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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 06-01-2019 , and ending 05-31-2020

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

C Name of organization
Owensboro Health Inc

% JOHN HACKBARTH
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1201 Pleasant Valley Road

City or town, state or province, country, and ZIP or foreign postal code
Owensboro, KY 42303

D Employer identification number

61-1286361

E Telephone number

(270) 417-2000

F Name and address of principal officer:
GREG STRAHAN
SAMES AS C ABOVE
OWENSBORO, KY 42303

G Gross receipts \$ 961,553,706

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.owensborohealth.org

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

L Year of formation: 1995

M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OWENSBORO HEALTH, INC. EXISTS TO HEAL THE SICK AND IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

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 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 4,000

6 Total number of volunteers (estimate if necessary) 6 160

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,442

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 1,350,185

9 Program service revenue (Part VIII, line 2g) 9 602,970,678

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 9,439,335

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 6,118,442

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 619,878,640

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 2,139,113

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 238,478,259

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 301,699,695

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 542,317,067

19 Revenue less expenses. Subtract line 18 from line 12 19 77,561,573

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 1,369,224,739

21 Total liabilities (Part X, line 26) 21 789,039,650

22 Net assets or fund balances. Subtract line 21 from line 20 22 580,185,089

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
JOHN HACKBARTH SENIOR VP/CFO
Type or print name and title

2020-10-15
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ ERNST & YOUNG US LLP
Firm's address ▶ 111 MONUMENT CIR STE 4000
INDIANAPOLIS, IN 46204

Preparer's signature
Date 2020-10-15

Check ☐ if self-employed
Firm's EIN ▶
Phone no. (317) 681-7000

PTIN P00395735

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

OWENSBORO HEALTH, INC. EXISTS TO HEAL THE SICK AND IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

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 \$ 427,836,081 including grants of \$ 1,977,634) (Revenue \$ 614,093,129)
	See Additional Data

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 427,836,081
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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	No
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	Yes
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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	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? <i>If "Yes," complete Schedule L, Part III.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	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 ComplianceCheck 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	224
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	Yes

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

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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	14	
	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	13	
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	No
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	No
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	Yes
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	Yes

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:
▶ JOHN HACKBARTH 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 (270) 417-2000

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 ☐

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.

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	9,427,815	1,527,721	1,001,869

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 ▶ 207

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
MORRISON MGMT SPECIALISTS, PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICES	6,689,668
NORTHSTAR ANESTHESIA OF KY LLC, 6225 N STATE HWY 161 SUITE 200 IRVING, TX 75038	ANESTHESIA SERVICES	3,997,037
LOUISVILLE RAD IMAGING CNSLTS, 71 WEST 156TH STREET SUITE 110 HARVEY, IL 60426	RADIOLOGY SERVICES	2,261,667
OBHG KENTUCKY PSC, 10 CENTIMETERS DRIVE MAULDIN, SC 29662	OB SERVICES	1,576,886
CROTHALL HEALTHCARE, 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	HOUSEKEEPING SERVICE	1,453,199

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 ▶ 75

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Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>						
			(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	114,822		
	e	Government grants (contributions)	1e	16,721,241		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	55,637		
	g	Noncash contributions included in lines 1a - 1f:\$	1g			
	h	Total. Add lines 1a-1f ▶		16,891,700		
Program Service Revenue	2a	MEDICARE/MEDICAID PAYMENT	Business Code			
			622110	309,437,128	309,437,128	0
	b	PATIENT REVENUE-OTHER INS	622110	291,509,605	291,509,605	0
	c	DSH/MEDICAID	622110	10,002,880	10,002,880	0
	d	REVENUE-OASF	621493	968,399	968,399	0
	e	REVENUE-OCHN	622110	-74,505	-74,505	0
	f	All other program service revenue.		977,526	977,526	0
	g	Total. Add lines 2a-2f. ▶		612,821,033		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		5,514,501		5,514,501
	4	Income from investment of tax-exempt bond proceeds ▶		29,369		29,369
	5	Royalties ▶		0		
	6a	Gross rents	(i) Real	(ii) Personal		
	6a	2,463,405				
	b	Less: rental expenses	6b	622,495		
	c	Rental income or (loss)	6c	1,840,910	0	
	d	Net rental income or (loss) ▶		1,840,910		1,840,910
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	7a	318,767,299	250,732			
	b	Less: cost or other basis and sales expenses	7b	319,917,629	360,350	
	c	Gain or (loss)	7c	-1,150,330	-109,618	
	d	Net gain or (loss) ▶		-1,259,948		-1,259,948
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0		
	b	Less: direct expenses	8b	0		
	c	Net income or (loss) from fundraising events ▶		0		
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0		
	b	Less: direct expenses	9b	0		
	c	Net income or (loss) from gaming activities ▶		0		
	10a	Gross sales of inventory, less returns and allowances	10a	762,225		
b	Less: cost of goods sold	10b	571,549			
c	Net income or (loss) from sales of inventory ▶		190,676		190,676	
Miscellaneous Revenue		Business Code				
11a	CAFETERIA & VENDING	722514	2,723,867	0	2,723,867	
b	CALL CENTER REVENUE	622110	457,448	457,448	0	
c	CATERING & 990T	812300	3,442	0	3,442	
d	All other revenue		868,685	814,648	54,037	
e	Total. Add lines 11a-11d ▶		4,053,442			
12	Total revenue. See instructions ▶		640,081,683	614,093,129	3,442	9,093,412

Form 990 (2019)

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	1,722,911	1,722,911		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	274,723	274,723		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	6,910,207	0	6,910,207	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	456,136	235,333	220,803	0
7 Other salaries and wages	179,205,740	155,019,158	24,186,582	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,741,706	11,021,064	4,720,642	0
9 Other employee benefits	46,800,928	32,925,982	13,874,946	0
10 Payroll taxes	13,283,310	11,348,962	1,934,348	0
11 Fees for services (non-employees):				
a Management	3,392,014	2,478,167	913,847	0
b Legal	1,678,565	0	1,678,565	0
c Accounting	283,979	0	283,979	0
d Lobbying	137,150	0	137,150	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	533,448	0	533,448	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,357,501	38,701,547	7,655,954	0
12 Advertising and promotion	1,753,239	0	1,753,239	0
13 Office expenses	11,171,187	6,584,720	4,586,467	0
14 Information technology	11,993,663	9,468,851	2,524,812	0
15 Royalties	259,192	235,313	23,879	0
16 Occupancy	10,080,692	4,989,796	5,090,896	0
17 Travel	857,155	642,348	214,807	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	218,715	124,111	94,604	0
20 Interest	27,377,877	0	27,377,877	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	29,648,476	0	29,648,476	0
23 Insurance	2,564,802	0	2,564,802	0
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	111,647,561	111,482,901	164,660	0
b BAD DEBT	29,995,742	29,995,742	0	0
c PROVIDER TAX	7,485,645	7,485,645	0	0
d DIETARY PATIENT SUPPLIES	2,712,187	2,712,187	0	0
e All other expenses	2,034,097	386,620	1,647,477	
25 Total functional expenses. Add lines 1 through 24e	566,578,548	427,836,081	138,742,467	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		12,131,208	1	80,080,832	
	2	Savings and temporary cash investments		5,350,182	2	5,442,061	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		538,633,073	4	619,124,765	
	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		0	5	0	
	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)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		13,261,442	8	14,303,744	
	9	Prepaid expenses and deferred charges		22,322,018	9	25,656,691	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	920,004,581			
	b	Less: accumulated depreciation	10b	431,782,984	484,788,279	10c	488,221,597
	11	Investments—publicly traded securities		226,186,040	11	235,065,653	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		28,979,108	13	28,670,927	
	14	Intangible assets		11,348,434	14	11,348,434	
	15	Other assets. See Part IV, line 11		26,224,955	15	23,347,085	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,369,224,739	16	1,531,261,789		
Liabilities	17	Accounts payable and accrued expenses		72,311,575	17	75,695,141	
	18	Grants payable		0	18	0	
	19	Deferred revenue		1,235,688	19	811,659	
	20	Tax-exempt bond liabilities		588,850,792	20	578,246,994	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	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		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	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		126,641,595	25	218,214,487	
	26	Total liabilities. Add lines 17 through 25		789,039,650	26	872,968,281	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		580,185,089	27	658,293,508	
	28	Net assets with donor restrictions		0	28	0	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		580,185,089	32	658,293,508	
33	Total liabilities and net assets/fund balances		1,369,224,739	33	1,531,261,789		

Part XI Reconciliation of Net AssetsCheck 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	640,081,683
2	Total expenses (must equal Part IX, column (A), line 25)	2	566,578,548
3	Revenue less expenses. Subtract line 2 from line 1	3	73,503,135
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	580,185,089
5	Net unrealized gains (losses) on investments	5	4,605,284
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	658,293,508

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	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.	Yes	

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

OWENSBORO HEALTH, INC. ("OH") IS THE PARENT ORGANIZATION OF A DIVERSIFIED SYSTEM OF HEALTH CARE ORGANIZATIONS THAT PROVIDES A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES AND OTHER COMPLEMENTARY HEALTH CARE SERVICES. OH EMPLOYS HEALTHCARE PROFESSIONALS, INCLUDING PHYSICIANS, NURSES, ADVANCE PRACTICE REGISTERED NURSES, PHYSICIAN ASSISTANTS AND OTHER LICENSED PROFESSIONALS WHO PROVIDE DIRECT PATIENT CARE IN THE ORGANIZATION'S MAIN HOSPITAL, OWENSBORO HEALTH REGIONAL HOSPITAL. IN ADDITION, THE ORGANIZATION OPERATES SEVERAL WHOLLY OWNED AND CONTROLLED SUBSIDIARIES, INCLUDING OH MUHLENBERG, LLC (OHMCH), OWENSBORO HEALTH MEDICAL GROUP, INC., OWENSBORO HEALTH FOUNDATION, INC., ONE HEALTH NETWORK, LLC, ONE HEALTH SOLUTIONS, LLC, COMMONWEALTH MEDICAL MANAGEMENT, LLC AND THE HEALTH NETWORK OF WESTERN KENTUCKY, LLC. OH'S PRIMARY ACTIVITY CONSISTS OF PROVIDING MEDICAL AND PATIENT CARE SERVICES IN ITS MAIN HOSPITAL, OWENSBORO HEALTH REGIONAL HOSPITAL, SERVING 14 COUNTIES IN WESTERN KENTUCKY AND SOUTHERN INDIANA. OUR MEDICAL SERVICES ARE DELIVERED BY HIGHLY SKILLED PHYSICIANS ALONG WITH A CARING AND COMPASSIONATE NURSING STAFF. OH SUPPORTS OUR CARE TEAMS WITH STATE-OF-THE ART EQUIPMENT TO PROVIDE OUR PATIENTS WITH ADVANCED MEDICAL TREATMENTS AND PROCEDURES. IN THE FISCAL YEAR ENDED MAY 31, 2020, OHRH AND OHMCH HAD TOTAL ADMISSIONS OF 16,847, PATIENT DAYS OF 92,177, AND TOTAL ER VISITS OF 77,126. COST OF PARTICIPATING IN GOVERNMENT PROGRAMS: OH IS COMMITTED TO SERVING ALL PERSONS IN NEED, REGARDLESS OF RACE, CREED, SEX, NATIONALITY, RELIGION, DISABILITY, AGE OR ABILITY TO PAY. TO PROMOTE ACCESS TO CARE, OH PARTICIPATES IN THE FOLLOWING PUBLIC HEALTH PROGRAMS: MEDICAID, MEDICARE, TRICARE AND LOCAL HEALTH DEPARTMENTS. IN GENERAL, PAYMENTS FROM THESE PROGRAMS FREQUENTLY DO NOT COVER THE COSTS OH INCURS TO SERVE PROGRAM BENEFICIARIES. UNCOMPENSATED CARE AND FINANCIAL ASSISTANCE: OH PROVIDES MEDICAL CARE WITHOUT CHARGE, OR AT REDUCED COST, TO RESIDENTS OF THE COMMUNITIES THAT IT SERVES. OH'S FINANCIAL ASSISTANCE PROGRAM WAS ESTABLISHED TO ASSIST PATIENTS WHO DO NOT QUALIFY FOR MEDICAL ASSISTANCE PROGRAMS, LIKE MEDICAID, AND WHOSE ANNUAL INCOMES ARE AT OR BELOW CERTAIN PERCENTAGES OF THE FEDERAL POVERTY GUIDELINES. DURING THE REPORTING PERIOD, OH PROVIDED \$14,956,231 IN FINANCIAL ASSISTANCE TO LOW-INCOME AND/OR UNINSURED PATIENTS. OH DOES NOT INCLUDE IN THAT AMOUNT \$29,995,742 OF BAD DEBT EXPENSE, WHICH ARE AMOUNTS WRITTEN OFF FOR PROVIDING SERVICES TO PERSONS WHO MAY BE ABLE, BUT ARE UNWILLING, TO PAY FOR THE SERVICES THEY RECEIVE. AS DESCRIBED ELSEWHERE, OH BELIEVES A PORTION OF ITS BAD DEBT EXPENSE DERIVES FROM PATIENTS WHO MIGHT HAVE QUALIFIED FOR FINANCIAL ASSISTANCE HAD THEY SUBMITTED ASSISTANCE APPLICATIONS. OH IS COMMITTED TO EXPANDING ITS PROGRAMS TO IMPROVE ACCESS TO HEALTH CARE IN ITS PRIMARY AND SECONDARY SERVICE AREAS, WHICH INCLUDE RURAL AND ECONOMICALLY DEPRESSED AREAS AND AREAS THAT LACK ADEQUATE NUMBERS OF PRIMARY CARE AND SPECIALTY PROVIDERS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Strahan Greg PRESIDENT AND CEO	40.0 10.0			X				1,249,174	0	51,234
Mcbride Anthony Board Member	3.0 45.0	X						0	1,030,043	29,880
Dufrayne Francis Chief Medical Officer	30.0 20.0				X			569,878	206,319	40,587
Hackbarth John Chief Financial Officer	40.0 10.0			X				720,254	0	51,234
Suter Mia Chief Administrative Officer	40.0 10.0				X			579,839	0	36,722
Begley II Ernest E Chief Legal Officer	40.0 10.0				X			532,560	0	60,160
Bostic Deborah K COO-OHRH	40.0 10.0				X			525,835	0	21,328
Danhauer David E MD VP CMIO	40.0 10.0				X			437,093	0	55,985
Medley Jr Richard W CHIEF MED OFFICER (THRU 7/19)	40.0 10.0				X			449,269	0	34,731
Bryant MD Bill VP QUALITY AND PATIENT SAFETY	40.0 10.0				X			445,506	0	33,538

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Belec Timothy VP CIO	40.0 10.0				X			444,648	0	33,422
Ranallo Russell VP FINANCE	40.0 10.0				X			402,534	0	58,231
Heath Jr Edward L COO-OHMCH	45.0 5.0			X				372,513	0	57,926
Jones Lisa VP ANCILLARY SERVICES	40.0 10.0				X			345,921	0	51,048
Tidwell III James E VP Population Health	40.0 10.0				X			324,773	0	32,679
Field Jason Chief Operating Officer OHMG	5.0 45.0				X			0	291,359	39,083
Johnson Stephen M VP GOVT AND COMMUNITY AFFAIRS	40.0 10.0				X			267,435	0	54,711
Jacildo Ruby VP Accounting/Controller	40.0 10.0				X			262,618	0	53,440
Kelley Michael VP MEDICAL AFFAIRS	40.0 10.0				X			249,714	0	25,388
Sims Joan M VP Patient Care SVCS and CNO	40.0 10.0				X			247,114	0	27,796

