that identifies the cost of delivering care at the individual procedure and item (supply) level for direct costs and a detailed step-down methodology to allocate overhead costs as accurately as possible. Costs are determined for each patient based upon the specific procedures performed and items used for each patient. Patients are also categorized by: 1. Patient type (inpatient and outpatient), 2. Payer plan (Charity, state-sponsored charity and the uninsured are among the uniquely identified payer plans), and 3. Clinical service (52 unique clinical services). The cost of care for uninsured patients who qualify for "full" charity care (under a State-sponsored or BHM sponsored charity program) is determined by calculating the cost of each uninsured charity patient (at the procedure and item level) and accumulating the cost of each patient. For insured patients who also qualify for partial charity under the BHS sponsored charity program, costs are allocated to each portion (insurance, partial charity, patient payments and bad debt) using the patient's payer plan cost-to-charge ratio (CCR). For example, this CCR is multiplied by the charges covered by insurance to determine the cost of insurance, multiplied by charges covered by partial charity to determine the cost of partial charity, multiplied by patient payments to determine the cost of paid services and multiplied by unpaid charges to determine the cost of bad debt.The cost of care for uninsured patients who do NOT qualify for charity care (full or partial bad debt accounts) are allocated to each portion (patient paid portion and unpaid portion) using the patient's uninsured payer plan CCR. For example, this CCR is multiplied by patient payments to determine the cost of paid services and multiplied by unpaid charges to determine the cost of bad debt. Much care is taken to ensure that costs used for community benefit reporting are directly related to exempt-purpose patient care and that costs are reported accurately. For example, the cost of charity and Medicaid are removed from the calculation of the loss on subsidized services.

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Form and Line Reference	Explanation
Part I, Line 7g:	In order to meet the health and wellness needs of our communities throughout Kentucky, Baptist Health Madisonville (BHM), provides grants to Baptist Health Medical Group, Inc., (BHMG), a nonprofit Section 501 (c)(3) entity that is organized and operated to provide healthcare facilities and services. These grants allow BHMG to continue to provide support and care for Medicaid and charity care patients through primary care centers, rural health clinics, urgent care centers and specialty health clinics that meet a demonstrated community need. BHM makes these grants on the condition that BHMG use the grant funds only for the following activities:1. To provide care for patients participating in Medicaid and other means-tested government health programs, including but not limited to the Kentucky Children's Health Insurance (KCHIP) program.2. To provide care, for free or at discounted rates, to low-income patients who cannot afford the cost of care.3. To fund the operations of rural health clinics that provide care for the patients described above.4. To engage in community activities and programs in response to demonstrated community needs to improve community health, including but not limited to health screenings; COVID testing; vaccinations and community health education. The expenses related to the above activities are included in Schedule H, Part I, Line 7a, Financial Assistance at Cost, Line 7b, Medicaid and Line 7g; Subsidized Health Services.

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Form and Line Reference	Explanation
Part III, Line 2:	As a result of certain changes required by Accounting StandardsUpdate(ASU) 2014-09, the majority of Baptist's provision for uncollectibleaccounts is recorded as a direct reduction to net patient service revenueinstead of being presented as a separate line on the consolidatedstatements of operations.The core principle of the guidance in ASU No. 2014-09 is that an entityshould recognize revenue to depict the transfer of promised goods orservices to customers in an amount that reflects the consideration towhich the entity expects to be entitled in exchange for those goods orservices. For Baptist's health care operations, the adoption of ASU No.2014-09 resulted in changes to the presentation for and disclosure ofrevenue related to uninsured and underinsured patients. Under ASU No.2014-09, the estimated uncollectible amounts due from these patients aregenerally considered an implicit price concession and are a directreduction to patient service revenue.

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Form and Line Reference	Explanation
Part III, Line 3:	Rationale for including other bad debt amount in community benefit:No other bad debt amounts have been included as community benefit. The hospital educates patients with limited ability to pay regarding financial assistance and for this reason, the organization believes it accurately captures all charity care deductions provided according to the financial assistance policy, and the amount of bad debt expense attributable to patients eligible under the organization's charity care policy is negligible.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4:	Bad debt expense footnote:Per the financial statements of Baptist Healthcare System, Inc. (which include the activity of Baptist Health Madisonville, Inc.), there is no bad debt footnote for the current year. The amount on line 2 was calculated using a cost-to-charge ratio.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	Treatment of Medicare shortfall as community benefit: Medicare revenues and allowable costs were taken from the 'as-filed' Medicare cost report. Much care is taken to ensure that all adjustments to remove non-allowable costs are taken. Due to the fact that Medicare rates are established by the government and are non-negotiable, all of the shortfall for Medicare should be included as community benefit.

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Form and Line Reference	Explanation
Part III, Line 9b:	COLLECTION PRACTICES:Patients and guarantors who qualify for a "full" charity discount will not be billed once the charity determination is made. Patients and guarantors who qualify for a "partial" charity discount will be billed only for the non-discounted portion of their account. Guarantors who have an ability to pay for services will be billed based on the following guidelines: - Patients or guarantors may be asked to pay an estimated patient liability at point of service. - BHS facilities will accept and file claims for all insurances assigned to the organization with adequate proof of coverage. This assignment does not relieve the guarantor of responsibility for payment if the insurer fails to pay as prescribed by regulation, statute or patient-insurance contract. Deductibles, co-payments and non-covered services will be the responsibility of guarantors. - Statements will be sent to guarantors once patient liability is determined for insured or uninsured patients and necessary billing follow-up calls will be made by BHS Patient Financial Services and/or a designated external early out vendor over a period of time averaging from 90 to 120 days. All statements will contain information regarding the availability of financial assistance. If applicable, effort will be made to assist uninsured patients to secure coverage through any governmental or other assistance programs. - Patients requesting detailed charge information will be provided an itemized bill. - BHS Patient Financial Services will provide all patients the same information concerning services and charges. - Patient accounts not resolved at the end of this cycle will be considered for placement with external collection agencies. Collection agencies will continue to pursue patient balances while maintaining compliance with the Fair Debt Collection Practices Act and the ACA International's Code of Ethics and Professional Responsibility.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	NEEDS ASSESSMENT: Baptist Health Madisonville used a strategic planning model as the framework for the Community Health Needs Assessment. The hospital's service area was determined by utilizing inpatient and outpatient data regarding patient origin for the period April 2020 through March 2021, and by the nature of the communities served, which are primarily rural. Population demographics and socioeconomic characteristics of the community were gathered through various third party data. Information on the leading causes of death and morbidity information was analyzed in conjunction with data obtained from public surveys and our community partner organizations. All data was compiled and reviewed, then ranked utilizing a weighted method and prioritized to determine the most prominent health issues affecting our communities and the potential degree of influence Baptist Health Madisonville has to positively affect those health and social needs. In addition to assessing the health needs of our communities, the committee compiled a comprehensive list of available and accessible health care facilities and local community resource agencies in our region and calculated the potential need for physicians, advanced care providers and hospital services to meet the growing needs of our communities. Representatives from Baptist Health Madisonville continue to play key roles within the Access for Rural Community Health (ARCH) coalition throughout the year. ARCH is a multidisciplinary community health coalition composed of organizations throughout the region who play a role in the medical and socioeconomic determinants of health. The coalition is very active in community health literacy and health screening programs, as well as identifying and addressing root causes of poor health in individuals and families in the community. Baptist Health Madisonville is also very involved with the western Kentucky community and Hopkins County, collaborating with over 30 area organizations to help meet the needs of our residents. We continue to encourage our community members to be as healthy as they can be through screenings, educational programs and other various internal and external efforts. It is important for us to give back to the community that seeks care from us at important times in their lives.