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Myer Mitchell Kathl VP Pt Care Svcs and CNO-OHMCH	45.0 5.0				X			209,301	0	27,801
Scherm Michael J MD Former Chief Medical Officer	0.0 0.0						X	231,966	0	0
Taylor Joseph W Executive Director, Facilities	40.0 10.0					X		187,383	0	43,302
Montaven Simone J Exec Dir of Human Resources	40.0 10.0					X		192,298	0	38,083
Roberts Kenneth W DIR OF COMPLIANCE AND CONTRACT	40.0 10.0					X		180,189	0	43,560
Collins Jason DIRECTOR OF PHARMACY	45.0 5.0					X		194,313	0	26,107
Walker Jr John P EXEC DIR OF MATERIALS MGMT	40.0 10.0					X		178,918	0	35,264
Hieneman Ramona C VP COMPLIANCE AND PRIVACY	40.0 10.0				X			133,342	0	8,729
Harris Susanne Board Member	3.0 0.0	X						0	0	0
Burshears Bridget MD Board Member	3.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Roberts Gavin Board Member	3.0 3.0	X						0	0	0
Thompson Angela Board Member	3.0 3.0	X						0	0	0
Stogsdill Vicki Board Member	1.0 3.0	X						0	0	0
Riney Phil Board Member	3.0 0.0	X						0	0	0
Harrison William MD Board Secretary	3.0 0.0	X		X				0	0	0
Carpenter Jeff Board Chairperson	3.0 3.0	X		X				0	0	0
Brake Candance Board Member	3.0 0.0	X						0	0	0
Hetman Nick Board Member	3.0 0.0	X						0	0	0
Roberts David Board Member	3.0 1.0	X						0	0	0
Yeiser Michael MD Board Member	3.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Farmer Robert Board Vice Chair	3.0 2.0	X		X				0	0	0
Blazar Suzanne Northe Board Member THRU 10/2019	3.0 0.0	X						0	0	0
Nunley-Winters Debora Board Member THRU 10/2019	3.0 2.0	X						0	0	0
Wells Jack Board Vice Chair THRU 10/2019	3.0 2.0	X		X				0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

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

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health Inc

Part VI

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

Facts And Circumstances Test

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 Owensboro Health Inc	Employer identification number 61-1286361
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		103,878
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		33,272
j	Total. Add lines 1c through 1i			137,150
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES PERCENTAGE OF LOBBYING ACTIVITIES FROM KENTUCKY HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION DUES.
SCHEDULE C, PART II-B, LINE 1G	IRS INSUBSTANTIAL LOBBYING WITHIN THE CONTEXT OF GOVERNMENTAL, COMMUNITY AND LEGISLATIVE AFFAIRS, OH HAS ONE EMPLOYEE THAT ENGAGES IN LOBBYING ACTIVITIES OR ATTEMPTS TO INFLUENCE LEGISLATION. HOWEVER, UNDER NO CIRCUMSTANCES IS THERE ANY ENGAGEMENT IN POLITICAL ACTIVITIES. LOBBYING ACTIVITIES INCLUDE BOTH DIRECT LOBBYING AND GRASS ROOTS LOBBYING. FROM A DIRECT LOBBYING PERSPECTIVE, THE VICE PRESIDENT OF GOVERNMENTAL, COMMUNITY AND LEGISLATIVE AFFAIRS ENGAGES IN LOBBYING ACTIVITIES AT THE FEDERAL, STATE AND LOCAL LEVELS. THE VP OF GOVT AND COMMUNITY AFFAIRS DOES MEET WITH MEMBERS OF CONGRESS ON OCCASION DURING THE YEAR EITHER IN WASHINGTON OR IN OWENSBORO. AT THE STATE LEVEL, THE VP OF GOVT AND COMMUNITY AFFAIRS IS REGISTERED AS A LEGISLATIVE AGENT WITH THE KENTUCKY GENERAL ASSEMBLY. LOBBYING EFFORTS ARE GENERALLY LIMITED TO THAT PERIOD OF TIME IN WHICH THE GENERAL ASSEMBLY IS IN SESSION. THIS PERIOD INCLUDES A 30-DAY LEGISLATIVE SESSION IN ODD NUMBERED YEARS AND A 60-DAY LEGISLATIVE SESSION IN EVEN NUMBERED YEARS. IN ADDITION, LOBBYING AT THE LOCAL LEVEL IS GENERALLY CONFINED TO REGULATORY MATTERS AND IS NOT ONGOING. FROM A GRASS ROOTS LOBBYING PERSPECTIVE, THE VP OF GOVT AND COMMUNITY AFFAIRS OVERSEES THE HEALTH IN ACTION NETWORK. HEALTH IN ACTION IS AN ELECTRONIC EMAIL SYSTEM THAT PROVIDES OH EMPLOYEES WITH UPDATES ON LEGISLATION AND 'CALLS TO ACTION' WHEN APPROPRIATE. JOINING THE NETWORK AND CHOOSING TO RESPOND ARE VOLUNTARY. THIS NETWORK IS ONLY ACTIVATED WHEN ISSUES OF CONCERN ARE BEING CONSIDERED AT THE FEDERAL AND STATE LEVELS. IT IS ESTIMATED THAT DURING THE FISCAL YEAR ENDING MAY 31, 2020, ALL LOBBYING ACTIVITY BY THE VP OF GOVT AND COMMUNITY AFFAIRS DID NOT EXCEED 30% OF TOTAL WORK-RELATED DUTIES AND RESPONSIBILITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		15,105,543		15,105,543
b Buildings		565,403,987	151,570,796	413,833,191
c Leasehold improvements				
d Equipment		311,572,388	280,212,188	31,360,200
e Other		27,922,663	0	27,922,663
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				488,221,597

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	218,214,487

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: 61-1286361
Name: Owensboro Health Inc

Supplemental Information

Return Reference	Explanation
FIN 48(ASC 740) Footnote	FORM 990, SCHEDULE D, PART X, LINE 2 THE SYSTEM APPLIES FASB ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC TOPIC 740 PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RE COGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DET ERMINED. THERE IS CURRENTLY NO IMPACT ON THE SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE APPLICATION OF ASC 740.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300 % 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 400 % 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.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,649,920		4,649,920	0.870 %
b Medicaid (from Worksheet 3, column a)			102,123,233	115,805,561	-13,682,328	
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			106,773,153	115,805,561	-9,032,408	0.870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	511	157,772	994,363	535	993,828	0.190 %
f Health professions education (from Worksheet 5)	37	71	295,665		295,665	0.060 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	231	305,687	1,145,157		1,145,157	0.210 %
j Total. Other Benefits	779	463,530	2,435,185	535	2,434,650	0.460 %
k Total. Add lines 7d and 7j	779	463,530	109,208,338	115,806,096	-6,597,758	1.330 %

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	1		10,000		10,000	
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	1		10,000		10,000	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	29,995,742	
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	5,999,148	
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	144,255,300
6 Enter Medicare allowable costs of care relating to payments on line 5	6	173,016,570
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-28,761,270
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 OWENSBORO CHN	PROVIDER NETWORK	50 %		50 %
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?

2

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
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)
OWENSBORO HEALTH INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Part V, Section C</u>	10	Yes
a		
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)

OWENSBORO HEALTH INC			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> 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? 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):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): www.owensborohealth.org		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): www.owensborohealth.org		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): www.owensborohealth.org		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

OWENSBORO HEALTH INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

OWENSBORO HEALTH INC

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section 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)
OH MUHLBERG LLC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

2

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>	10	Yes
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	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)

OH MUHLENBERG LLC			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> 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? 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):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): www.owensborohealth.org		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): www.owensborohealth.org		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): www.owensborohealth.org		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

OH MUHLENBERG LLC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

OH MUHLENBERG LLC

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 OWENSBORO AMBULATORY SURGICAL FACILITY 1000 BRECKENRIDGE OWENSBORO, KY 42303	AMBULATORY SURGERY CENTER
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7	BAD DEBT EXPENSE WHEN CALCULATING THE COMMUNITY BENEFIT PERCENTAGES IN PART I, LINE 7, BAD DEBT EXPENSE OF \$29,995,742, WAS EXCLUDED. FORM 990, SCHEDULE H, PART I, LINE 7B MEDICAID DURING THE FISCAL YEAR OWENSBORO HEALTH SETTLED A LONG STANDING RATE APPEAL AGAINST THE KENTUCKY DEPARTMENT FOR MEDICAID SERVICES. THE RATE APPEAL COVERED THE TIME PERIOD FROM OCTOBER 15, 2007 THROUGH SEPTEMBER 30, 2015. OWENSBORO HEALTH SETTLED THE APPEALS FOR \$33,681,000 WHICH WAS RECOGNIZED AS REVENUE FOR FYE 5/31/20. THIS ONE-TIME ITEM CREATED A SURPLUS IN THE MEDICAID AND OTHER MEANS-TESTED GOVERNMENT HEALTH PROGRAMS OF \$13,682,328 OR A NEGATIVE 2.55% OF TOTAL EXPENSES. WITHOUT THE SETTLEMENT THE NET COMMUNITY BENEFIT EXPENSE WOULD BE A SHORTFALL OF \$19,998,675 OR A POSITIVE 3.73% OF TOTAL EXPENSES. FORM 990, SCHEDULE H, PART II COMMUNITY BUILDING ACTIVITIES IN ORDER TO IMPROVE AND PROMOTE THE HEALTH OF THE COMMUNITY WE SERVE, OHRH PARTICIPATES IN COMMUNITY BUILDING ACTIVITIES SUPPORTING ECONOMIC DEVELOPMENT EFFORTS WHICH ARE NOT PART OF PART I CHARITY CARE OR OTHER COMMUNITY BENEFITS AND ARE NOT INCLUDED ELSEWHERE ON SCHEDULE H. AS THE LARGEST EMPLOYER IN THE REGION OHRH RECOGNIZES THE RESPONSIBILITY WE HAVE TO IMPROVE THE HEALTH OF OUR COMMUNITY THROUGH ACTIVITIES SUCH AS IMPROVEMENT OF ECONOMIC DEVELOPMENT STRATEGIES AND WORKFORCE DEVELOPMENT IRRESPECTIVE OF THE IRS DEFINED COMMUNITY BENEFIT CLASSIFICATION. OUR EFFORTS IN COMMUNITY BUILDING ADDRESS COMMUNITY ISSUES INCLUDING HEALTH IMPROVEMENT AND ADVOCACY, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT AND ACCESS TO CARE. MORE SPECIFICALLY AND AS AN OUTGROWTH OF OUR GRANT PROGRAM NOW REFERRED TO AS THE OHRH COMMUNITY HEALTH INVESTMENT GRANT PROGRAM, OWENSBORO HEALTH ENCOURAGES OUR EMPLOYEES TO VOLUNTEER FOR HUNDREDS OF COMMUNITY AND SOCIAL SERVICE ORGANIZATIONS FROM AROUND THE REGION THAT ARE WORKING TO ADDRESS ROOT CAUSES OF HEALTH ISSUES AND/OR SOCIAL DETERMINANTS OF HEALTH THAT IMPACT THE HEALTH OF THE COMMUNITY AND ITS MEMBERS. OWENSBORO HEALTH ENGAGES WITH OUR GRANT PARTNERS AND OTHER COMMUNITY PARTNERS TO ASSIST IDENTIFYING COLLABORATIVE WAYS THAT WE CAN ADVANCE SOCIAL IMPACT AND IMPROVE THE HEALTH OF OUR POPULATION COLLECTIVELY. MOREOVER, OUR TEAM MEMBERS SERVE ON A MYRIAD OF COMMUNITY CHAMBERS OF COMMERCE, HEALTH, ARTS AND SOCIAL SERVICES BOARDS. TEAM MEMBERS ADVOCATE WHERE PERMISSIBLE ON KEY HEALTH ISSUES AND ADVOCACY PROGRAMS, LOCAL AND STATE POLICIES. OUR DUES, CONTRIBUTIONS, AND PARTICIPATION TO/WITH AREA CHAMBERS AND ECONOMIC DEVELOPMENT AGENCIES WILL ALLOW THOSE ORGANIZATIONS TO INVEST IN ECONOMIC DEVELOPMENT ACTIVITIES CREATING NEW EMPLOYMENT OPPORTUNITIES, WORKER TRAINING, AFFORDABLE HOUSING, TRANSPORTATION, AND OTHER AREAS OF HEALTH PROMOTION. WHILE DOWNSTREAM TO SOME, ADDRESSING SOCIAL DETERMINANTS OF HEALTH WHICH MAY OR MAY NOT FALL UNDER A COMMUNITY BENEFIT CATEGORY, OR IN THE SHORT TERM BE CONSIDERED A PRIORITY HEALTH NEED, MUST AND DOES DESERVE ATTENTION AND RESOURCES. OUR INVESTMENT IN THE KENTUCKY CHAMBER OF COMMERCE HAS ASSISTED IN THE DEVELOPMENT AND ADVOCACY OF A STATEWIDE WORKFORCE HEALTH IMPROVEMENT PROGRAM. THESE ORGANIZATIONS HAVE ALSO BEEN INITIATORS OF COALITION BUILDING AND LEADERSHIP DEVELOPMENT FOR OUR COMMUNITY MEMBERS.
FORM 990, SCHEDULE H, PART III, LINE 2	BAD DEBT ESTIMATE PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR BAD DEBTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES HISTORICAL COLLECTIONS AND WRITE-OFFS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR BAD DEBTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATION OF THE SUFFICIENCY OF THE ALLOWANCE FOR BAD DEBTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 3	BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FAP OH DOES NOT HAVE A MECHANISM TO DETERMINE THE PORTION OF BAD DEBT ATTRIBUTABLE TO THOSE PATIENTS POTENTIALLY ELIGIBLE FOR THE FAP BUT DO NOT COMPLETE THE APPLICATION. THE AMOUNT ENTERED IS AN ESTIMATE.
FORM 990, SCHEDULE H, PART III, LINE 4	TEXT OF BAD DEBT EXPENSE FOOTNOTE THERE IS NO FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE. THE COSTING METHODOLOGY USED IS THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF PART I OF SCHEDULE H OF THIS 990.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 8	TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT THE COSTING METHODOLOGY USED IS THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF PART I OF SCHEDULE H OF THIS 990. THE CHARGES AND PAYMENTS ARE FROM THE MEDICARE PAID CLAIMS REPORTS. AS A MEDICARE DESIGNATED SOLE COMMUNITY HOSPITAL, WE ARE THE ONLY PROVIDER IN THE REGION TO PROVIDE LOWER REIMBURSED SERVICES SUCH AS PSYCH AND OB SERVICES. AS A MEDICARE SOLE COMMUNITY HOSPITAL WE ARE, BY DEFINITION, THE PRIMARY/ONLY SOURCE OF HEALTHCARE OF THE PATIENT POPULATION IN OUR AREA. OH RECOGNIZES THE RESPONSABILITY AND PROVIDES HEALTHCARE SERVICES IN ORDER TO MEET THE NEEDS OF OUR PATIENTS. SOME OF THOSE SERVICES HAVE CREATED A SHORTFALL FROM MEDICARE BUT OH STRONGLY BELIEVES ITS' IMPORTANCE TO THE HEALTH OF THE AREAS WE SERVE.
FORM 990, SCHEDULE H, PART III, LINE 9B	APPLICATON OF COLLECTION PRACTICES TO THOSE QUALIFYING FOR FINANCIAL ASSISTANCE THE POLICIES OF THE SYSTEM ATTEMPT TO ENSURE ALL UNINSURED PATIENTS OF THE SYSTEM HAVE OPPORTUNITY TO APPLY AND QUALIFY FOR FINANCIAL ASSISTANCE PROGRAMS. THE HOSPITAL HAS FINANCIAL AID APPLICATIONS AVAILABLE AT REGISTRATION AREAS, VIA THE INTERNET, VIA PHONE, AND ARE SENT ROUTINELY VIA MAIL TO PATIENTS OF THE HOSPITAL. THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS AND CONTRACTS WITH AN OUTSIDE FIRM TO ENSURE PATIENTS ARE EVALUATED FOR ELIGIBILITY IN THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE. THE HOSPITAL DOES NOT CONTRACT PRIMARY COLLECTION AGENCIES. ALL SELF-PAY AND BALANCE AFTER INSURANCE ACCOUNTS ARE REVIEWED AND WORKED BY HOSPITAL STAFF TO ENSURE THAT THE PATIENT IS GIVEN EVERY OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE. SELF-PAY DISCOUNTS ARE AVAILABLE TO ALL UNINSURED PATIENTS AS LONG AS THEY COMPLETE THE AID APPLICATION. DISCOUNTS GIVEN ARE EQUIVALENT TO THE AVERAGE INSURANCE DISCOUNTS THE HOSPITAL CONTRACTS ALLOW. ADDITIONALLY, PATIENTS WITH BALANCE ARE PERMITTED TO ESTABLISH PAYMENT PLANS. THE HOSPITAL DOES NOT CHARGE INTEREST TO ITS PATIENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2 NEEDS ASSESSMENT - OWENSBORO HEALTH	OHRH PARTICIPATED IN AND COLLABORATED ON THE DEVELOPMENT OF THE GRDHD COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLANS. THE CHNA IS A COMMUNITY-WIDE PROCESS TO ANALYZE COMMUNITY HEALTH NEEDS AND IDENTIFY THE HEALTH PRIORITIES. THE HEALTH DEPARTMENT CHNA PROCESS IS A FEDERAL REQUISITE FOR OBTAINING PUBLIC HEALTH DEPARTMENT ACCREDITATION. DETAILS OF THE MAPP PROCESS, COMMUNITY FOCUS GROUPS, SURVEYS, PUBLIC FORUMS, FORUMS WITH DISPARATE POPULATION AND PRIMARY DATA COLLECTION WERE ALL COMPONENTS AND TOOLS OF THE CHNA AND ARE DETAILED IN FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5 AND 6B. OH WORKS WITH COMMUNITY PARTNERS ON AN ONGOING BASIS TO ADDRESS PRIORITY NEEDS. STRATEGIES AND ACTIVITIES IMPLEMENTED TO ADDRESS THOSE NEEDS ARE ANNUALLY ASSESSED AND AT TIMES, REVISITED WHEN NEEDED. OH IS A PARTNER TO OTHER ORGANIZATIONS AND ENTITIES' ASSESSMENT PROCESSES AS WELL WHO ARE WORKING AS THEIR MISSIONS DIRECT THEM TO DO TO ADDRESS SPECIFIC PRIORITY AREAS AND SOCIAL DETERMINANTS OF HEALTH. THESE PARTNERSHIPS, COMMUNITY EFFORTS AND OH SPECIFIC STRATEGIES ARE ANNUALLY UPDATED ON SCHEDULE H. IN ADDITION, THOSE EFFORTS OUTSIDE THE CHNA, OH CONTINUALLY ASSESSES SERVICE LINES REGARDING OH/OH MEDICAL GROUP HEALTH-SPECIFIC INDICATORS SUCH AS CANCER, HEART DISEASES, STROKE AND DIABETES. LOOKING AT SPECIFIC POPULATIONS REPRESENTATIVE OF THE COMMUNITIES WE SERVE, COLLABORATIVE EFFORTS ARE BEING MADE TO ADDRESS PRIORITY HEALTH COMMUNITY ISSUES THROUGHOUT THE SYSTEM USING AVAILABLE RESOURCES TO IMPACT THOSE NEEDS.
SCHEDULE H, PART VI, LINE 2 NEEDS ASSESMENT - OHMCH MUHLENBERG	IN ACCORDANCE WITH THE AFFORDABLE CARE ACT (ACA) AND SECTION 501(R) OF THE INTERNAL REVENUE CODE FOR NONPROFIT TAX-EXEMPT HOSPITALS, OHMCH CONDUCTED A CHNA IN MAY 2018 AND COMPLETED AN IMPLEMENTATION STRATEGY IN OCTOBER 2018. FOR THE CHNA, CEDIK FACILITATED THE PROCESS OF PRIMARY DATA COLLECTION THROUGH COMMUNITY SURVEYS, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS TO IDENTIFY HEALTH NEEDS. IN ADDITION, COUNTY SPECIFIC SECONDARY DATA WAS GATHERED TO HELP EXAMINE THE SOCIAL DETERMINANTS OF HEALTH. THROUGHOUT THE PROCESS, CEDIK AND THE COMMUNITY STEERING COMMITTEE MADE IT A PRIORITY TO GET INPUT FROM POPULATIONS THAT ARE OFTEN NOT ENGAGED IN CONVERSATIONS ABOUT THEIR HEALTH NEEDS OR GAPS IN SERVICE. CEDIK CONDUCTED SIX KEY INFORMANT INTERVIEWS TO PROBE MORE DEEPLY INTO HEALTH AND QUALITY OF LIFE THEMES WITHIN THE COUNTY. CURRENT COMMUNITY RESOURCES AND POTENTIAL BARRIERS TO ACCESSING RESOURCES WERE ALSO IDENTIFIED IN THESE INTERVIEWS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3, PATIENT EDUCATION OF ELIGIBILITY FOR	ASSISTANCE THE HOSPITAL EDUCATES THE PATIENTS IN A VARIETY OF WAYS. THE HOSPITAL HAS SIGNAGE AT ACCESS POINTS REGARDING FINANCIAL ASSISTANCE OFFERINGS. THE HOSPITAL HAS FINANCIAL AID APPLICATIONS AVAILABLE AT REGISTRATION AREAS, VIA THE INTERNET AT THE HOSPITAL WEBSITE, VIA PHONE, AND SENT ROUTINELY VIA MAIL TO PATIENTS OF THE HOSPITAL. THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS AND CONTRACTS WITH AN OUTSIDE FIRM TO ENSURE PATIENTS ARE INTERVIEWED AND EVALUATED FOR ELIGIBILITY IN THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE. ALL SELF-PAY AND BALANCE AFTER INSURANCE ACCOUNTS ARE REVIEWED AND WORKED BY HOSPITAL STAFF TO ENSURE THAT THE PATIENT IS GIVEN EVERY OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE. ADDITIONALLY INFORMATION ABOUT APPLYING FINANCIAL ASSISTANCE IS INCLUDED ON THE PATIENT STATEMENTS, BILLS, AND LETTERS AND THE PATIENT GUIDE THEY MAY RECEIVE FROM THE HOSPITAL. THE HOSPITAL POLICY FOR FINANCIAL ASSISTANCE INCLUDES THE FOLLOWING: ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE, THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS, METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE, MEASURES TO WIDELY PUBLICIZE THE POLICY, WRITTEN POLICY REQUIRING ORGANIZATION TO PROVIDE CARE FOR EMERGENCY MEDICAL CONDITIONS WITHOUT DISCRIMINATION. AS DESCRIBED ABOVE THE ORGANIZATION DOES NOT CHARGE GROSS CHARGES TO PATIENTS AND LIMITS AMOUNTS CHARGED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE TO AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE RECEIVING SUCH CARE. THE ORGANIZATION DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIVITY BEFORE EFFORTS TO DETERMINE ELIGIBILITY FOR ASSISTANCE HAVE BEEN MADE.
SCHEDULE H, PART VI, LINE 4 COMMUNITY INFORMATION - OWENSBORO HEALTH	THE PRIMARY SERVICE AREA AND DEFINED COMMUNITY FOR THE CHNA IS DAVIESS COUNTY, KENTUCKY. OWENSBORO IS THE COUNTY SEAT OF DAVIESS COUNTY AND LIES ON THE SOUTHERN BANKS OF THE OHIO RIVER IN WESTERN KENTUCKY. OWENSBORO HEALTH REGIONAL HOSPITAL IS THE ONLY HOSPITAL LOCATED WITHIN ITS PRIMARY SERVICE AREA OF DAVIESS COUNTY. OWENSBORO IS LOCATED 39 MILES SOUTHEAST OF EVANSVILLE, INDIANA, 131 MILES NORTH OF NASHVILLE, TENNESSEE AND 111 MILES SOUTHWEST OF LOUISVILLE, KENTUCKY. ACCORDING TO US CENSUS DATA POPULATION ESTIMATES, JULY 1, 2019 OWENSBORO-DAVIESS COUNTY HAD 101,511 RESIDENTS. THE MEDIAN HOUSEHOLD INCOME (IN 2018 DOLLARS, 2014-2018) WAS \$49,836. HTTPS://WWW.CENSUS.GOV/QUICKFACTS/FACT/TABLE/DAVIESSCOUNTYKENTUCKY,US