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Form and Line Reference	Explanation
Part VI, Line 3:	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:The organization identifies uninsured patients by requesting insurance information at the time of the appointment request. If the patient has no insurance benefits, appointment scheduling staff will inform the patient of the self-pay policy. Except for emergency room visits, new patients who are unable to pay at the time of service are provided services by financial counselors for education and assistance. Emergency department patients are not asked for payment or insurance upon registration or admission. During financial counseling, patients will be informed of the Kentucky Physicians Care Program (KPC) in coordination with the Disproportionate Share Hospital (DSH) Program. They will also be counseled on potential eligibility for Medicaid and disability programs. Patients will also be advised of the financial assistance policy and applications will be provided.

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Form and Line Reference	Explanation
Part VI, Line 4:	COMMUNITY INFORMATION:The organization is based in Madisonville, Kentucky (Hopkins County) near Interstate 69, approximately 50 miles south of Evansville, Indiana. The majority of the community's population is concentrated in and around the city of Madisonville, with portions of the nearby counties of Webster and Muhlenberg also having significant patient discharge numbers. There are 28 points of care in the city of Madisonville, 12 in Hopkinsville and 15 in Powderly, Dawson Springs and Princeton. Approximately 25.4% of the community's population falls in the under 21 age range and approximately 19.1% are over the age of 65. The area's healthy business climate boasts a strong employment rate. The average unemployment rate for the service area is 3.5%, compared to 4.7% for the state of Kentucky and the national average of 5.3% for 2021. The emphasis on economic development and the support of local government and community partners continues to have a positive impact on the health of the local community.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5:	PROMOTION OF COMMUNITY HEALTH:The Baptist Health Madisonville Board of Directors is comprised of local representatives who, along with the hospital's management and employees, understand that they are responsible for providing high quality health care services to the communities they serve. Operating healthcare facilities in today's environment requires a delicate balance between producing a sufficient margin to allow for adequate staffing and investment in new technologies, while also providing enough resources to absorb the cost of care for those patients who do not have the ability to pay for the services. Baptist Health Madisonville continues to re-invest in the communities we serve through new technology, new construction, facility renovations and systems improvements. Baptist Health Madisonville is committed to the health and well-being of the community. By putting the patient at the center of everything we do, we also serve the needs of patients' families, health care providers and our current and future employees - providing information, tools and resources.Baptist Health Madisonville reaches out to the community in many ways through: - Conducting health fairs for local schools, businesses and churches. - Participating in fund-raising and other events and donating to local agencies such as the American Heart Association, Metro United Way, American Cancer Society, March of Dimes, United Way of the Coalfield, Habitat for Humanity and the Christian Food Bank.- Participating on community health needs assessment teams that are dedicated to identifying and addressing local health needs in each of the counties we serve. - Hosting educational programs, including our pre-natal classes, breastfeeding classes, a diabetes educational program, smoking cessation and numerous others.- Maintaining necessary, but unprofitable services that meet community needs. - Helping to recruit physicians to underserved areas and extending medical staff privileges to all qualified physicians in our community for some or all of our departments and specialties.- Helping patients coordinate services with other healthcare providers. - Providing resources and donating hospital space for community group meetings and support groups, such as cancer recovery groups. - Promoting and providing preventive care services. - Monitoring clinical outcomes in order to ensure quality care. - Committing resources to improving safety and processes of care. - Providing services conveniently accessible by patients. Not only is Baptist Health Madisonville as an organization involved in the community, but our staff and employees are very involved as well. Baptist Health Madisonville employees volunteer thousands of hours in community services and leadership. Our support for community activities underscores our commitment to improving the lives of those served. Team members are active in local civic clubs and sit on the boards of Habitat for Humanity, Salvation Army, Women's Triangle Recovery House, Hopkins County Community Clinic, United Way and Happy Feet. Our staff members volunteer at numerous health literacy and health screening events in the area throughout the year, as well as the Breaking Bread Food Ministry, a local kitchen/food bank. Because Baptist Health Madisonville and our employees contribute so much of their time, talent and resources to serve others, communities served by Baptist Health Madisonville are better, healthier places to live and work.Quantification of many of the community benefits is detailed elsewhere in this schedule. However, what the quantifiable amount does not measure is the economic benefit derived by the community from Baptist Health Madisonville being one of the major employers in the area. The economic impact of the wages paid to our employees is significant considering the dollars they spend on food, housing, services and other products. The Internal Revenue Service Revenue Ruling 69-545 provides that a hospital can demonstrate it has met the community benefit standard by having a full-time emergency room open to the public regardless of ability to pay for services received. The Baptist Health Madisonville hospital operates an emergency department that is open 24 hours a day, 365 days a year and treated over 24,000 emergency patients during fiscal year 2021. The emergency department posts policies stating that patients will be treated regardless of their ability to pay. Depending on the severity of a patient's condition, as a service to the patient Baptist Health Madisonville may verify insurance prior to rendering services in the emergency department. Under no circumstances is emergency care delayed by discussions regarding insurance coverage or ability to pay for services. In addition, Baptist Health Madisonville does not convey or intimate in any way to any emergency medical transportation service an unwillingness to treat any particular patient in need of medical attention.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	AFFILIATED HEALTH CARE SYSTEMS:Through 8/31/2021, Baptist Health Madisonville was 100% owned and operated by Baptist Healthcare System, Inc., a non-profit health system that owns and operates eight hospitals in Kentucky and Indiana. Effective 9/1/2021, Baptist Healthcare System, Inc. and Deaconess Health Kentucky, Inc. formed the joint venture Baptist Health Deaconess, LLC which owns Baptist Health Deaconess Madisonville, Inc. hospital and Baptist Health Deaconess Medical Group, Inc. which operates physician practices and outpatient clinics. Through this joint venture, Baptist Healthcare System, Inc. and Deaconess Health Kentucky, Inc. bring capital and expertise that will provide enhanced health care services to the Madisonville community.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	KY