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4, COMMUNITY INFORMATION - OHMCH MUHLENBERG	FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, OWENSBORO HEALTH MUHLENBERG COMMUNITY HOSPITAL AND MUHLENBERG COUNTY HEALTH DEPARTMENT DEFINED THE COMMUNITY AS ITS PRIMARY SERVICE AREA OF MUHLENBERG COUNTY, KENTUCKY. MUHLENBERG COUNTY SERVED AS THE UNIT OF ANALYSIS FOR THE CHNA AND HEALTH NEEDS DISCUSSED PERTAIN TO THE RESIDENTS OF MUHLENBERG COUNTY.
SCHEDULE H, PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH - OWENSBORO	HEALTH OH IS NOT JUST THE LARGEST EMPLOYER IN THE REGION, IT IS ALSO THE LARGEST PRIVATE EMPLOYER IN THE COMMONWEALTH OF KENTUCKY WEST OF LOUISVILLE. WE CONSIDER OUR RESPONSIBILITY TO SERVE AND STRENGTHEN OUR COMMUNITIES IN WAYS MUCH BROADER THAN PROVIDING DIRECT HEALTH SERVICES OR ADDRESSING ONLY IDENTIFIED PRIORITIZED HEALTH NEEDS. WE BELIEVE IN ORDER TO MEET THE SECOND HALF OF OUR MISSION "TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE" OFTEN INVOLVES SUPPORT OF COMMUNITY HEALTH IMPROVEMENTS IN AREAS OF ECONOMIC DEVELOPMENT, LEADERSHIP DEVELOPMENT, COMMUNITY HEALTH ADVOCACY, COMMUNITY SUPPORT FOR HOUSING, ENVIRONMENTAL CONCERNS (RADON, THE SECOND LEADING CAUSE OF LUNG CANCER) AND EXPLORING COLLABORATIVE EFFORTS TO ADDRESS COMMUNITY ISSUES SUCH AS BEDBUGS FOR EXAMPLE. WHILE SOME EFFORTS MAY BE CATEGORIZED BY THE IRS AS COMMUNITY BUILDING AND OTHERS COMMUNITY BENEFIT, WE BELIEVE THAT ALL STRATEGIES AND TACTICS WE ARE IMPLEMENTING AND EXPLORING TO IMPACT THE HEALTH OF THE COMMUNITY FURTHERS OWENSBORO HEALTH'S TAX EXEMPT PURPOSE. THE OHRH CASH AND IN-KIND ALLOCATIONS THROUGH OUR COMMUNITY HEALTH INVESTMENT GRANT PROGRAM REQUIRES OUTSIDE ORGANIZATIONS TO IDENTIFY PRIORITY AREAS THEY WILL ADDRESS AS A PART OF THEIR REQUEST OR THE ROOT CAUSES OF HEALTH PROBLEMS SO WE MAY WORK TOGETHER TO HAVE A GREATER IMPACT. THE GRANT PROGRAM REQUIRES POLICY CHANGES TO ENSURE GRANTEEES HAVE 100% COMPREHENSIVE TOBACCO POLICIES SO WE MAY IN FACT IMPACT TOBACCO USE IN ORDER TO IMPACT OTHER CONTRIBUTING FACTORS TO MUCH OF THE DISEASES THAT PLAGUE OUR COMMUNITY AND COMMONWEALTH. BY DOING SO, THE ORGANIZATIONS TO WHICH MAY ALLOCATE RESOURCES TO OR PARTNER WITH ARE ALSO ABLE TO UNDERSTAND THAT WE ARE MAKING THESE INVESTMENTS TO STIMULATE SYSTEMIC, SUSTAINABLE CHANGE IN OUR COMMUNITIES THROUGH OUR COMMUNITY BENEFIT EFFORTS. ADDITIONALLY WE ARE OFTEN ASKED TO BE A FACILITATOR FOR COMMUNITY CONCEPTS TO ADVANCE ECONOMIC DEVELOPMENT PLANS, MEET URGENT NEEDS SUCH AS FOOD INSECURITY, OR CONVENE ORGANIZATIONS TO COLLABORATE IN WAYS THAT HAVE NOT BEEN DONE PREVIOUSLY. BE IT TECHNICAL ASSISTANCE, SPACE, FINANCIAL ASSISTANCE, NEW PROGRAMS OR NEW COMMUNITY/HOSPITAL PARTNERSHIPS SUCH AS PARTNERING TO DEVELOP A TRAUMA INFORMED COMMUNITY OR HELP DEVELOP A MENTAL HEALTH COURT IN OUR COMMUNITY, OWENSBORO HEALTH IS FILLING THAT ROLE. COMMUNITY APPOINTED MEMBERS WHO SERVE ON THE OWENSBORO HEALTH BOARD OF DIRECTORS AND THE COMMUNITY NEEDS AND STRATEGIC PLANNING COMMITTEE OVERSEE THE COMMUNITY BENEFIT WORK. THEY ARE ALSO WORKING TO ENSURE THAT STRATEGIC PLANNING FOR THE HOSPITAL WORKS IN CONJUNCTION WITH INTERNAL AND EXTERNAL EFFORTS AND ALIGNS WITH COMMUNITY ORGANIZATIONS TO ADDRESS PRIORITY HEALTH NEEDS, POPULATION HEALTH, AND RELIEVE THE BURDEN FROM LOCAL AND STATE GOVERNMENTS.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM - OWENSBORO	HEALTH AS REQUIRED OWENSBORO HEALTH REGIONAL HOSPITAL CONDUCTS A CHNA WITH THE VOICE AND INPUT FROM PUBLIC HEALTH AND MANY COMMUNITY PARTNERS. OHRH DEVELOPS AN IMPLEMENTATION STRATEGY STATING HOW IT WILL ADDRESS THE NAMED PRIORITY HEALTH ISSUES. AT PRESENT, IRS GUIDELINES ONLY ALLOW COMMUNITY BENEFIT WHICH IS CONDUCTED UNDER THE HOSPITAL TO BE QUANTIFIED AND REPORTED. HOWEVER THIS REPORTING FALLS FAR SHORT FROM TELLING THE STORY OF WHAT OWENSBORO HEALTH, THE SYSTEM AND ITS AFFILIATED ENTITIES ARE DOING COLLECTIVELY AND STRATEGICALLY TO ADDRESS PRIORITY HEALTH AREAS. BOTH THE OWENSBORO HEALTH MEDICAL GROUP (OHMG) AND THE OWENSBORO HEALTH FOUNDATION ARE CLOSELY ALIGNED WITH OHRH IN STRIVING TO MEET PRIORITY HEALTH NEEDS. AS WE FURTHER DEVELOP AND REFINES OUR SYSTEM STRATEGIC PLANNING PROCESS TO IMPACT, MANAGE AND CHANGE THE HEALTH OF THE POPULATIONS WE SERVE, WE WILL NEED ALL AVAILABLE RESOURCES WITHIN OUR SYSTEM TO MEET OUR MISSION AND IN FACT, IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS, IMPROVE COMMUNITY HEALTH, AND CHANGE THE TRAJECTORY OF CHRONIC HEALTH DISEASE. OWENSBORO HEALTH REGIONAL HOSPITAL'S COMMUNITY INVESTMENT GRANT PROGRAM IS ONE TOOL WHICH AVERAGES OVER \$700,000 IN DIRECT GRANT FUNDS TO ORGANIZATIONS WITH PROJECTS AND PROGRAMS FOCUSED ON ADDRESSING PRIORITY HEALTH AREAS. BUT ADDITIONAL PLANNING DOES AND WILL CONTINUE TO TAKE PLACE SO THAT SYSTEM POPULATION HEALTH GOALS AND COMMUNITY BENEFIT ACTIVITIES ARE ALIGNED SO THAT COMMUNITY PARTNERSHIPS AND WORK CONDUCTED INTERNALLY THROUGHOUT THE SYSTEM AND EXTERNALLY THROUGH INVESTMENT AND PARTNERSHIPS WILL HAVE THE MOST STRATEGIC, MEASURABLE AND MEANINGFUL IMPACT. WHILE OHRH MAY MAKE A DIRECT FINANCIAL CONTRIBUTION, OTHER SUPPORT IS GIVEN BY TEAM MEMBERS, DEPARTMENTS AND EFFORTS THROUGHOUT THE SYSTEM TO HAVE A MORE EFFECTIVE AND LASTING IMPACT TO A STRATEGIC GOAL. THE OWENSBORO HEALTH SYSTEM CONTINUES TO INVEST SIGNIFICANT DOLLARS AND HUMAN RESOURCES TO INCREASING COMMUNITY ACCESS POINTS, SUPPORT A RESIDENCY PROGRAM, RECRUIT NEEDED PRIMARY CARE AND SPECIALISTS TO MEET THE NEEDS OF THE POPULATION, ADD COMPONENTS TO ELECTRONIC MEDICAL RECORDS TIED TO COMMUNITY STRATEGIES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH, AND UTILIZE EXPERTISE THROUGHOUT THE SYSTEM TO EDUCATE AND PROVIDE TECHNICAL ASSISTANCE TO NONPROFIT ORGANIZATIONS, LOCAL GOVERNMENT, PUBLIC HEALTH AND OTHERS TO COLLECTIVELY IMPACT COMMUNITY HEALTH. USE OF GRANT WRITING RESOURCES AT OWENSBORO HEALTH, FUNDS AND HUMAN CAPITAL HAVE BEEN INVESTED TO ASSIST IN CREATING A NEW ACCESS POINT TO SERVE THE HOMELESS, APPLY AND BE AWARDED FUNDS TO ASSIST WITH THE DEVELOPMENT OF A COMMUNITY MENTAL HEALTH COURT AND EXPAND TELEHEALTH SERVICES SO WE MAY MEET HEALTHCARE NEEDS WHEN ACCESS IS A BARRIER DUE TO TRANSPORTATION AND OTHER ISSUES. THE OWENSBORO HEALTH SYSTEM HAS ADDED COMPLEX CARE NAVIGATORS TO MANAGE THE HEALTH OF SPECIFIC PATIENT POPULATIONS WHILE INCREASING EFFORTS TO REACH ADDITIONAL TARGETED UNDERSERVED POPULATIONS IN THE COMMUNITY. THERE ARE DEDICATED STAFF UNDER THE MEDICAL GROUP WHO PLAY STRATEGIC PRIMARY OR SUPPORTIVE ROLES IN THE EXECUTION OF COMMUNITY BENEFIT STRATEGIES. THAT SUPPORT DRIVEN BY THE MEDICAL GROUP INITIATIVES ARE NOT ALLOWED TO BE COUNTED ON THE IRS 990 SCHEDULE H BUT WITHOUT THEM OWENSBORO HEALTH COULD NOT HAVE THE IMPACT IT STRIVES TO HAVE TO ADDRESS THE PRIORITY HEALTH ISSUES AND SOCIAL DETERMINANTS OF HEALTH CONTRIBUTING TO CHRONIC HEALTH DISEASE. IT IS OFTEN THE PROVIDERS, NURSES AND ADDITIONAL OWENSBORO HEALTH TEAM MEMBERS FROM THE MEDICAL FITNESS FACILITY AND COMMUNITY WELLNESS DEPARTMENT WHO PLAY INSTRUMENTAL ROLES IN CARRYING OUT THE WORK TO ENSURE WE ARE MEETING THE NEEDS OF THE UNDERSERVED AND PROVIDING NEEDED EDUCATION AND OUTREACH AT THE COMMUNITY LEVEL. SUCH AN EXAMPLE WOULD BE THE PROVISION OF TOBACCO CESSATION CLASSES AND MULTIPLE SCREENINGS AND EDUCATIONAL EFFORTS CONDUCTED BY SUCH DEPARTMENTS WITHIN THE MEDICAL GROUP. WE ARE FORCED TO ISOLATE THE VALUE OF THE INVESTMENTS WHICH ARE MADE BY OWENSBORO HEALTH REGIONAL HOSPITAL PER THE 501(R) GUIDELINES. IT IS OUR INTENTION BY PROVIDING ADDITIONAL INSIGHT AND INFORMATION IN THIS SECTION OF SCHEDULE H THERE IS SIGNIFICANT RECOGNITION OF THE CHALLENGE BEFORE US AND OTHER NONPROFIT HOSPITALS; THE TRUE MAGNITUDE OF OUR COMMUNITY BENEFIT WORK AS A HOSPITAL SYSTEM IS CRITICALLY IMPORTANT TO UNDERSTAND. THE STRATEGIC EFFORTS, THE MONETARY OUTLAY, THE EFFICIENT AND TRUE IMPACT OF THE BENEFITS MUST SPAN THE THROUGHOUT THE SYSTEM EVEN IF AT THIS TIME, ONLY THAT OF THE HOSPITAL ITSELF CAN BE QUANTIFIED AND REPORTED.
SCHEDULE H, PART VI, LINE 7, STATE FILING OF COMMUNITY BENEFIT REPORT	THERE ARE NO REQUIREMENTS IN THE STATE OF KENTUCKY TO FILE A COMMUNITY BENEFIT REPORT AT THIS TIME.

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health 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? 2		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	OWENSBORO HEALTH INC 1201 PLEASANT VALLEY RD OWENSBORO, KY 42303 www.owensborohealth.org 100092	X	X					X			
2	OH MUHLENBERG LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 WWW.OWENSBOROHEALTH.ORG 100344	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
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3E	OWENSBORO HEALTH & OH MUHLENBERG THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN OWENSBORO HEALTH AND OH MUHLENBERG'S CHNA ARE PRESENTED AS PRIORITIZED DESCRIPTIONS. FO RM 990, SCHEDULE H, PART V, SECTION B, LINES 5 AND 6B OWENSBORO HEALTH CHNA COMMUNITY INPU T THE OWENSBORO HEALTH REGIONAL HOSPITAL (OHRH) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) W AS CONDUCTED BY INCORPORATING THE WORK OF THE GREEN RIVER DISTRICT HEALTH DEPARTMENT (GRDH D) WHOSE CATCHMENT AREA INCLUDES, IN ADDITION TO DAVIESS, THE COUNTIES OF HANCOCK, HENDERS ON, MCLEAN, OHIO, UNION AND WEBSTER AND FURTHER DEVELOPED BY THE COMMUNITY AND ECONOMIC DE VELOPMENT INITIATIVE OF KENTUCKY (CEDIK). OHRH BEGAN ITS CHNA PROCESS IN 2018 AND COMPLETE D AND APPROVED IT IN MAY 2019. THIS ASSESSMENT INCLUDED A COMMUNITY-WIDE PROCESS TO ANALYZ E COMMUNITY HEALTH NEEDS AND IDENTIFY THE HEALTH PRIORITIES FOR THE REGION. THE METHODOLOG Y USED FOR THE 2018 GRDHD COMMUNITY HEALTH ASSESSMENT WAS MOBILIZING FOR ACTION THROUGH PL ANNING AND PARTNERSHIPS (MAPP) DEVELOPED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HE ALTH OFFICIALS (NACCHO). THIS INTERACTIVE, COMMUNITY-DRIVEN STRATEGIC PLANNING PROCESS WAS SELECTED AS IT WAS SUCCESSFULLY UTILIZED IN THE PREVIOUS CYCLES (2012-2015) AND (2015-201 8). THE MAPP FRAMEWORK ASSESSES THE CAPACITY OF THE PUBLIC HEALTH SYSTEM IN MEETING THE SP ECIFIC HEALTH STATUS NEEDS OF A COMMUNITY. MAPP USES FOUR UNIQUE ASSESSMENTS TO IDENTIFY I SSUES INFLUENCING PUBLIC HEALTH AND THE RESOURCES TO ADDRESS THEM. THE ASSESSMENTS USED IN THE MAPP PROCESS INCLUDE: COMMUNITY HEALTH STATUS ASSESSMENT, COMMUNITY THEMES AND STRENG THS ASSESSMENT, FORCES OF CHANGE ASSESSMENT AND THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT. GRDHD UTILIZED A VARIETY OF METHODS TO INFORM THE MAPP ASSESSMENTS. THE SUMMARIES AND FIN DINGS FROM THESE ASSESSMENTS ARE THEN PRESENTED TO EACH COUNTY VIA A COMMUNITY FORUM. THIS INFORMATION IS USED TO GUIDE COUNTIES IN CHOOSING THEIR STRATEGIC INITIATIVE FOCUS AREAS FOR THEIR COMMUNITY. THE ASSESSMENT IS ALSO INCORPORATED IN THE OHRH CHNA. CEDIK FACILITAT ED THE PROCESS OF PRIMARY DATA COLLECTION THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEW S. THROUGHOUT THE PROCESS, CEDIK, AS DID THE GREEN RIVER DISTRICT HEALTH DEPARTMENT, MADE IT A PRIORITY TO GET INPUT FROM POPULATIONS THAT ARE OFTEN NOT ENGAGED IN CONVERSATIONS AB OUT THEIR HEALTH NEEDS OR GAPS IN SERVICE. CEDIK CONDUCTED THIRTEEN KEY INFORMANT INTERVIEW S TO PROBE MORE DEEPLY INTO HEALTH AND QUALITY OF LIFE THEMES WITHIN THE COUNTY. POTENTIA L BARRIERS TO ACCESSING COMMUNITY RESOURCES WERE ALSO IDENTIFIED IN THESE INTERVIEWS. THE OHRH CHNA REPORT SYNTHESIZES COMMUNITY HEALTH NEEDS SURVEY DATA, FOCUS GROUPS WITH VULNERA BLE POPULATIONS, AND KEY INFORMANT INTERVIEW DATA WITH SOCIAL AND ECONOMIC DATA AS WELL AS HEALTH OUTCOMES DATA COLLECTED FROM SECONDARY SOURCES TO HELP PROVIDE CONTEXT FOR THE COM MUNITY. CEDIK CONDUCTED FOCUS GROUPS IN DAVIESS COUNTY TO EXPLORE THEIR VISION OF A VIBRAN T HEALTHY DAVIESS COUNTY AND T

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
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3E	<p>O DISCUSS HEALTH NEEDS OF POPULATIONS WITH UNMET HEALTH NEEDS AND TO DEEPEN THE UNDERSTAND ING OF THE HEALTH CHALLENGES THEY FACE. FOCUS GROUP DISCUSSIONS REVEALED UNMET NEEDS ACROS S VULNERABLE POPULATIONS. CEDIK ORGANIZED THE DATA INTO STRENGTHS, BARRIERS AND OPPORTUNIT IES FOR CHANGE FOR DAVIESS COUNTY. COMMENTS AND FEEDBACK ON THE CHNA ARE ENCOURAGED/INVITE D AS REFLECTED ON THE OHRH WEBPAGE. A PHONE NUMBER AND EMAIL ADDRESS IS POSTED ON THE WEBS ITE SHOULD SOMEONE HAVE QUESTIONS OR COMMENTS. FORM 990, SCHEDULE H, PART V, SECTION B, LI NES 5 AND 6B OH MUHLENBERG CHNA COMMUNITY INPUT OWENSBORO HEALTH MUHLENBERG COMMUNITY HOSP ITAL PARTNERED WITH THE MUHLENBERG COUNTY HEALTH DEPARTMENT (CATHY BETHEL, MSN, MBA, DIREC TOR AND BETTY HENDRIX, RN, BSN, NURSING SUPERVISOR) TO COMPLETE THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT. IN ADDITION TO PARTICIPATING IN THE PREPARATION AND PLANNING FOR THE CHN A, THE HEALTH DEPARTMENT WAS INVOLVED ON THE CHNA STEERING COMMITTEE AND DISTRIBUTED CHNA SURVEYS AT THEIR FACILITY. - OTHER MEMBERS OF THE STEERING COMMITTEE INCLUDED: - VICKI YON TS - FELIX E. MARTIN JR. FOUNDATION - CARLA EMBRY- MUHLENBERG COUNTY BOARD OF EDUCATION - MARY BETH RILEY- UK COOPERATIVE EXTENSION OFFICE - CHRIS SPARKS- PENNYROYAL MENTAL HEALTH CENTER - TAMMY PIPER- CENTRAL CITY CONVENTION CENTER - CINDY STOVALL- MUHLENBERG COUNTY HE AD START - GREENVILLE - TONIA STOVALL- MUHLENBERG COUNTY HEAD START - CENTRAL CITY - DOROT HY WALKER- GREATER MUHLENBERG CHAMBER OF COMMERCE - SCOTT CASEBIER- HOPE2ALL FOOD BANK - C HERYL SPAIN- MUHLENBERG COUNTY SENIOR CITIZENS CENTER - ASHLEY MEFFORD- COMMUNITY HEALTH C ENTERS OF WESTERN KENTUCKY - TROY WALKER- OWENSBORO HEALTH MUHLENBERG COMMUNITY HOSPITAL E MS - BONNIE GIBSON- MUHLENBERG COUNTY COMMUNITY SERVICE CENTER - SUE MCBRIDE- DEPARTMENT O F COMMUNITY BASED SERVICES - BRYAN EADES- EADES FAMILY DENTISTRY - BETTY HENDRIX- MUHLENBE RG COUNTY HEALTH DEPARTMENT - JESSICA BROWNING- OWENSBORO HEALTH MUHLENBERG COMMUNITY HOSP ITAL CEDIK FACILITATED THE PROCESS OF PRIMARY DATA COLLECTION THROUGH COMMUNITY SURVEYS, F OCUS GROUPS AND KEY INFORMANT INTERVIEWS TO CREATE AN IMPLEMENTATION PLAN TO ADDRESS IDENT IFIED HEALTH NEEDS. IN ADDITION, COUNTY SPECIFIC SECONDARY DATA WAS GATHERED TO HELP EXAMI NE THE SOCIAL DETERMINANTS OF HEALTH. THROUGHOUT THE PROCESS, CEDIK AND THE COMMUNITY STEE RING COMMITTEE MADE IT A PRIORITY TO GET INPUT FROM POPULATIONS THAT ARE OFTEN NOT ENGAGED IN CONVERSATIONS ABOUT THEIR HEALTH NEEDS OR GAPS IN SERVICE. CEDIK CONDUCTED SIX KEY INF ORMANT INTERVIEWS TO PROBE MORE DEEPLY INTO HEALTH AND QUALITY OF LIFE THEMES WITHIN THE C OUNTY. CURRENT COMMUNITY RESOURCES AND POTENTIAL BARRIERS TO ACCESSING RESOURCES WERE ALSO IDENTIFIED IN THESE INTERVIEWS. - KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH THE FOLLOW ING EXPERTS: - DIANA ANDERSON, PATHWAY OF HOPE, PREGNANCY CRISIS CENTER IN MUHLENBERG COUN TY - ASHLEY BOZE, PENNYROYAL CENTER, DIRECTOR OF SUBSTANCE ABUSE SERVICES - ROBBY DAVIS, M UHLENBERG COUNTY SCHOOLS, SUPE</p>

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3E	RINTENDENT - KEELY DENNIS, MUHLENBERG COUNTY SCHOOLS, H.S. SENIOR - TIM DUKES, A NEW START - MEDICATION ASSISTED TREATMENT FOR OPIOID ADDICTION - JERRY EADES, MUHLENBERG COUNTY BAP TIST ASSOCIATION, DIRECTOR OF MISSIONS OHMCH COLLABORATED WITH THE MUHLENBERG COUNTY HEALT H DEPARTMENT AND CONTRACTED WITH THE COMMUNITY AND ECONOMIC DEVELOPMENT INITIATIVE OF KENT UCKY TO CONDUCT THIS CHNA.

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
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7A:	OWENSBORO HEALTH - LINK TO CHNA: WWW.OWENSBOROHEALTH.ORG/HEALTH-RESOURCES/HEALTH-NEEDS-ASSESSMENT/ FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10A: OWENSBORO HEALTH - LINK TO IMPLEMENTATION STRATEGY: HTTPS://WWW.OWENSBOROHEALTH.ORG/HEALTH-RESOURCES/HEALTH-NEEDS-ASSESSMENT/ FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7A: OH MUHLENBERG (OHMCH) - LINK TO CHNA: https://www.owensborohealth.org/app/files/public/22315/ohmch-community-health-needs-assessment.pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7B: OH MUHLENBERG (OHMCH) - OTHER WEBSITE: http://www.muhlenbergcountyhealthdepartment.com/2018/wp-content/uploads/2018/07/Final_MCHD-CHNA-1.pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10A: OH MUHLENBERG (OHMCH) - LINK TO IMPLEMENTATION STRATEGY: HTTPS://WWW.OWENSBOROHEALTH.ORG/APP/FILES/PUBLIC/22324/OHMCH-CHNA-IMPLEMENTATION-STRATEGY-2018.PDF

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
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	OWENSBORO HEALTH - HOW OHRH IS ADDRESSING SIGNIFICANT HEALTH NEEDS: BASED ON SURVEY RESULT S, FOCUS GROUP AND KEY INFORMANT INTERVIEW RESULTS, AS WELL AS KEY SECONDARY HEALTH DATA, THERE WERE FIVE PRIORITY AREAS IDENTIFIED. EXISTING LOCAL, STATE AND NATIONAL PRIORITIES WERE CONSIDERED. THE FOLLOWING PRIORITIES WERE IDENTIFIED AS AREAS OF NEED TO ADDRESS IN TH E NEXT THREE YEARS: - HEALTHY BEHAVIORS - POOR EATING HABITS, ACCESS TO HEALTHY FOODS, LAC K OF EXERCISE - OBESITY AND OBESITY-RELATED DISEASES - MENTAL HEALTH - DEPRESSION, COUNSEL ING AND TESTING FOR MENTAL HEALTH DISORDERS - SUBSTANCE USE - PRESCRIPTION, ILLEGAL AND IL LICIT SUBSTANCES - TOBACCO USE AND SMOKING TAX YEAR 2018-2021: - HEALTHY BEHAVIORS- POOR E ATING HABITS, ACCESS TO HEALTHY FOODS, LACK OF EXERCISE - OBESITY AND OBESITY RELATED DISE ASES * CONTINUING FINANCIAL AND IN-KIND SUPPORT TO ADDRESS SENIOR HUNGER VIA PARTNERSHIP W ITH MORRISON'S FOOD SERVICES AND SENIOR COMMUNITY CENTER OF OWENSBORO-DAVIESS COUNTY. * EX PANDED THIS WORK TO REACH ADDITIONAL SENIORS IN NEED DURING THE COVID PANDEMIC. * ESTABLIS HED TWO PRIVATE NURSING AREAS TO SUPPORT EMPLOYEE'S BREASTFEEDING AND/OR PUMPING WHILE AT WORK; WORK CONTINUES TO DEVELOP ONE COMMUNITY NURSING POD TO PROMOTE BREASTFEEDING AS THE OPTIMAL SOURCE OF NUTRITION FOR BABIES REDUCING BARRIERS TO BREASTFEEDING WHILE VISITING O H CAMPUSES AND IN COMMUNITY SETTINGS. * CONDUCT ANNUAL HOLIDAY FOOD DRIVE FOR AREA FOOD PA NTRIES. * FINANCIALLY SUPPORTED TRISTATE FOOD BANK EXPANSION AND MOBILE FOOD EFFORTS. * AS SISTING AND PARTICIPATING IN COMMUNITY PARTNER(S) REGIONAL MEETINGS TO DISCUSS FOOD INSECU RITY AS A SIGNIFICANT SOCIAL DETERMINANT OF HEALTH. * CONTINUING TO SUPPORT OWENSBORO HEAL TH HEALTHPARK AND ITS SCHOLARSHIP PROGRAM PROVIDING FINANCIAL ASSISTANCE, THE HEALTHPARK E DUCATIONAL PROGRAMMING, AND OUTREACH AND TARGETED EVIDENCED BASED PROGRAMMING. * CONTINUIN G FINANCIAL SUPPORT AND ADVOCACY FOR COMMUNITY PROJECTS AND PROGRAMS WHICH FOCUS ON WORKIN G COLLABORATIVELY TO IMPROVE HEALTHY FOOD OPTIONS; APPROPRIATE TIME FOR PLAY AND EXERCISE; ART AND MUSIC OPPORTUNITIES AMONG OTHERS. * CONTINUED TO UTILIZE COMMUNITY DATA TO TARGET SPECIFIC AREAS OF COMMUNITY WHICH COULD MOST BENEFIT BY CHANGES OF POLICY, STRUCTURAL IMP ROVEMENT, AND COMMUNITY ASSETS AND WORK IN PARTNERSHIP TO DEVELOP IMPROVEMENT PLANS. * TEA M MEMBERS SERVE ON LOCAL AND STATE TASK FORCES RELATED TO COMMUNITY DEVELOPMENT, CHAMBERS OF COMMERCE, WORKPLACE HEALTH, ECONOMIC DEVELOPMENT, HEALTH AND WELLNESS AND THE ARTS TO P ROVIDE VOICE FOR COMMUNITY HEALTH IMPROVEMENT. * PROVIDE EXPERTISE FROM STAFF TO THE COMMU NITY FOR EDUCATION AND PROGRAM GUIDANCE. * CONTINUE THE DIABETES PREVENTION PROGRAM T2 * G OAL TO STRENGTHEN SUPPORT GROUP FOR PATIENTS WHO HAVE PARTICIPATED IN SURGICAL WEIGHT LOS S AS IT IS UNDERSTOOD THIS IS A LIFELONG COMMITMENT TO WEIGHT LOSS AND IDENTIFY WAYS TO RE DUCE BARRIERS TO PARTICIPATION WHEN SOCIAL DETERMINANTS OF HEALTH ARE FACTORS. - MENTAL HE ALTH ACCORDING TO PRIMARY INTE

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
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	<p>RVIEW DATA COLLECTED IN THE MOST RECENT CHNA, THERE IS A LACK OF PROVIDERS FOR THOSE FACIN G MENTAL HEALTH ISSUES; A STIGMA IN SEEKING THIS TYPE OF CARE; AND, A SIGNIFICANT INCREASE IN THE RATE OF SUICIDE. * OWENSBORO HEALTH HAS LAUNCHED AN INTENSIVE OUTPATIENT PROGRAM U SING AN EVIDENCE-BASED CURRICULUM FOCUSING ON MENTAL HEALTH. * WE ARE CURRENTLY RUNNING TW O GROUPS, A MORNING AND AN AFTERNOON. DUE TO COVID RESTRICTIONS, EACH GROUP ONLY HAS A MAX IMUM OF 5 PARTICIPANTS. * WE ARE ABLE TO OFFER ADDITIONAL PARTICIPANTS, UP TO 10, TO ATTEN D BY TELEHEALTH IF THEY HAVE THE CAPABILITY TO DO SO. * GOAL TO ADD CO-OCURRING DISORDER G ROUP. * WE BEGAN THE IOP BY HIRING ONE THERAPIST AND WILL ADD AN ADDITIONAL PART OR FULL-T IME THERAPIST AS THE PROGRAM GROWS. * ONE LPN HAS BEEN ADDED. * OWENSBORO HEALTH WILL CONT INUE TO SERVE ON THE BOARD AND CLINICAL CARE TEAM FOR THE NEW MENTAL HEALTH COURT IN OWENS BORO DAVIESS COUNTY AND PROVIDES GRANT WRITING TECHNICAL ASSISTANCE. * WE HAVE AND WILL CO NTINUE TO HAVE REPRESENTATION ON EACH OF THE THREE COMMUNITY HEALTH ACTION TEAMS AS THEY S EEK TO ESTABLISH AND IMPLEMENT STRATEGIES TO ADDRESS PRIORITY AREAS. * OWENSBORO HEALTH RE GIONAL HOSPITAL WILL CONTINUE TO FINANCIALLY SUPPORT THROUGH OUR GRANT PROGRAM PROJECTS AN D PROPOSALS WHICH SEEK TO IMPACT EDUCATION AND BARRIERS TO ACCESS TO MENTAL HEALTH. * WE W ILL CONTINUE TO PROVIDE EDUCATIONAL OPPORTUNITIES WITH EXPERTISE AND KNOWLEDGE IN THIS ARE A AND SEEK TO ADVOCATE FOR POLICY WHERE MOST BENEFICIAL TO MEET THE IDENTIFIED NEEDS. * IN SPRING OF 2020, INFORMED COMMUNITY OF FREE ONLINE RESOURCE, CREDIBLEMIND. * DISCUSSIONS W ILL CONTINUE FOR POSSIBLE PILOT PROJECT. * WE WILL MAINTAIN OUR PARTNERSHIPS AND OUTREACH WITH THE ARTS COMMUNITY AS A STRATEGY TO IMPACT MENTAL HEALTH AND WELLNESS AS SUPPORTED BY RESEARCH AND LITERATURE. - SUBSTANCE ABUSE- PRESCRIPTION, ILLEGAL AND ILLICIT SUBSTANCES THE NATIONAL INSTITUTE ON DRUG ABUSE RANKS KENTUCKY AMONG THE TOP 10 STATES WITH THE HIGHE ST OPIOID-RELATED OVERDOSE DEATHS, AND KENTUCKY'S HOSPITALS ARE ON THE FRONTLINE IN THE FI GHT TO HELP THE STATE RECOVER. TO ASSIST THE STATE'S HOSPITALS IN THIS BATTLE, THE KENTUCK Y HOSPITAL ASSOCIATION (KHA) IS PARTNERING WITH THE CABINET FOR HEALTH AND FAMILY SERVICES AS PART OF THE KENTUCKY OPIOID RESPONSE EFFORT (KORE) TO LAUNCH THE KENTUCKY STATEWIDE OP IOID STEWARDSHIP (KY SOS) PROGRAM. * AS A PARTICIPANT IN THIS INITIATIVE, OUR ORGANIZATION AGREED TO/HAS INITIATED AND/OR CONTINUES TO WORK ON: * IMPROVE PATIENT SAFETY IN THE AREA OF OPIOID STEWARDSHIP INCLUDING A SPECIFIC FOCUS ON: * DEVELOPMENT AND IMPLEMENATION OF P OLICIES AND PROCEDURES TO PROMOTE OPIOID STEWARDSHIP INCLUDING: * INCREASE COMMUNITY OUTREA CH AND EDUCATION REGARDING PAIN MANAGEMENT AND SAFE OPIOID USE; * PROVIDE NON-PHARMACOLOGIC ANALGESIC OPTIONS TO PATIENTS; ALTO ORDER SETS ARE AVAILABLE IN EPIC WITH BPA REMINDERS. * ESTABLISHED AN OPIOID STEWARDSHIP COMMITTEE; THIS HAS BEEN DONE AND IS LED BY DR. FRAN D UFRAYNE. * TRACKING AND REPORT</p>