Form and Line Reference	Explanation
Form 990, Schedule H, Impact of COVID-19	Baptist Health Madisonville reached out to our state and our communities:Clinical leaders from Baptist Health, the largest health system in the Commonwealth of Kentucky, played a p rincipal role as advisors to the Commissioner for Public Health, the Cabinet for Health an d Family Services ("CHFS"), Office of Inspector General, and other state agencies in respo nse to the unprecedented needs of our community during the COVID-19 pandemic. In conjuncti on with leadership teams from other health systems and the Kentucky Hospital Association, Baptist Health played a lead role in advising and developing the State's COVID-19 policies and its guidelines on multiple matters including: --- Initial planning at the beginning o f the COVID-19 pandemic to ensure the safety of patients, first responders and healthcare workers by establishing guidelines for the suspension of elective procedures, non-urgent/e mergent radiology, therapy and ambulatory visits. --- Collaboration with the CHFS to help manage the nursing home and post-acute care setting emergencies that became a focal point of the COVID-19 pandemic. Baptist Health worked closely with the State to provide on-site resources in support of facilities that were in crisis, in an effort to help stabilize tho se facilities and provide care to vulnerable residents. --- Provided critical PPE and othe r necessary materials to fellow healthcare providers when the State was unable to secure m uch needed supplies. --- Coordinated key vendor relationships that allowed the State to se cure high quality PPE products with fluid deliveries. These products were ultimately made available to nursing homes and other facilities that provided care and aid to indigent mem bers of our community. --- The development of guidelines for restarting all non-emergent c linical services including the appropriate phasing and criteria required of hospitals to r esume elective care, both in ambulatory and acute care settings.Two Baptist Health executi ves joined the Kentucky Procurement Advisory Committee to support entrepreneurs and small businesses that began producing PPE during the COVID 19 pandemic, allowing for the possibi lity of producing PPE on a permanent basis. The benefits of having a source of critical su pplies in the US and within the State are significant. Healthcare and non-healthcare compa nies came together through this committee to develop an inventory system for the State to ensure that adequate inventory levels of appropriate supplies would be maintained in prepa ration for any future state of emergencies.The Baptist Health Back to Work Program was dev eloped to help employers implement a safe return to work plan for their employees through convenient and easy-to-use screening and monitoring tools, including COVID-19 Testing Solu tions, a web-based screening application, and a MyChart-based home monitoring and case man agement platform. Baptist Health is the only major health system in Kentucky or southern I ndiana that offers customized COVID-19 solutions for employers. Baptist Health ensured the safety of patients, providers and employees:Baptist Health acted swiftly and efficiently to the COVID-19 pandemic by responding to the needs of our communities, our patients and o ur staff members through implementing disaster readiness protocols and the following: --- In early March 2020, Baptist Health began to secure PPE to meet the expected COVID-related demand throughout each of its markets and developed system-wide warehousing and logistics plans to manage and distribute critical equipment and PPE to ensure that all facilities h ad adequate supplies at all times.--- Established local incident command operations in eac h market, with hospital and medical groups coordinating in to a single unit. The System Cr isis Management Team coordinates efforts and all communications across the System to ensur e safety, best practices and consistency of implementation.--- Baptist Health hospitals cr eated respiratory evaluation centers to triage patients to specific COVID-19 testing sites away from emergency room and other facility entryways. --- Baptist Health created a centr al, system-wide respirator inventory to serve as a supply source in order to deploy equipm ent to specific locations based on need in the event of COVID-19 surge activity. At no tim e during the COVID-19 pandemic was any Baptist Health hospital without adequate respirator equipment.--- Baptist Health secured additional testing supplies and more rapid testing c apabilities, and developed specific screening, testing and treatment protocols. --- Baptis t Health continues to make a concerted effort to support our communities by providing freq uent education and assistance to community members and local businesses who have questions regarding operating in a COVID-19 environment.--- Our quick pivot to enhanced digital/vir tual healthcare solutions, with the creation of new processes and procedures and the enhan cement of existing services, allowed us to provide

Form and Line Reference	Explanation
Form 990, Schedule H, Impact of COVID-19	healthcare services for patients to address their immediate medical needs, all while ensu ring the safety of patients, staff and physicians. Video teleconferencing services proved to be a valuable tool as it became a lifeline for our behavioral health patients. Remote p atient monitoring technology has been used extensively to support patients with COVID-19 r ecovering at home, patients with chronic obstructive pulmonary disease and patients suffer ing from congestive heart failure. A telestroke program that links specialists at Baptist Health's two stroke-certified centers to patients in other locations has also been a lifes aving tool. In a short span of time, we advanced digital health services by years and have seen our patients embrace this change. Telehealth, telemedicine and digital health soluti ons continue to be utilized effectively to reach patients who otherwise may not seek care and to improve patient experience. In addition to all the COVID endeavors on a system basi s, Baptist Health Madisonville also contributed to our local community with the following unique support:---Team members (CMO, CNO, Pharmacists, CCU and COVID unit RNs), attended F acebook Live events sponsored by the Hopkins County Judge Executive and Mayor of the City of Madisonville to educate the community about COVID.---PPE, scrubs and gowns were provide d to the Ridgewood Terrace Nursing Home SWAT team sent by the state during an outbreak. -- - Hospital and clinical staff members attended Coalfield Comments and Western KY Live radio events to educate listeners and answer questions from the community on COVID topics.---Ba ptist Health Madisonville collaborated with local partners to produce PPE during the early stages of the pandemic. Berry Plastics produced face shields for our staff and Madisonvil le Community College utilized 3D printing to generate face shields and CAPR clips.--- Memb ers of our leadership team served as liaison between state government officials and local health department leadership.---Baptist Health Medical Group Madisonville very quickly tra nsitioned to telehealth options at the start of the pandemic. Through August 31, 2021, BHM G Madisonville served patients through over 18,000 phone visits and 10,000 video visits.Na vigating the COVID-19 pandemic has accelerated the growth and development of innovations i n the delivery of healthcare services that will positively affect how care is provided in the future. Baptist Health Deaconess Madisonville continuously monitors COVID-19 health da ta, statistics, trends, clinical information and research in order to reevaluate and reass ess current policies and procedures so that we can maintain the highest safety standards a nd provide peak levels of care to our patients. Through 8/31/2021, Baptist Health Madisonv ille facilities administered approximately 25,000 COVID-related diagnostic tests and scree nings, over 24,000 COVID vaccines and treated over 3,300 COVID-19 patients.

Additional Data

Software ID:

Software Version:

EIN: 61-0654587

Name: Baptist Health Deaconess Madisonville Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **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	Baptist Health Madisonville 900 Hospital Drive Madisonville, KY 42431 www.baptisthealthdeaconess.com 100184	X			X			X			

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

Form and Line Reference	Explanation
Baptist Health Madisonville	Part V, Section B, Line 5: The Baptist Health Madisonville CHNA committee worked closely w ith a wide variety of community partners and resources to gather, disseminate and prioriti ze the information needed for the Community Health Needs Assessment. Baptist Health Madiso nville formed a community health coalition with other healthcare, civic, governmental and educational organizations in the area to work collaboratively to identify and address the medical and socioeconomic factors affecting the health of the people in our region. Such a community-driven plan of action engages the public and develops partnerships that help pr omote wellness and healthier communities. There are three separate health departments loca ted in Baptist Health Madisonville's CHNA service area: the Hopkins County Health Departme nt, the Muhlenberg County Health Department and the Green River District Health Department , which serves Webster County. These health departments provide environmental, preventive, curative, and health maintenance services to area citizens through direct healthcare, hea lth education, counseling and enforcement of laws that protect health and the environment. Primary data was collected from these interactions with members of the community coalitio n and from surveys distributed to the public. To secure a representative sample, the surve y was made available in both online and printed formats. The committee designed a more det ailed survey than what has been used in the past in order to gather information on medical factors as well as socioeconomic factors that affect health and the ability to access hea lthcare resources. The survey was widely publicized online and in print publications. Bapt ist Health Madisonville hosted a link to the online survey and distributed paper surveys. The final survey consisted of 62 questions and took approximately 16 minutes to complete. Five hundred twenty-one (521) area residents took the survey from May 12, 2021 to June 11, 2021. The Hopkins County Health Department collected more than 200 paper surveys from the ir clients. Participants were asked their zip code, gender, race, education and income lev els as well as a variety of questions regarding health care and social determinants of hea lth. Secondary data obtained from national, state and local demographic and socioeconomic sources was used, including Kentucky vital statistics, disease prevalence studies, outcome measures and health indicators and statistics. The most recent data came from the Robert Wood Johnson County Health rankings, which were published in 2020. Data regarding health o utcomes, health behaviors, clinical care availability, socioeconomic factors and physical environment risks for each county in Baptist Health Madisonville's service area was analyz ed.The Community Health Needs Assessment Committee included senior hospital leadership and specific department directors. The committee reviewed the information gathered through th e primary and secondary data s

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
Baptist Health Madisonville	ources combined with the information obtained through community partners, and the comprehe nsive list of community health needs were documented. The committee then prioritized how a nd where Baptist Health Madisonville should concentrate its resources over the next three years to most effectively address these pressing health needs that create hardships for ou r residents and stress on agencies throughout our communities. The final CHNA and SIP were approved by the administrative Board of Directors of the hospital and by the Baptist Heal thcare System Board of Directors.

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
Baptist Health Madisonville	Part V, Section B, Line 7d: Results from the 2022-2024 Community Health Needs Assessment are made widely available through various communication methods. The written report of the assessment is posted on the hospital's website; local community organizations have posted a link on their websites to the CHNA on Baptist Health Madisonville's website and the website address where the document can be accessed has been disseminated through local media. Paper copies of the CHNA are available at the hospital or by request. The 2022-2024 Community Health Needs Assessment will remain available until a subsequent assessment is made. www.baptisthealthdeaconess.com

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
Baptist Health Madisonville	Part V, Section B, Line 11: The CHNA committee's purpose was to identify health challenges and risk factors that can be modified or prevented to improve the health of our community . Based upon the data collected and analyzed through this assessment, the committee identi fied and prioritized community needs for the service area that Baptist Health Madisonville can address and affect by implementing programs, providing educational support and sponso ring preventive screenings. The following are the primary health issues that the hospital will focus on over the next three years: access to healthcare; mental health; obesity and COVID-19.Six of the top ten survey responses regarding family health issues were related t o access to health care services. These include access to primary care; access to speciali sts; the availability of behavioral/mental health treatment resources and the availability of substance abuse treatment programs. The joint management agreement between Baptist Hea lth and Deaconess Health systems will help significantly to alleviate a number of these ac cess issues and a partnership with BluMine Health Direct Primary Care will help us to bett er identify the specialty care needs of our residents. We continue to offer extensive teac hing, training and clinical experience for medical and nursing students that provide oppor tunities for future service to our community. Mental health illnesses and the related heal th effects on individuals and families was the second highest priority health concern iden tified by the CHNA committee. Mental illness has a significant impact on overall health an d well-being, and can contribute to other health issues such as obesity and substance abus e disorders. Over 40% of survey respondents view the mental health of the community as 'un healthy or 'very unhealthy'. The committee members discussed the services Baptist Health M adisonville already provides as well as goals to improve access for outpatient mental heal th wellness programs. To drive improved quality outcomes for our patients, Baptist Health recognizes the importance of integrating behavioral health care into all aspects of care. We also realize the importance of reducing the stigma of seeking behavioral health care se rvices. As a result, we are expanding access and creating new avenues for people to receiv e care. These efforts include a network of providers who will work in collaboration with o ur treatment team and a Virtual Care hub for behavioral health that provides services to n early 50 primary care locations. By the end of fiscal year 2021-22, these services will be embedded into every Baptist Health Medical Group primary care location. Additional behavi oral health risk assessment tools, expanded treatment options and the combined efforts of medical professionals, schools, churches and government agencies will contribute to our su ccess in reducing the stigma around mental health care and educating and engaging individu als to seek better care for th