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	<p>ING OF METRICS REGARDING OPIOID STEWARDSHIP; DASHBOARDS ARE AVAILABLE IN EPIC FOR INDIVIDU AL PROVIDERS AND LEADERS. * GUIDELINES FOR OPIOID USE IN THE INPATIENT, AMBULATORY, PERIOP ERATIVE, AND EMERGENCY DEPARTMENT SETTINGS; AND * EDUCATE PROVIDERS, STAFF, PATIENTS, AND FAMILIES TO ENSURE SUCCESS. * COMMIT TO COLLABORATION, ALIGNMENT AND COORDINATION. * SHARE SUCCESS STORIES AND LESSONS LEARNED WITH OTHER KY SOS HOSPITALS VIA THE KY SOS LISTSERV, WEBINARS, AND IN-PERSON MEETINGS. * PARTICIPATE IN SITE VISITS WITH THE KY SOS ADVISORY TE AM AS REQUESTED, WHICH SHOULD INCLUDE THE APPROPRIATE REPRESENTATIVE(S) FROM OUR HOSPITAL' S SENIOR LEADERSHIP. * PILOT PROGRAM INTEGRATING THE HEALTH SYSTEM'S ELECTRONIC RECORD SYS TEM WITH KASPER DATA DRAMATICALLY EXPEDITES THE TIME IT TAKES TO ACCESS A KASPER REPORT AN D ENABLES SIMPLIFIES ACCESS TO PRESCRIPTION REPORTING DATA. THIS IS LIVE IN OUR EHR SYSTEM . TIME SPENT LOGGING INTO KASPER AND RESEARCHING PATIENTS HAS BEEN DRASTICALLY REDUCED AND TRACKING OF THE PDMP REVIEW IS NOW LOGGED IN OUR EHR. * CONTINUE WORK WITH LOCAL SUBSTANC E ABUSE COALITIONS AND COMMUNITY EFFORTS TO PROVIDE EDUCATION SPECIFIC TO OPIATE ABUSE AND HEROIN USE, METHAMPHETAMINE, ALCOHOL AND MARIJUANA. * METH CONTINUES TO RAVAGE INDIVIDUAL S, FAMILIES AND OUR COMMUNITY. * ADVOCATE FOR FEDERAL DOLLARS TO ALSO BE USED TO TREAT MET HAMPHETAMINE ADDICTION. * SUPPORT INTERNAL POLICY AND PROCESSES TO EDUCATE PHYSICIANS AND OTHER PROVIDERS ON PREVENTION EFFORTS. * CONTINUE TO USE ANGEL VISITATION PROGRAM BRINGING PERSONS IN RECOVERY FROM COMMUNITY INTO HOSPITAL SETTING TO SHARE RECOVERY OPTIONS FOR TH OSE IN NEED. * CONTINUE TO FINANCIALLY SUPPORT ORGANIZATIONS WHOSE MISSIONS AND ABILITIES AND PROJECTS ARE SPECIFIC TO PROVIDING SUBSTANCE ABUSE PREVENTION, TREATMENT AND RECOVERY SERVICES, HOUSING, EDUCATION AND ASSISTANCE TO ADDRESS SUBSTANCE ABUSE THROUGH OUR GRANT I NVESTMENT PROGRAMS. * WORK TOWARD THE INSTALLATION OF A PERMANENT DRUG-TAKE BACK BIN LOCAT ED IN THE OWENSBORO HEALTH OUTPATIENT PHARMACY. * EXPLORE POTENTIAL COLLABORATIVE PARTNERS HIPS AND PROJECTS BETWEEN MOTHER/BABY AND NEONATAL SERVICES AND COMMUNITY ORGANIZATIONS FO CUSED ON PREVENTION OF SUBSTANCE USE DURING PREGNANCY. * WORK HAS INITIATED WITH COMMUNITY STAKEHOLDERS TO CONSIDER PROGRAMS FOR PREGNANT MOTHER AND CHILDREN. - TOBACCO USE AND SMO KING * CONTINUE TO ADVOCATE USE OF THE QUIT NOW KENTUCKY LINE THROUGH FINANCIAL SUPPORT OF GREEN RIVER DISTRICT HEALTH DEPARTMENT'S TOBACCO CONTROL COALITION'S MARKETING AND MEDIA MESSAGES TO INCREASE NUMBER OF PERSONS UTILIZING THE QUIT LINE. * 10 OH TEAM MEMBERS WILL BE TRAINED AS TOBACCO TREATMENT SPECIALISTS. WE HAVE NOW TRAINED SIX TTS. * FINANCIALLY SU PPORT NICOTINE REPLACEMENT THERAPY PRODUCTS THROUGH THE GREEN RIVER DISTRICT HEALTH DEPART MENT, NATIONAL JEWISH AND QUIT NOW KENTUCKY. * FINANCIALLY SUPPORT AND ASSIST IN EFFORTS T O HAVE ADDITIONAL PERSONS TRAINED IN AMERICAN LUNG ASSOCIATION'S FREEDOM FROM SMOKING EVID ENCED BASED SMOKING CESSATION</p>

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	OH MUHLENBERG - SIGNIFICANT NEEDS AREAS OF NEED IDENTIFIED BY COMMUNITY: OHMCH PROVIDES LEADERSHIP THROUGH IN-KIND STAFF TO SERVE AND ASSIST WITH THE DEVELOPMENT OF A MUHLENBERG COUNTY COMMUNITY HEALTH COALITION AND PROVIDE FINANCIAL SUPPORT THROUGH MINI-GRANTS AND SPONSORSHIPS TO ORGANIZATIONS WHO SEEK TO IMPACT PRIORITY HEALTH AREAS THROUGH THEIR PROJECTS AND PROGRAMMING. IN ADDITION TO THESE RESPONSES TO THE IDENTIFIED PRIORITY HEALTH NEEDS FROM OUR 2018 CHNA, BELOW ARE ADDITIONAL SPECIFIC WAYS OHMCH IS ADDRESSING EACH NEED: - RESIDENTS' (VULNERABLE POPULATIONS) LACK OF KNOWLEDGE ON AVAILABLE COMMUNITY AND HEALTH RESOURCES IN THE COUNTY. * WE DISTRIBUTE A COPY OF LIFE MAGAZINE TO 10,000 HOUSEHOLDS ACROSS THE COUNTY WHICH CONTAINS INFORMATION ABOUT HEALTH ISSUES, ACTIVITIES AND RESOURCES AVAILABLE IN OUR COMMUNITY. * OUR SOCIAL MEDIA FACEBOOK PAGE INFORMS CITIZENS OF PROGRAMS AND SERVICES OFFERED BY OUR ORGANIZATION (FLU SHOTS, SPORTS PHYSICALS, RESPIRATORY SCREENINGS, TOBACCO CESSATION CLASSES, NEW PROVIDERS, ETC.). * WE COLLABORATED WITH THE MUHLENBERG COUNTY HEALTH COALITION AND THE FELIX E. MARTIN JR. FOUNDATION TO FUND THE PRINTING OF 25,000 COPIES OF A MUHLENBERG COUNTY RESOURCE DIRECTORY AND COORDINATED DISTRIBUTION TO MANY LOCAL AGENCIES AND DEPARTMENTS WITHIN OHMCH. - ADULT OBESITY * WE SUPPORT AND PLAN COMMUNITY/EMPLOYEE WALKS AND RUNS. (NOTE: OHMCH IS THE SECOND LARGEST EMPLOYER IN THE COUNTY. WITH A SMALL COUNTY POPULATION OUR EMPLOYEES REPRESENT A LARGE SEGMENT OF THE POPULATION SO SUPPORTING EFFORTS TO ADDRESS ADULT OBESITY WITH OUR EMPLOYEE BASE AND THEIR FAMILIES CAN HAVE AN IMPACT ON THE ENTIRE COMMUNITY.) * WE COLLABORATE WITH THE OWENSBORO HEALTH HEALTHPARK TO PROVIDE ALL MUHLENBERG COUNTY ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH A FREE SCHOOL HEALTH ASSESSMENT EVERY OTHER YEAR AND MAIL ADDITIONAL INFORMATION TO THEIR FAMILIES WITH THE STUDENT'S RESULTS AND EDUCATION ON HEALTHY FOOD AND BEVERAGE CHOICES AND PHYSICAL ACTIVITY. * OUR PROVIDERS MAKE REFERRALS AS APPROPRIATE TO A NEW ACCESS POINT: OWENSBORO HEALTH SURGICAL WEIGHT LOSS CENTER. - MENTAL HEALTH - DEPRESSION, COUNSELING AND TESTING FOR MENTAL HEALTH DISORDERS * WE HAVE INCREASED DEPRESSION SCREENINGS FOR PATIENTS IN EMERGENCY ROOM, INPATIENT, AND LONG-TERM CARE. * OUR PATIENTS HAVE INCREASED ACCESS TO INPATIENT SERVICES PROVIDED BY OWENSBORO HEALTH REGIONAL HOSPITAL. * WE CONTINUE TO COLLABORATE AND PARTNER WITH PENNSYLVANIA MENTAL HEALTH CENTER. * ACCESS TO BEHAVIORAL HEALTH TELEHEALTH SERVICES WHEN IN-PERSON APPOINTMENTS ARE NOT AVAILABLE. * WE SUPPORT EDUCATIONAL OFFERINGS REGARDING SUICIDE PREVENTION. * YOUTH HEALTH INDICATOR NEEDS* - TEEN BIRTH RATE, OBESITY, LACK OF PHYSICAL ACTIVITY, LACK OF OUT OF SCHOOL MEANINGFUL ACTIVITIES * WE PROVIDE FUNDING FOR SCHOOL NURSES AND HEALTH TECHNICIANS AT EACH SCHOOL IN MUHLENBERG COUNTY TO ADDRESS STUDENTS' HEALTH NEEDS AND PROVIDE PREVENTION AND EDUCATION ON PRIORITY HEALTH ISSUES. * THIS YEAR, SINCE WE WERE UNABLE TO COND

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
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	<p>UCT A LARGE FREE SPORTS PHYSICAL EVENT, WE PROVIDED REDUCED COST SPORTS PHYSICALS FOR LOCA L ATHLETES. * WE CONDUCTED FREE SCHOOL HEALTH ASSESMENTS TO STUDENTS IN MUHLENBERG COUNTY ELEMENTARY AND MIDDLE SCHOOLS WITH FOLLOW-UP INFORMATION PROVIDED ABOUT HEALTH FOOD AND BE VERAGE CHOICES AND THE IMPORTANCE OF PHYSICAL ACTIVITY. * WE ASSIST IN PROMOTION OF PHYSIC AL ACTIVITY AND WELLNESS EVENTS AT LOCAL WALKING TRAILS, ATHLETIC CENTERS, LU-RAY PARK AND AMPHITHEATER. * WE PARTNER WITH COMMUNITY ORGANIZATIONS TO SUPPORT YOUTH ACTIVITIES AND E VENTS (EX. FOUND46 TEEN SERVICES). - SUBSTANCE USE - PRESCRIPTION, ILLEGAL AND ILLICIT SUB STANCES * MEDICAL STAFF FORMED AN OPIOID STEWARDSHIP COMMITTEE WHOSE CHARGE IS TO ENSURE S AFE OPIOID PRESCRIBING AND ASSIST IN THE DECREASE OF OPIOID ABUSE AND MISUSE BY PATIENTS I N OUR CARE. * ENHANCED CRITERIA FOR SCREENING AND ASSESSING/REASSESSING PAIN * ALGORITHMS FOR THE APPROPRIATE PRESCRIBING * PHARMACOLOGICAL THERAPIES * WE PROVIDE EDUCATION TO REDU CE THE RISKS OF OPIOID USE * WE OFFER FREEDOM FROM SMOKING CLASSES AT NO COST AT OHMCH COA L MINERS' RESPIRATORY CLINIC.</p>

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

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
Owensboro Health Inc

Employer identification number

61-1286361

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 43

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Tuition Assistance	73	214,747			
(2) Patient Medical Fund	233	41,466			
(3) Cancer Center Medical Fund	2	18,510			
(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
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2 SERVICES AND ACTIVITIES MUST SERVE INDIVIDUALS IN THE OWENSBORO HEALTH SERVICE AREA, INCLUDING DAVIESS, HANCOCK, OHIO, HENDERSON, HOPKINS, MCLEAN, MUHLENBERG, BRECKINRIDGE AND WEBSTER COUNTIES IN KENTUCKY AND SPENCER AND PERRY COUNTIES, INDIANA. APPLICATIONS MUST SPECIFICALLY DESCRIBE HOW THE ORGANIZATION'S SERVICES ADDRESS ROOT CAUSES OF HEALTH PROBLEMS AFFECTING THE HEALTH OF OUR COMMUNITY. ELIGIBLE GROUPS INCLUDE ECONOMIC, EDUCATIONAL, CIVIC, ARTS AND CULTURAL ORGANIZATIONS.

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Owensboro Health Foundation 1201 Pleasant Valley Rd Owensboro, KY 42303	61-1251763	501(C)(3)	559,677				COMMUNITY SUPPORT
Muhlenberg County Board of Education 510 W Main Street Powderly, KY 42367	61-6001286	GOVERNMENT	192,433				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Daviess County Public Schools PO Box 21510 Owensboro, KY 423041510	61-6001338	GOVERNMENT	130,000				Community Support
University of Kentucky 750 Morton Blvd Hazard, KY 41701	61-6001218	501(C)(3)	73,319				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Dental Clinic 2811 New Hartford Rd Suite A Owensboro, KY 42303	26-2343126	501(C)(3)	65,500				Community Support
Green River District Health Dept PO Box 309 Owensboro, KY 423020309	61-1010686	GOVERNMENT	51,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mary Kendall Campus 193 Phillips Court Owensboro, KY 42303	61-0458375	501(C)(3)	45,850				Community Support
Hospice & Palliative Care of Western Ky 3419 Wathens Crossing Owensboro, KY 42301	31-1010160	501(C)(3)	42,400				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Community Hospital Inc 440 Hopkinsville St Greenville, KY 42345	61-0445841	501(C)(3)	39,780				Community Support
United Way PO Box 705 Owensboro, KY 423020705	61-0435444	501(C)(3)	36,297				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Owensboro Dance Theater 2705 Breckenridge St Owensboro, KY 42303	61-1040701	501(C)(3)	29,000				Community Support
Riverpark Center 101 Daviess Street Owensboro, KY 423034263	61-1147328	501(C)(3)	26,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Owensboro Symphony Orchestra 211 East Second Street Owensboro, KY 42303	61-6055984	501(C)(3)	25,500				Community Support
Casa of Ohio Valley Inc 415 St Ann Street Owensboro, KY 42303	61-1303511	501(C)(3)	25,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Daviess Co Diabetes Coalition 1501 Breckenridge St Owensboro, KY 42303	61-1328046	501(C)(3)	23,000				Community Support
International Bluegrass Music Museum 311 West 2nd Street Owensboro, KY 42301	61-1229037	501(C)(3)	21,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen Foundation 4424 Vogel Rd Ste 205 Evansville, IN 47715	75-2844632	501(C)(3)	20,500				Community Support
AlsacSt Jude Children's 304 Whittington Pkwy Ste 102 Louisville, KY 40222	35-1044585	501(C)(3)	20,258				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Supplies Over Seas 1500 Arlington Ave Louisville, KY 40206	27-2624272	501(C)(3)	20,000				Community Support
International Center 2818 New Hartford Road Owensboro, KY 42303	61-0994341	501(C)(3)	20,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cliff Hagan Boys & Girls Club 3415 Buckland Square Owensboro, KY 42301	61-0663746	501(C)(3)	18,000				Community Support
H L Neblett Community Center 801 West 5th Street Owensboro, KY 42301	61-0523292	501(C)(3)	17,500				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Ohio Valley 403 Park Plaza Drive Owensboro, KY 42301	61-0846061	501(C)(3)	15,000				Community Support
Theatre Workshop of Owensboro 407 W 5th Street Owensboro, KY 42301	61-0968600	501(C)(3)	15,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Light of Chance Inc PO Box 1636 Bowling Green, KY 42102	84-1721551	501(C)(3)	15,000				Community Support
Owensboro Public Schools 450 Griffith Avenue Owensboro, KY 42301	61-6001339	GOVERNMENT	13,936				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Owensboro Museum of Fine Art 901 Frederica Street Owensboro, KY 42301	61-1297343	501(C)(3)	13,200				Community Support
Wendell Foster's Campus 815 Triplett Street Owensboro, KY 42303	61-0490868	501(C)(3)	11,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Senior Community Center of Owensboro 1650 W Second Street Owensboro, KY 42301	31-1044915	501(C)(3)	10,783				Community Support
Foundation for Excellence 450 Griffith Avenue Owensboro, KY 42301	61-1349137	501(C)(3)	10,500				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Success Through Mentoring Inc 499 Jefferson Street Rockport, IN 47635	83-2549976	501(C)(3)	10,500				Community Support
Brescia University 717 Frederica Street Owensboro, KY 42301	61-0660795	501(C)(3)	10,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army 216 W Chestnut Street Owensboro, KY 40202	58-0660607	501(C)(3)	10,000				Community Support
Greater Muhlenberg Park PO Box 169 Greenville, KY 42345	45-4595535	501(C)(3)	10,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Owensboro Economic Development Corp PO Box 782 Owensboro, KY 42302	61-1254984	501(C)(6)	10,000				Community Support
The Help Office of Hancock County PO Box 455 Hawesville, KY 42348	61-1047163	501(C)(3)	8,076				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's Association 701 N Weinbach Avenue Evansville, IN 47711	13-3039601	501(C)(3)	7,961				Community Support
Girls Incorporated PO Box 1626 Owensboro, KY 42302	61-0706477	501(C)(3)	7,340				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Owensboro Regional Suicide Prevention 991 Bellewood Drive Henderson, KY 42420	26-1136007	501(C)(3)	7,000				Community Support
Daviess County Public Library 2020 Frederica Street Owensboro, KY 42301	61-1289675	GOVERNMENT	6,600				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Way of Rockport IN PO Box 506 Rockport, IN 47635	52-2608343	501(C)(3)	6,500				Community Support
Hope 2 All 307 Mose Rager Blvd Drakesboro, KY 42337	20-8274332	501(C)(3)	6,500				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 1640 Lyndon Farm Court Ste 104 Louisville, KY 40223	13-1788491	501(C)(3)	5,501				Community Support
New Beginnings Sexual Assault Support Svcs 1716 Scherm Road Owensboro, KY 42301	61-1142453	501(C)(3)	5,500				Community Support