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
Baptist Health Madisonville	emselves and their loved ones.Obesity and related illness prevention continue to be primar y health concerns in our community. All three of Baptist Health Madisonville's service are a counties have a higher percentage of obesity than the average in Kentucky, which is know n for having one of the worst ratings in the U.S for obesity. Over 45% of survey responden ts viewed themselves as overweight. To increase the awareness of obesity as a health threa t to our service area residents and to encourage healthier living through diet, exercise a nd other means remains a top priority. Obesity can cause serious health problems, includin g Type 2 diabetes, heart disease, high cholesterol, high blood pressure, asthma, osteoarth ritis and several forms of cancer. Failing to diminish obesity in the community will lead to higher mortality rates, increased healthcare costs and a decrease in the quality of lif e for families in our community. We continually work with other community agencies to prom ote healthy living lifestyles through diet, exercise and education.COVID-19 continues to b e a significant health concern in our communities. Even though incidence rates and mortali ties have dropped considerably, the impact of COVID-19 is still lingering in our communiti es. The community as a whole has lower vaccination rates than the average in Kentucky due to continued vaccination hesitancy. These low vaccination rates, combined with the socioec onomic impacts of COVID-19 raise many health concerns. Baptist Health Madisonville service locations continue to provide testing, vaccines and care for all COVID-19 patients. An in crease in the availability of virtual care visits; continuous monitoring of all service lo cations to reduce the likelihood of further transmission of the virus and increased public education and awareness of the dangers of COVID-19 will help minimize the impact of COVID -19 on our communities moving forward. It is not within the scope of Baptist Health Madiso nville's services, expertise or resources to be able to address all of the risk factors th at have been identified as influencers of our community's health status. However, it is th rough networking, partnerships and collaboration with other community stakeholder organiza tions and agencies that these issues are being addressed. Increasing communication between community service providers, enhancing the public's awareness of the agencies and service s available and promoting assistance provided by local community partners is a common goal of our healthcare and civic leaders. Baptist Health Madisonville works collaboratively wi th other community resources to provide support and to serve as a referral source to addre ss the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment and uninsured populations are be ing managed by economic development groups, the Kentucky Chamber of Commerce, city and cou nty governments and county hea

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
Baptist Health Madisonville	lth departments.

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
Baptist Health Madisonville	Part V, Section B, Line 13b: Based on the information provided in the Financial Assistance Policy application and/or through the presumptive eligibility process, a patient or guarantor whose income plus liquid assets are less than 300% of the current federal poverty level for his or her family size may be eligible for a full discount under the FAP after all other healthcare payment resources have been utilized and exhausted. A patient or guarantor whose family income plus liquid assets is between 300% and 1200% of the current federal poverty level for his or her family size may be eligible for partial assistance. Patients have a total yearly obligation of 10% of their annual income plus liquid assets. Patient or guarantors whose family income plus liquid assets is above 1200% have a total yearly obligation of 20% of their annual income plus liquid assets. If a patient is uninsured or their health insurance does not cover emergency or medically necessary care provided by a Baptist Health hospital, then the patient will be allowed a discount that limits payment responsibility to the amounts generally billed to individuals who have insurance covering such care.

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
Baptist Health Madisonville	Part V, Section B, Line 20e: Prior to referring individuals to a collection agency, Baptist Health Madisonville processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance.

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
Part V, Section B, Line 3e	The hospital facility did include a prioritized list of the community's significant health needs in its CHNA report.

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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

2020

Open to Public Inspection

Name of the organization
Baptist Health Deaconess Madisonville Inc

Employer identification number
61-0654587

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) Baptist Health Foundation Madisonville Inc 2701 Eastpoint Parkway Louisville, KY 40223	47-2893430	501(c)(3)	188,649				General Support
(2) Baptist Health Medical Group Inc 2701 Eastpoint Parkway Louisville, KY 40223	20-5497203	501(c)(3)	23,851,858				Subsidize Services

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	**Explanation**
Part I, Line 2:	There is a committee that is responsible for approving all donations. The committee selects the organization based on nonprofit criteria. An annual budget is established to determine the total amount of funds to be distributed each year.
Part II, Line 1	In order to meet the health and wellness needs of our communities throughout Kentucky, Baptist Health Madisonville, Inc. (BHM), provides grants to Baptist Health Medical Group, Inc., (BHMG) that allow BHMG to continue to provide support and care for Medicaid and charity care patients through primary care centers, rural health clinics, urgent care centers and specialty health clinics that meet a demonstrated community need. These amounts are reported in various lines of Form 990, Part IX, Statement of Functional Expenses.

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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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Health Deaconess Madisonville Inc

Employer identification number
61-0654587

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**		
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**		
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**		No
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 3	Baptist Healthcare System, Inc., a related organization of Baptist Health Madisonville, Inc., uses the following to establish the compensation of the organization's CEO: - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Written employment contract - Compensation survey or study - Approval by the Board or Compensation Committee.
Part I, Line 4b	Two current officers who participated in the Supplemental Executive Retirement Plan accrued amounts for 2020 which is a portion of the amount reported as deferred compensation in Schedule J, Column C. Other retirement and deferred compensation reported in Schedule J, Column C include amounts for the Retirement Accumulation Plan and Thrift Plan. The following individuals participated in and accrued amounts from the Supplemental Executive Retirement Plan: Stephen R. Oglesby $104,508 Gerard J. Colman $247,654 The following individual received a payout from the Supplemental Executive Retirement Plan, a nonqualified deferred compensation plan, as she is fully vested in the plan: Janet Norton $163,738

Additional Data

Software ID:

Software Version:

EIN: 61-0654587

Name: Baptist Health Deaconess Madisonville Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Gerard Colman CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,277,574	1,761,830	18,852	256,204	28,496	3,342,956	0
1Stephen R Oglesby VP and Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	607,880	436,019	15,102	113,058	27,065	1,199,124	0
2Janet Norton VP and Secretary	(i)	0	0	0	0	0	0	0
	(ii)	542,699	407,264	180,262	8,550	29,325	1,168,100	0
3Robert Ramey President	(i)	0	0	0	0	0	0	0
	(ii)	356,651	201,130	11,622	8,550	10,170	588,123	0
4James E Armstrong MD Director (Through 12/31/20)	(i)	0	0	0	0	0	0	0
	(ii)	439,174	11,137	1,941	8,550	24,390	485,192	0
5Ronald R Gilley MD Director (Effective 5/14/21)	(i)	0	0	0	0	0	0	0
	(ii)	319,508	104,959	1,623	4,275	19,377	449,742	0
6William McColl Medical Physicist	(i)	225,960	250	1,165	6,706	18,845	252,926	0
	(ii)	0	0	0	0	0	0	0
7Darlena Jones Program Administrator	(i)	199,427	250	2,835	6,119	23,940	232,571	0
	(ii)	0	0	0	0	0	0	0
8Pamela Thurman Asst Program Director	(i)	185,535	250	2,172	2,888	20,001	210,846	0
	(ii)	0	0	0	0	0	0	0
9Margo Ashby Director, Pharmacy	(i)	177,951	250	2,732	5,212	1,343	187,488	0
	(ii)	0	0	0	0	0	0	0
10Lorie Oglesby VP, HR and Education	(i)	141,708	21,555	1,866	4,301	2,306	171,736	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baptist Health Deaconess Madisonville Inc

Employer identification number
61-0654587

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a: Statement of Program Service Accomplishments:	Baptist Health Madisonville is a tertiary acute care hospital, serving numerous rural comm unities in western Kentucky and offering over 35 points of care and a broad range of inpat ient and outpatient services. As an integrated healthcare provider, Baptist Health Madison ville includes more than 100 primary care and specialist physicians, a 410-bed hospital wi th an advanced 20-bed Critical Care unit; an extensive education division that trains stud ents in numerous capacities to provide medical care in rural areas; award-winning women's health services; advanced cancer care and a progressive heart and vascular center. The hos pital also has clinics conveniently located in nearby communities to provide care close to home for our patients. Baptist Health Madisonville provided care for 5,965 inpatient adul t, pediatric and nursery admissions with 32,453 patient days, 746 live births, 199,957 out patient visits and 10,159 surgery visits during fiscal year 2021. Baptist Health Madisonvi lle's Mahr Cancer Center is Kentucky's oldest community hospital cancer program to consist ently hold accreditation with the American College of Surgeons Commission on Cancer, recei ving the No. 1 overall rating. The Merle M. Mahr Cancer Center is focused on preventing ca ncer, diagnosing cancer and treating it with the most aggressive, advanced therapies avail able. With state-of-the-art treatments, best-practice therapies and innovative clinical tr ials, the center delivers help and hope to people with cancer. The Mahr Center provided ov er 20,000 treatments to patients during fiscal year 2021, including chemotherapy and infus ion; radiation oncology services; surgical services and advanced diagnostic and screening procedures. With skilled hands and compassionate hearts, the Jack L. Hamman Heart & Vascul ar Center encompasses the best in technology and facility design under one roof. The Cente r provides a complete range of services for diagnosis, treatment, and recovery from heart disease, as well as programs for assuring and maintaining wellness. The cardiac catheteriz ation lab offers numerous procedures including the diagnosis and treatment of blood clots; implantation of permanent pacemakers; the use of stents to expand vessels and the removal of deposits from vessel walls. The Pacemaker/Defibrillator Clinic provides ongoing care f or all pacemaker patients from practitioners who are assisted by technology experts to hel p ensure healthy recoveries and consistent, proper device performance. The Cardiac Rehabil itation program is administered by specially trained physiologists and nurses and provides a personalized rehabilitation program to help patients recover strength through exercise. Baptist Health Hospice is dedicated to providing support and care for individuals during their last phase of life, as well as assistance to their families through the death and be reavement process. Through a coordinated and dedicated team approach, the Hospice staff an d volunteers provide physical,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a: Statement of Program Service Accomplishments:	emotional and spiritual assistance to those with a life-limiting illness by focusing on t he quality of life. We provide terminally ill patients of all ages virtually all of the se rvices of a healthcare facility, but in the privacy of their own home. The Hospice team ha s more than 160 years of combined experience and is made up of physicians, registered nurs es, social workers, chaplains, certified nursing assistants, ancillary staff including phy sical and occupational therapists and volunteers. Education has played vital role in the h istory and growth of Baptist Health Madisonville. From elementary school students to healt h professionals and physicians, Baptist Health Madisonville offers a wide range of learnin g opportunities. The Baptist Health Madisonville Medical Education and Research Center pro vides numerous educational programs that benefit the communities of western Kentucky. --- Established in 1971, the Baptist Health Family Medicine Residency Program has been dedicat ed to helping provide well-educated and expertly trained family physicians to rural wester n Kentucky and beyond. We have a proud tradition of quality residency training, with gradu ates practicing all over the country, in both rural and metropolitan areas. The diversity of our program's population and the rural community and lifestyle are instrumental in deve loping quality family physicians. The education and skills our residents have received ser ve them well as they practice on the front lines of medicine. Our residency program is an important part of our vision to lead in clinical excellence, compassionate care and growth to meet the needs of our patients. --- The purpose of the Baptist Health Madisonville pos t-graduate Pharmacy Residency Program is to build on the Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medicati on-related care of patients with a wide range of conditions. --- Established in 1986, the goal of the West Area Health Education Center, (AHEC), in Madisonville is to improve the r ecruitment, distribution and retention of healthcare professionals in our region and to im prove the health of the communities we serve. The program connects the academic health cen ters at the University of Kentucky and the University of Louisville with medically under-s erved communities throughout the Commonwealth to address healthcare access issues in Kentu cky. The AHEC program places college healthcare students in training rotations in rural ho spitals, health departments, clinics and private offices across its 14-county area in west ern Kentucky. The program also coordinates student clinical training; provides continuing education for health professionals close to home; works with local schools to promote care ers in health care and supports library networks to meet the information needs of students and healthcare practitioners. --- The University of Louisville School of Medicine Trover Campus is a regional teaching