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No. 1545-0047
		2019
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization Owensboro Health Inc	Employer identification number 61-1286361
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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 Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

[illegible]

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
Form 990, Schedule J, Part I, Line 1A	TAX INDEMNIFICATION AND GROSS UP PAYMENTS THE ORGANIZATION PROVIDES A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN FOR CERTAIN EXECUTIVE EMPLOYEES. BECAUSE BENEFITS UNDER THE SUPPLEMENTAL PLAN MUST BE INCLUDED IN TAXABLE INCOME WHEN THEY BECOME VESTED, AND AS REQUIRED BY THE SUPPLEMENTAL PLAN'S TERMS, THE ORGANIZATION PROVIDES AN ADDITIONAL BENEFIT THAT COVERS THE TAX LIABILITY WHEN IT IS INCURRED. THE TAX LIABILITY PAYMENTS ARE THEMSELVES INCLUDED IN W-2 INCOME IN THE YEAR MADE TO THE EXECUTIVES, AND ARE INCLUDED IN THE FIGURES DISCLOSED ON SCHEDULE J, PART II. CLUB DUES DURING THE REPORTING PERIOD, THE ORGANIZATION PAID THE CEO AND COO'S MEMBERSHIP DUES IN A SOCIAL CLUB. THE CLUB MEMBERSHIP WAS USED FOR BUSINESS PURPOSES. ANY PERSONAL RELATED EXPENSES ARE TREATED AS TAXABLE WAGE INCOME AND FULLY INCLUDED ON THE RECIPIENT'S FORM W-2.
FORM 990, SCHEDULE J, PART I, LINE 4B	NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN OWENSBORO HEALTH PROVIDES A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN FOR CERTAIN EXECUTIVE EMPLOYEES. PARTICIPATION IN THE PLAN IS SUBJECT TO THE RECOMMENDATION OF THE CHIEF EXECUTIVE OFFICER AND THE APPROVAL OF THE BOARD OF DIRECTORS. AS OF DECEMBER 31, 2019 OWENSBORO HEALTH SHALL CREDIT THE PARTICIPANT'S ACCOUNT WITH AN EMPLOYER CONTRIBUTION. THE PARTICIPANT MUST BE EMPLOYED BY OWENSBORO HEALTH AT THE END OF THE PLAN YEAR IN ORDER TO RECEIVE AN EMPLOYER CONTRIBUTION FOR THAT PLAN YEAR. EMPLOYER CONTRIBUTIONS FOR EACH CONTRIBUTION CLASS YEAR SHALL BE 100% VESTED AS OF THE END OF THE PLAN YEAR WHICH IS FIVE YEARS AFTER THE DATE ON WHICH THE EMPLOYER CONTRIBUTION WAS MADE FOR SUCH CONTRIBUTION CLASS YEAR. 457F PLAN TO EXECUTIVES ERNEST E. BEGLEY \$36,297; JOHN HACKBARTH \$44,821; EDWARD HEATH \$25,445; LISA JONES \$30,723; RICHARD W. MEDLEY \$39,221; RUSSELL RANALLO \$32,347; MICHAEL SCHERM \$231,966; GREG STRAHAN \$65,204; MIA SUTER \$37,874.
FORM 990, SCHEDULE J, PART I, LINE 7	SUCCESS SHARING PLAN THE SUCCESS SHARING PLAN IS A PROGRAM DESIGNED TO FOCUS ON THE ACCOUNTABILITY OF ALL EMPLOYEES TO INFLUENCE THE FINANCIAL, QUALITY, PATIENT SATISFACTION AND EMPLOYEE DEVELOPMENT GOALS, AND TO REINFORCE THE OH CORE COMMITMENTS (RESPECT, INTEGRITY, INNOVATION, SERVICE, EXCELLENCE AND TEAMWORK) WHILE WORKING TO ACHIEVE THESE GOALS. THE PLAN ACHIEVES THIS BY PROVIDING A DIRECT LINK BETWEEN ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES AND THE TOTAL COMPENSATION OF THOSE WHO'S DECISIONS AND ACTIONS ARE ACCOUNTABLE FOR THE OUTCOMES WHICH DRIVE THE ORGANIZATION'S SUCCESS. ELIGIBILITY IS BASED ON HOURS WORKED IN THE YEAR; STAFF EMPLOYEES ARE PAID A PRO-RATED AMOUNT OF A DOLLAR MAXIMUM AND MANAGEMENT IS PAID A FIXED PERCENTAGE OF ANNUAL SALARY BASED ON LEVEL OF MANAGEMENT. PAYMENT IS PREDICATED ON BOARD APPROVAL.

Additional Data

Software ID:
Software Version:
EIN: 61-1286361
Name: Owensboro Health 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				
1Kelley Michael VP MEDICAL AFFAIRS	(i)	195,725	45,236	8,753	10,984	14,404	275,102	0
	(ii)	0	0	0	0	0	0	0
1Mcbride Anthony Board Member	(i)	0	0	0	0	0	0	0
	(ii)	766,558	261,105	2,380	14,000	15,880	1,059,923	0
2Dufrayne Francis Chief Medical Officer	(i)	419,622	117,776	32,480	14,000	26,587	610,465	0
	(ii)	0	206,319	0	0	0	206,319	0
3Hackbarth John Chief Financial Officer	(i)	476,783	163,108	80,363	30,296	20,938	771,488	0
	(ii)	0	0	0	0	0	0	0
4Heath Jr Edward L COO-OHMCH	(i)	252,025	77,906	42,582	30,296	27,630	430,439	0
	(ii)	0	0	0	0	0	0	0
5Strahan Greg PRESIDENT AND CEO	(i)	849,043	300,502	99,629	30,296	20,938	1,300,408	0
	(ii)	0	0	0	0	0	0	0
6Begley II Ernest E Chief Legal Officer	(i)	353,745	123,957	54,858	30,296	29,864	592,720	0
	(ii)	0	0	0	0	0	0	0
7Jones Lisa VP ANCILLARY SERVICES	(i)	222,513	69,408	54,000	30,296	20,752	396,969	0
	(ii)	0	0	0	0	0	0	0
8Field Jason Chief Operating Officer OHMG	(i)	0	0	0	0	0	0	0
	(ii)	210,930	66,156	14,273	14,000	25,083	330,442	0
9Scherm Michael J MD Former Chief Medical Officer	(i)	0	0	231,966	0	0	231,966	0
	(ii)	0	0	0	0	0	0	0
10Belec Timothy VP CIO	(i)	309,523	112,714	22,411	14,000	19,422	478,070	0
	(ii)	0	0	0	0	0	0	0
11Myer Mitchell Kathleen K VP Pt Care Svcs and CNO- OHMCH	(i)	146,495	44,772	18,034	9,816	17,985	237,102	0
	(ii)	0	0	0	0	0	0	0
12Medley Jr Richard W MD CHIEF MED OFFICER (THRU 7/19)	(i)	217,407	106,473	125,389	30,296	4,435	484,000	0
	(ii)	0	0	0	0	0	0	0
13Ranallo Russell VP FINANCE	(i)	270,618	83,940	47,976	30,296	27,935	460,765	0
	(ii)	0	0	0	0	0	0	0
14Bostic Deborah K COO-OHRH	(i)	377,370	113,474	34,991	14,000	7,328	547,163	0
	(ii)	0	0	0	0	0	0	0
15Johnson Stephen M VP GOVT AND COMMUNITY AFFAIRS	(i)	189,386	59,448	18,601	28,649	26,062	322,146	0
	(ii)	0	0	0	0	0	0	0
16Suter Mia Chief Administrative Officer	(i)	393,907	132,225	53,707	30,296	6,426	616,561	0
	(ii)	0	0	0	0	0	0	0
17Danhauer David E MD VP CMIO	(i)	316,824	97,974	22,295	30,296	25,689	493,078	0
	(ii)	0	0	0	0	0	0	0
18Jacildo Ruby VP Accounting/Controller	(i)	184,286	58,069	20,263	27,821	25,619	316,058	0
	(ii)	0	0	0	0	0	0	0
19Bryant MD Bill VP QUALITY AND PATIENT SAFETY	(i)	315,150	94,867	35,489	14,000	19,538	479,044	0
	(ii)	0	0	0	0	0	0	0

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				
1Sims Joan M VP Patient Care SVCS and CNO	(i)	176,350	52,541	18,223	24,816	2,980	274,910	0
	(ii)	0	0	0	0	0	0	0
1Collins Jason DIRECTOR OF PHARMACY	(i)	153,245	28,648	12,420	17,275	8,832	220,420	0
	(ii)	0	0	0	0	0	0	0
2Tidwell III James E VP Population Health	(i)	292,696	20,596	11,481	14,000	18,679	357,452	0
	(ii)	0	0	0	0	0	0	0
3Taylor Joseph W Executive Director, Facilities	(i)	160,724	25,010	1,649	21,276	22,026	230,685	0
	(ii)	0	0	0	0	0	0	0
4Montaven Simone J Exec Dir of Human Resources	(i)	161,741	25,487	5,070	21,684	16,399	230,381	0
	(ii)	0	0	0	0	0	0	0
5Hieneman Ramona C VP COMPLIANCE AND PRIVACY	(i)	119,734	10,000	3,608	5,912	2,817	142,071	0
	(ii)	0	0	0	0	0	0	0
6Roberts Kenneth W DIR OF COMPLIANCE AND CONTRACT	(i)	144,167	22,171	13,851	20,097	23,463	223,749	0
	(ii)	0	0	0	0	0	0	0
7Walker Jr John P EXEC DIR OF MATERIALS MGMT	(i)	148,127	23,119	7,672	20,000	15,264	214,182	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Owensboro Health Inc

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
61-1286361

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY	61-0600439	49126KKF7	05-17-2017	501,226,816	SEE PART VI		X		X		X
B KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY	61-0600439	49126KHT1	08-13-2015	97,567,179	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	3,315,000		4,990,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	521,604,600		98,346,355					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	33,578		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	4,747,304		1,346,771					
8	Credit enhancement from proceeds	6,163,038		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		66,627,005					
11	Other spent proceeds	510,660,680		30,372,580					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2017		2018					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X	X					
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, 2017 BOND	PROCEEDS WERE USED TO 1) PARTIALLY ADVANCE REFUND THE SERIES 2010A BONDS (ISSUED 3/3/2010), 2) FULLY ADVANCE REFUND THE SERIES 2010B BONDS (ISSUED 3/3/2010), (3) PAY REMAINING PORTION FOR THE SURETY BOND TO FUND THE DEBT SERVICE RESERVE REQUIREMENT (4)PAY PREMIUM FOR THE POLICY INSURING PAYMENT AND CERTAIN EXPENSES IN CONNECTION WITH THE ISSUANCE.

Return Reference	Explanation
SCHEDULE K, PART I, 2015 BOND	PROCEEDS FINANCED 1) CONSTRUCTION OF HEALTHPLEXES TO IMPROVE ACCESS TO CARE IN THE SECONDARY SERVICE AREA 2) REFUNDED PORTION OF THE SERIES 2010B BONDS (ISSUED 3/3/2010) AND FUNDED PORTION OF THE DEBT SERVICE RESERVE FUND.

Return Reference	Explanation
2015 AND 2017 BOND	SCHEDULE K, PART II, LINE 3, BOND A AND B THE DIFFERENCE IN THE ISSUE PRICE REPORTED ON SCHEDULE K RESULTED FROM INVESTMENT EARNINGS.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

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

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

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

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

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

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

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DUFRAINE POLINA	WIFE OF FRANCIS DUFRAINE	21,907	EMPLOYEE COMPENSATION		No
(2) RANALLO JENNIFER	WIFE OF RUSSELL RANALLO	47,238	EMPLOYEE COMPENSATION		No
(3) SCHEPERS CHRISTINE	SISTER OF DAVID DANHAUER	89,324	EMPLOYEE COMPENSATION		No
(4) SIMS MEGHAN	DAUGHTER OF JONI SIMS	27,725	EMPLOYEE COMPENSATION		No
(5) STRAHAN HILLARY	DAUGHTER IN LAW OF GREG STRAHAN	152,307	EMPLOYEE COMPENSATION		No
(6) STRAHAN WILLIAM	SON OF GREG STRAHAN	123,532	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
Owensboro Health Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