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a: Statement of Program Service Accomplishments:	center of the university located on the Baptist Health Madisonville hospital campus that o ffers medical students the opportunity to complete the last two years of medical school in a rural community. --- Baptist Health also collaborates with Murray State University to o ffer the only program in Kentucky for Nurse Anesthesia Training. Baptist Health Madisonvil le serves as the primary clinical site for the program. The program is dedicated to gradua ting nurse anesthetists with the highest professional competence who are committed to retu rning to rural areas to practice. Upon completion of the program, the graduates hold a Doc tor of Nursing Practice (DNP) degree and are qualified to apply for the national certifica tion exam to become Certified Registered Nurse Anesthetists. --- The Delta Rural Network C enter is located in the Dr. Loman C. Trover Medical Education and Research Center on the B aptist Health Madisonville hospital campus. It is funded by a Delta States Rural Developme nt Network grant program from the U.S. Department of Health and Human Services. The Kentuc ky Delta Rural Project is a community health and wellness program administered by Baptist Health Madisonville. The goal of the project is to enhance the culture of wellness in our service area schools by involving school staff, students, parents and community organizati ons. The initiative promotes wellness activities in 74 elementary, 26 middle and 26 high s chools. The principal objective is to assist the schools with establishing sustainable wel lness committees to focus on wellness initiatives and to promote healthy lifestyle habits. The Baptist Health School Wellness Initiative is an HRSA-funded anti-obesity wellness pro motion program that serves 20 rural Mississippi Delta Region counties. Through this initia tive, the Delta Rural Network Center helps area elementary, middle and high schools establ ish sustainable school wellness leadership teams to assess and address health and wellness activity. The iniative also focuses on the retention of academic classroom-based physical activity beyond required health and physical education; providing professional developmen t training for school staff; healthy lifestyle activities and presentations for students a nd residents, and wellness policy development and review. --- Centering Pregnancy Smiles i s a partnership between the University of Kentucky, the Baptist Health Madisonville Educat ion and Research Center, the Hopkins County Health Department, the national Centering Preg nancy initiative and other federal, state and local leaders. The alliance, established to end the cycle of preterm births, low birth weight, and poor oral health in Kentucky, has a lready saved Kentucky more than $2 million in direct health costs. The Center offers tours , classes and seminars, and participates in community educational events.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a: Statement of Program Service Accomplishments:	--- We have worked closely with Madisonville Community College (MCC) and Hopkins County Sc hools for many years to support and expand nursing and allied health training programs in the area. This partnership provides career training for local students and helps fill the pipeline for the health workers and caregivers required in our communities. We have also c ollaborated with MCC to develop and operate two innovative training facilities. We have a high-level simulation hospital that is used to train health science students throughout we stern Kentucky. This facility is currently being expanded to include critical care and sur gery simulation capabilities. We also built a new home health training facility that is lo cated adjacent to our hospital campus. The facility is designed as a house with both a sta ndard, typical home layout and with an ADA-compliant layout. This facility provides real-l ife, hands-on training for home health workers, therapists, nursing students and others. O ther educational events sponsored or supported by the organization include the First Step Nursing Program, the Dr. Loman C. Trover Symposium and the Oral Health Summit. COMMUNITY P ROGRAMS,EVENTS AND DONATIONS: Baptist Health Madisonville has always been an organization that the community looks to for support of community events. Whether it is financial suppo rt, the human resources of our employees, or both, the people of western Kentucky have com e to rely on the organization to help make community events successful. In order to improv e the general wellbeing of the communities we serve, the organization is involved in numer ous community events, working with local organizations, schools and businesses to promote health and education through various events. Baptist Health Madisonville's real passion is health care. For that reason, emphasis is placed on helping organizations with health car e missions. Baptist Health Madisonville served thousands of individuals through community educational events, health fairs and screenings during the 2021 fiscal year. Blood sugar a nd blood pressure screenings are provided regularly at satellite locations and The Mahr Ca ncer Center provided prostate, lung and colorectal cancer screenings working with the Kent ucky Cancer Program. Free mammograms are provided to uninsured and underinsured members of the community through the Think Pink Breast Cancer Awareness programs. Additionally, we s ponsor the"4th Fest" Family Night, an annual event in our wellness park that we maintain f or use by the community; free sports physicals are provided to high school students in our service area counties and we operate and maintain a full-time dedicated research center, established to ensure that the community has early access to promising new medicine and me dical treatments. The support groups offered by the organization, at no cost to the commun ity, are staffed by hospital employees and served hundreds of patients and their families. These groups discuss health i

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a: Statement of Program Service Accomplishments:	ssues such as Alzheimer's disease, cancer, diabetes, fibromyalgia, multiple sclerosis, ast hma and numerous other health and wellness topics. To enhance access, some support groups are held at satellite locations and via teleconference for the convenience and safety of t he participants. Oftentimes our team members work additional hours above their normal work loads to staff these events and programs. The organization employs a full-time chaplain wh o is available for our patients, guests and employees; as well as a full-time chaplain for the Hospice program. These services, provided at a cost to the organization of over $80,0 00, include consultation, pastoral care, counseling and in-service seminars. In 2021, Bapt ist Health Madisonville volunteers gave thousands of hours to the community. The volunteer program exists solely for service and is not a fund-raising group for the organization. V olunteers provide services to aid community members who use numerous hospital facilities, including the waiting rooms, the information desk and other areas. Volunteers also deliver mail to patients. Baptist Health Madisonville supports its communities through financial and in-kind donations. Examples of supported events include giveaways for local school eve nts, hospital tours, in-class speakers, support to the local Board of Education for health care education programs for high school students and financial support for community even ts at the Glema Mahr Center for the Arts. Baptist Health Madisonville also supports the Ma rch of Dimes, the Salvation Army, United Way of the Coalfield, Habitat for Humanity, the C hristian Food Bank, local 4-H Councils, the Boy Scouts and numerous other organizations. C HARITY AND COMMUNITY BENEFIT CARE: Baptist Health Madisonville provides care to patients w ho meet guidelines established in the organization's charity care policy at no charge or a t charges less than established rates. Other uncompensated care relates principally to con tractual allowances for government payors, discounts taken by commercial payors and bad de bts. Community benefit expense represents approximately 18.4% of the total organization's expense for the period ended August 31, 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part V, Line 1	Form 1096 is filed by Baptist Healthcare System, Inc., FEIN 61-0444707.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part V, Line 2B	All employment tax returns are filed by Baptist Healthcare System, Inc. (61-0444707).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Members or stockholders: Through 8/31/2021 the organization's sole member is Baptist Healthcare System, Inc. ("BHS"), a non-profit, tax-exempt corporation organized under and pursuant to the provisions of the law of the Commonwealth of Kentucky.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Power to elect or appoint members: The Board of Directors of Baptist Health Madisonville, Inc. is appointed by Baptist Healthcare System, Inc., (BHS).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Decisions reserved to members or stockholders: The consent & approval of the sole member shall be required for all major corporate actions, and any act the result of which would be to: a. Approve the mission, vision, and value of the corporation and amendments thereto; b. Approve amendments to the articles of incorporation and the bylaws of the corporation; c. Approve the strategic plan of the corporation; d. Approve the transfer or disposition of all or substantially all of the corporation's assets or investment or interest in any business enterprise; any merger, combination, or reorganization of the corporation; any liquidation, reorganization, or recapitalization of the corporation; or any agreement to do the foregoing; e. Approve the capital expenditure and operating budgets of the corporation, and any unbudgeted expenditures over $500,000; f. Selection of the corporation's auditor; g. Approve the incurrence of debt of the corporation above $500,000 or other amount established by BHS and the making of any capital expenditure above $500,000 or other amount established by BHS; h. Approve the appointment, removal, and evaluation of the president or chief executive officer of the corporation acting through the president and chief executive officer of BHS; i. Appoint or remove, with or without cause, the members of the board of directors of the corporation. Appointment and removal shall not require a recommendation of the corporation's board; j. Appoint or remove, with or without cause, the chair of the board of the corporation. Appointment and removal shall not require a recommendation of the corporation's board; k. Authorize execution of any contract, agreement, or similar instrument by which the corporation may be obligated to pay more than an amount established by BHS; l. Acquire any stock of any corporation or any equity in another corporate form, or invest in or acquire any interest in any business enterprise.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Process used to review the Form 990: The internally prepared Form 990 is reviewed and approved by tax consultants. Copies are given to each voting member of the Board of Directors prior to filing for their review. The Form 990 is then presented at a monthly meeting of the hospital's Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Monitoring and enforcement of compliance with conflict of interest policy: Conflict of Interest statements are completed for each board member, principal officer, and committee member with board delegated powers. The chairman of the Board of Directors is responsible for being familiar with the statements and identifying existing or contemplated transactions or relationships which may give rise to a conflict of interest. Affected board members, officers, and committee members are also responsible for bringing conflicts which they may be a part of to the attention of the Board. Such affected parties are required to withdraw from the meetings for the time in which the matter continues under discussion. If the matter is brought to a vote, the affected party will not vote on it. If the matter requires a special called meeting, the affected party will not be counted in establishing a quorum. The Board will also appoint a non-interested person to investigate alternatives to the proposed transaction.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Compensation determination process: The President of Baptist Health Madisonville, Inc. is not an employee of Baptist Health Madisonville, Inc. but is an employee of Baptist Healthcare System, Inc., a tax-exempt 501(c)(3) organization which is the sole member of Baptist Health Madisonville, Inc. The President is compensated by Baptist Healthcare System, Inc. Annually in December, the Baptist Healthcare System, Inc. Compensation Committee reviews the compensation, including base compensation and incentive compensation for the President. The Baptist Healthcare System, Inc. Compensation Committee is comprised of independent Board Members. The Committee retains a Compensation Consultant to advise the Committee and who provides data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated healthcare organizations. The Committee reviews this information in approving annual base and incentive compensation and other items of reportable compensation described on Schedule J of the IRS Form 990. The decisions of the Committee regarding compensation are contemporaneously documented in the minutes of the Committee. Annually, the Committee Chairperson and the Compensation Consultant provide a report on executive compensation to the full Board of Directors of Baptist Healthcare System, Inc. The compensation of officers is either reviewed and approved by the Compensation Committee of the Baptist Healthcare System, Inc. Board or is reviewed and approved by the Baptist Healthcare System, Inc. President and CEO or the Baptist Health Madisonville President and CEO. The organization makes every effort to ensure that the compensation of all employees is reasonable and appropriate for the value of the services received by the organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Process for making documents available to the public: The organization's governing documents, conflict of interest policy and financial statements are available upon request in the organization's administrative office.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Adminstrative Services: Program service expenses 19,926,502. Management and general expenses 3,949,227. Fundraising expenses 0. Total expenses 23,875,729. Physician Fees: Program service expenses 9,577,750. Management and general expenses 0. Fundraising expenses 0. Total expenses 9,577,750. Consulting Fees: Program service expenses 0. Management and general expenses 17,351. Fundraising expenses 0. Total expenses 17,351.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Physician Entity Funding -24,687,269. IS Depreciation 2,527,659. Other -3,310,446. Balance Sheet Transfer -91,362,048.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baptist Health Deaconess Madisonville Inc