61-1286361

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	VOLUNTEERS VOLUNTEER SERVICES SUPPORT THE MISSION AND GOALS OF OWENSBORO HEALTH, INC. ("OH"). THEY STAFF THE PATIENT INFORMATION DESK, DELIVER FLOWERS, AND PLAY A CRUCIAL ROLE AS LIAISON BETWEEN FAMILIES AND PHYSICIANS IN THE SURGERY WAITING AREAS. VOLUNTEERS ARE AN ESSENTIAL PART OF THE CARE AND COMFORT OH PROVIDES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	<p>POWER TO ELECT OR APPOINT MEMBERS OH IS GOVERNED BY A FOURTEEN-MEMBER BOARD OF DIRECTORS PURSUANT TO THE CORPORATION'S BYLAWS. THREE (3) DIRECTORS ARE APPOINTED BY THE COUNTY JUDGE /EXECUTIVE OF DAVIESS COUNTY ('COUNTY JUDGE') WITH THE CONSENT OF THE DAVIESS COUNTY FISCAL COURT, THREE (3) DIRECTORS ARE APPOINTED BY THE MAYOR OF THE CITY OF OWENSBORO ('MAYOR') WITH THE CONSENT OF THE BOARD OF THE OWENSBORO CITY COMMISSION, ONE (1) DIRECTOR IS APPOINTED JOINTLY BY THE COUNTY JUDGE AND THE MAYOR, THREE (3) DIRECTOR POSITIONS ARE RESERVED FOR PHYSICIANS WHO ARE MEMBERS OF THE OH ACTIVE MEDICAL STAFF, AND FOUR(4) DIRECTORS ARE ELECTED OR APPOINTED BY THE BOARD OF DIRECTORS FROM THE COMMUNITY. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSEEING THE MANAGEMENT AND OPERATION OF OH. THE BOARD MEMBERS SERVE THREE-YEAR TERMS, AND CAN SERVE NO MORE THAN THREE (3) CONSECUTIVE TERMS, BUT ARE ELIGIBLE FOR REAPPOINTMENT TO THE BOARD AFTER HAVING BEEN OFF OF THE BOARD FOR AT LEAST ONE (1) YEAR. THE BOARD HAS REGULARLY SCHEDULED MONTHLY MEETINGS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS THE FOLLOWING CORPORATE ACTIONS SHALL REQUIRE THE AFFIRMATIVE ACT OF THE FISCAL COURT OF DAVIESS COUNTY ('COUNTY') AND THE COMMISSIONERS OF THE CITY OF OWENSBORO ('CITY') FOLLOWING A RECOMMENDATION BY THE BOARD OF DIRECTORS:</p> <p>(1) THE ADMISSION OF ANY MEMBER TO THE CORPORATION,(2) THE TRANSFER OF ALL, OR SUBSTANTIALLY ALL, OF THE MANAGEMENT RESPONSIBILITY FOR THE CORPORATION TO A NONRELATED PERSON, (3) A MERGER, CONSOLIDATION OR OTHER SIMILAR ACTION THAT IS DILUTIVE OF THE ASSETS OF THE CORPORATION OR THAT ADVERSELY AFFECTS ANY RIGHTS OF THE COUNTY OR CITY PROVIDED FOR IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE BYLAWS, (4) ANY AMENDMENTS TO ARTICLES 4,5,7,8 AND 10 OF THE ARTICLES OF INCORPORATION; OR ANY AMENDMENT TO SECTION VII OF THE BYLAWS, (5) THE DISSOLUTION OF THE CORPORATION, (6) ANY CHANGE OF THE NAME OF THE CORPORATION, AND (7) THE TRANSFER (IN ONE OR MORE RELATED TRANSACTIONS) DURING ANY TWELVE MONTH PERIOD OF 5 % OR MORE OF THE TOTAL ASSETS OF THE CORPORATION TO AN UNAFFILIATED PERSON(S). 'TOTAL ASSETS' SHALL MEAN THE AGGREGATE ASSETS FROM THE MOST RECENT FINANCIAL STATEMENTS OF THE CORPORATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	FORM 990 REVIEW THE FORM 990 IS REVIEWED BY THE INTERNAL FINANCE TEAM AND FORWARDED TO THE CFO FOR FINAL REVIEW AND APPROVAL BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY UNDER OUR CONFLICT OF INTEREST POLICY (#100-214), EACH BOARD DIRECTOR, OFFICER, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWER, AND KEY EMPLOYEE IS REQUIRED ANNUALLY TO COMPLETE THE FOLLOWING: (1) CONFIDENTIALITY STATEMENT, (2) DISCLOSURE CERTIFICATE, AND (3) INDEPENDENCE AND RELATED PARTY QUESTIONNAIRE. THESE DISCLOSURES ARE REVIEWED AND RETAINED BY THE CHIEF LEGAL OFFICER, WHO IS ALSO IN THE APPROVAL CHAIN FOR ALL OH CONTRACTS. ALL COMPLETED CONTRACTS ARE MAINTAINED BY THE LEGAL OFFICE IN A SEARCHABLE DATABASE (THROUGH COMPLIANCE 360). THESE WILL BE REVIEWED AND MAINTAINED BY THE COMPLIANCE OFFICER. THE COMPLIANCE OFFICER ALSO HAS ACCESS TO THE CONTRACT'S DATABASE AND COMPLETES AN OIG SANCTION CHECK FOR NEW CONTRACTS. ONCE THE CONFLICT OF INTEREST DATA HAS BEEN COLLECTED, NEW CONTRACTS WILL BE SCREENED FOR POTENTIAL CONFLICTS OF INTEREST. IN ADDITION, OH MAINTAINS A COMPLIANCE HOTLINE THROUGH WHICH ANYONE WITH KNOWLEDGE OF A CONFLICT OF INTEREST OR IMPROPER VENDOR RELATIONSHIP CAN ANONYMOUSLY REPORT SUSPECTED VIOLATIONS OF THE OH POLICY. OF THOSE INDIVIDUALS FOUND TO HAVE A CONFLICT OF INTEREST, EMPHASIS IS MADE THAT THEY MAINTAIN IN CONFIDENCE ANY INFORMATION, KNOWLEDGE, OR DOCUMENTS ACQUIRED AS THE RESULT OF THEIR POSITION OR ATTENDANCE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	<p>OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN TOTAL COMPENSATION IS THE SUM OF EACH EXECUTIVES BASE SALARY, INCENTIVE OPPORTUNITY, BENEFITS, AND PERQUISITES. -OUR TOTAL COMPENSATION PHILOSOPHY WILL APPLY TO THE CEO OF THE ORGANIZATION. -CASH COMPENSATION AND BENEFIT PLANS PROVISIONS WILL BE BASED ON MARKET DATA, COMPETITIVE WITH THOSE HEALTHCARE ORGANIZATIONS WITHIN WHICH WE COMPETE FOR EXECUTIVE TALENT. OUR LABOR MARKET IS DEFINED AS SUCCESSFUL AND COMPARABLY SIZED HEALTHCARE ORGANIZATIONS ON A NATIONAL LEVEL. SUCCESS IS MEASURED IN TERMS OF FINANCIAL AND OPERATIONAL PERFORMANCE AND MARKET LEADERSHIP. -COMPETITIVE POSITIONING OF BASE SALARIES, AS REFLECTED BY THE SALARY RANGE MIDPOINTS, WILL BE AT THE 50TH PERCENTILE. THE CEO MAY BE PLACED ABOVE OR BELOW THE SALARY RANGE BASED ON THE: CEO'S KNOWLEDGE, COMPETENCIES, AND EXPERIENCE; PERFORMANCE OF THE CEO; THE CEO'S CONTRIBUTION TO THE ORGANIZATION'S OVERALL PERFORMANCE; INTERNAL EQUITY CONSIDERATIONS; THE FINANCIAL RESOURCES AVAILABLE; AND, CEO'S BASE SALARY INCREASES PROVIDED IN THE COMPETITIVE MARKET. -ANNUAL MERIT INCREASE IS BASED ON JOB PERFORMANCE, REVIEWED BY THE FINANCE COMMITTEE, AND THEN APPROVED BY THE BOARD OF DIRECTORS. -ANNUAL INCENTIVE OPPORTUNITIES WILL BE POSITIONED BETWEEN THE 50TH AND 75TH PERCENTILE DEPENDING ON THE DEGREE TO WHICH PERFORMANCE GOALS ARE MET OR EXCEEDED. TOTAL CASH COMPENSATION, AS REFLECTED BY BASE SALARIES AND ANNUAL INCENTIVES, WILL ALSO BE POSITIONED BETWEEN THE 50TH AND 75TH PERCENTILES AND WILL BE INFLUENCED BY PERFORMANCE RESULTS AS MEASURED AGAINST ESTABLISHED GOALS. THE INCENTIVE COMPENSATION PLAN IS REVIEWED BY THE FINANCE COMMITTEE AND THEN APPROVED BY THE BOARD OF DIRECTORS. -THE ORGANIZATION WILL PROVIDE APPROPRIATE AND COMPETITIVE SUPPLEMENTAL BENEFITS AND PERQUISITES DELIVERED IN A FLEXIBLE STRUCTURE TO ALLOW FOR INDIVIDUAL CHOICE AND BASED ON THE ORGANIZATION'S MISSION AND BUSINESS NEEDS. -OUR EXECUTIVE TOTAL COMPENSATION PLAN WILL BE DESIGNED, MANAGED AND MAINTAINED IN A MANNER THAT WILL: SUPPORT AND COMPLEMENT OUR MISSION, MANAGEMENT PHILOSOPHY, SHORT- AND LONG-TERM BUSINESS STRATEGIES, AND EMPLOYEE RELATIONS GOALS; ATTRACT AND RETAIN EXECUTIVES WITH THE RIGHT SKILLS, ABILITIES AND MOTIVATION TO ACHIEVE OUR BUSINESS OBJECTIVE; AND ENSURE THE EXECUTIVE TOTAL COMPENSATION IS REASONABLE AND COMPETITIVE. -OUR CASH COMPENSATION AND BENEFIT PLANS WILL BE REVIEWED BY A HR CONSULTING FIRM AND ADJUSTED PERIODICALLY TO MEET THE CHANGING BUSINESS AND ORGANIZATIONAL CHARACTERISTICS OF OUR ORGANIZATION AND ITS EXECUTIVE STAFF AS DIRECTED BY THE FINANCE COMMITTEE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	<p>OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN TOTAL COMPENSATION IS THE SUM OF EACH EXECUTIVES BASE SALARY, INCENTIVE OPPORTUNITY, BENEFITS, AND PERQUISITES. -OUR TOTAL COMPENSATION PHILOSOPHY WILL APPLY TO ALL EXECUTIVES OF THE ORGANIZATION. -CASH COMPENSATION AND BENEFIT PLANS PROVISIONS WILL BE, ON AVERAGE, COMPETITIVE WITH THOSE HEALTHCARE ORGANIZATIONS WITHIN WHICH WE COMPETE FOR EXECUTIVE TALENT. OUR LABOR MARKET IS DEFINED AS SUCCESSFUL AND COMPARABLY SIZED HEALTHCARE ORGANIZATIONS ON A NATIONAL LEVEL. SUCCESS IS MEASURED IN TERMS OF FINANCIAL AND OPERATIONAL PERFORMANCE AND MARKET LEADERSHIP. -COMPETITIVE POSITIONING OF BASE SALARIES, AS REFLECTED BY THE SALARY RANGE MIDPOINTS, WILL BE AT THE 50TH PERCENTILE. EXECUTIVES MAY BE PLACED ABOVE OR BELOW THE SALARY RANGE BASED ON THE: EXECUTIVE'S KNOWLEDGE, COMPETENCIES, AND EXPERIENCE; PERFORMANCE OF THE EXECUTIVE'S AREA OF RESPONSIBILITY; THE EXECUTIVE'S CONTRIBUTION TO THE ORGANIZATION'S OVERALL PERFORMANCE; INTERNAL EQUITY CONSIDERATIONS; THE FINANCIAL RESOURCES AVAILABLE; AND, EXECUTIVE BASE SALARY INCREASES PROVIDED IN THE COMPETITIVE MARKET. -ANNUAL INCENTIVE OPPORTUNITIES WILL BE POSITIONED BETWEEN THE 50TH AND 75TH PERCENTILE DEPENDING ON THE DEGREE TO WHICH PERFORMANCE GOALS ARE MET OR EXCEEDED. TOTAL CASH COMPENSATION, AS REFLECTED BY BASE SALARIES AND ANNUAL INCENTIVES, WILL ALSO BE POSITIONED BETWEEN THE 50TH AND 75TH PERCENTILES AND WILL BE INFLUENCED BY PERFORMANCE RESULTS AS MEASURED AGAINST ESTABLISHED GOALS. -THE ORGANIZATION WILL PROVIDE APPROPRIATE AND COMPETITIVE SUPPLEMENTAL BENEFITS AND PERQUISITES DELIVERED IN A FLEXIBLE STRUCTURE TO ALLOW FOR INDIVIDUAL CHOICE AND BASED ON THE ORGANIZATION'S MISSION AND BUSINESS NEEDS. -OUR EXECUTIVE COMPENSATION PLAN WILL BE DESIGNED, MANAGED AND MAINTAINED IN A MANNER THAT WILL: SUPPORT AND COMPLEMENT OUR MISSION, MANAGEMENT PHILOSOPHY, SHORT- AND LONG-TERM BUSINESS STRATEGIES, AND EMPLOYEE RELATIONSHIP GOALS; ATTRACT AND RETAIN EXECUTIVES WITH THE RIGHT SKILLS, ABILITIES AND MOTIVATION TO ACHIEVE OUR BUSINESS OBJECTIVE; AND ENSURE THE EXECUTIVE TOTAL COMPENSATION IS REASONABLE AND COMPETITIVE. -OUR CASH COMPENSATION AND BENEFIT PLANS WILL BE REVIEWED AND ADJUSTED PERIODICALLY TO MEET THE CHANGING BUSINESS AND ORGANIZATIONAL CHARACTERISTICS OF OUR ORGANIZATION AND ITS EXECUTIVE STAFF. THE COMPENSATION OF EACH INDIVIDUAL EXECUTIVE WILL BE REVIEWED AND APPROVED IN A MANNER CONSISTENT WITH THE INTERMEDIATE SANCTION TAX REGULATIONS. THE LAST COMPENSATION REVIEW PROCESS WAS COMPLETED IN 2017.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINSTMTS TO GENERAL PUBLIC THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE ON GUIDESTAR'S DATABASE AVAILABLE AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE KENTUCKY SECRETARY OF STATE'S WEBSITE AT HTTPS://APP.SOS.KY.GOV/FTSEARCH/ . OTHERWISE, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. A COPY OF THE ORGANIZATION'S FINANCIAL STATEMENTS IS ATTACHED TO ITS 990 IN COMPLIANCE WITH THE REQUIREMENTS OF THE AFFORDABLE CARE ACT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Owensboro Health Inc

Employer identification number
61-1286361

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
(1) COMMONWEALTH MEDICAL MANAGEMENT LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 20-4796653	PHYS CLNC SRV	KY	0	0	OH
(2) THE HEALTH NETWORK OF WESTERN KY LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 46-5739460	MSSP ACO	KY	0	0	OH
(3) OH MUHLENBERG LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 47-3944197	HLTHCARE SVCS	KY	45,615,000	29,442,000	OH
(4) OH HEALTH SOLUTIONS LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 47-4106977	HLTHCARE SVCS	KY	0	0	OH
(5) OH HEALTH NETWORK LLC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 47-4114254	HLTHCARE SVCS	KY	0	938,000	OH

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1)OWENSBORO HEALTH FOUNDATION INC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 61-1251763	HEALTHCARE	KY	501(c)(3)	7	OH	Yes	
(2)OWENSBORO HEALTH MEDICAL GROUP INC 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303 61-1197638	HEALTHCARE	KY	501(c)(3)	10	OH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) OWENSBORO AM SR FAC 1000 BRKRG OWENSBORO, KY 42303 75-2184992	SURGERY CENTER KY	KY	NA	Related	1,339,704	5,638,719		No	0		No	64.820 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OWENSBORO HEALTH MEDICAL GROUP INC	j	680,198	FMV
(2) OWENSBORO HEALTH MEDICAL GROUP INC	p	109,358,294	FMV
(3) OWENSBORO HEALTH MEDICAL GROUP INC	s	55,738,593	FMV
(4) OWENSBORO HEALTH MEDICAL GROUP INC	k	2,434,977	FMV
(5) OWENSBORO HEALTH FOUNDATION INC	b	559,677	FMV
(6) OWENSBORO HEALTH FOUNDATION INC	c	114,822	FMV

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.

[illegible]

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: 61-1286361
Name: Owensboro Health Inc

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
OWENSBORO HEALTH MEDICAL GROUP INC	j	680,198	FMV
OWENSBORO HEALTH MEDICAL GROUP INC	p	109,358,294	FMV
OWENSBORO HEALTH MEDICAL GROUP INC	s	55,738,593	FMV
OWENSBORO HEALTH MEDICAL GROUP INC	k	2,434,977	FMV
OWENSBORO HEALTH FOUNDATION INC	b	559,677	FMV
OWENSBORO HEALTH FOUNDATION INC	c	114,822	FMV