Employer identification number
61-0654587

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
(1) Baptist EastMilestone LLC 750 Cypress Station Dr Louisville, KY 40207 61-1355065	Fitness Center	KY	N/A	N/A				No			No	
(2) Baptist Physicians' Surgery Center LLC 1720 Nicholasville Rd 101 Lexington, KY 405031490 04-3665929	Ambulatory Surgery Center	KY	N/A	N/A				No			No	
(3) Medical Associates of Middletown LLC 4000 Kresge Way Louisville, KY 40207 20-0399400	Medical Office Building	KY	N/A	N/A				No			No	
(4) Cumberland Valley Surgical Center LLC PO Box 1620 Corbin, KY 40701 61-1348280	Ambulatory Surgery Center	IN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) MS Community Health LLC 2701 Eastpoint Parkway Louisville, KY 40223 61-1303514	Health Clinic	KY	N/A	C				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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
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	Yes	
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		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	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: 61-0654587

Name: Baptist Health Deaconess Madisonville Inc

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
2701 Eastpoint Parkway Louisville, KY 40223 47-3033550	Fundraising	KY	501(c)(3)	Schedule A, Line 12a	Baptist Healthcare System Inc	Yes	
1740 Nicholasville Rd Lexington, KY 40503 61-1480774	Fundraising	KY	501(c)(3)	Schedule A, Line 12a	Baptist Healthcare System Inc	Yes	
2701 Eastpoint Parkway Louisville, KY 40223 47-2893430	Fundraising	KY	501(c)(3)	Schedule A, Line 12a	Baptist Healthcare System Inc	Yes	
4000 Kresge Way Louisville, KY 402074604 20-0292291	Fundraising	KY	501(c)(3)	Schedule A, Line 12a	Baptist Healthcare System Inc	Yes	
2501 Kentucky Ave Paducah, KY 42003 26-4057759	Fundraising	KY	501(c)(3)	Schedule A, Line 12a	Baptist Healthcare System Inc	Yes	
PO Box 1600 Richmond, KY 40476 31-1506378	Fundraising	KY	501(c)(3)	Schedule A, Line 12a	Baptist Healthcare System Inc	Yes	
2701 Eastpoint Parkway Louisville, KY 40223 20-5497203	Physician Services	KY	501(c)(3)	Schedule A, Line 3	Baptist Healthcare System Inc	Yes	
2701 Eastpoint Parkway Louisville, KY 40223 31-1122867	Fundraising	KY	501(c)(3)	Schedule A, Line 12a	Baptist Healthcare System Inc	Yes	
2701 Eastpoint Parkway Louisville, KY 40223 61-0444707	Hospital	KY	501(c)(3)	Schedule A, Line 3	N/A		No
629 Lafoon Street Madisonville, KY 42431 61-0946210	Ambulance Services	KY	501(c)(3)	Schedule A, Line 10	N/A	Yes	
126 Lone Oak Road Paducah, KY 42001 61-1310466	Ambulance Services	KY	501(c)(3)	Schedule A, Line 12a	Baptist Healthcare System Inc	Yes	
PO Box 1600 Richmond, KY 40476 51-0172717	Support Hospital	KY	501(c)(3)	Schedule A, Line 12a	Baptist Healthcare System Inc	Yes	

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
Baptist Healthcare System Inc	R	99,100,728	Cost
Baptist Healthcare System Inc	P	26,467,648	Cost
Baptist Health Medical Group Inc	S	24,995,301	Cost
Baptist Health Medical Group Inc	P	2,336,809	Cost
Baptist Health Medical Group Inc	J	3,146,334	Cost
Baptist Health Foundation Madisonville Inc	B	188,649	Cost
Baptist Health Foundation Madisonville Inc	S	52,932	Cost