

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Pikeville Medical Center Inc. Doing Business As. Number and street (or P O box if mail is not delivered to street address): 911 Bypass Road. Room/suite. City or town, state or country, and ZIP + 4: Pikeville, KY 41501

D Employer identification number: 61-0458376. E Telephone number: (606) 218-3501. G Gross receipts \$ 306,870,999

F Name and address of principal officer: Walter E May, 911 Bypass Road, Pikeville, KY 41501

H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. H(c) Group exemption number

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

J Website: www.pikevillehospital.org

K Form of organization: Corporation Trust Association Other. L Year of formation: 1923. M State of legal domicile: KY

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes financial data for Prior Year and Current Year.

Part II Signature Block

Sign Here: Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete. Declaration of preparer (other than of). Signature of officer: Michelle Hagy CFO.

Paid Preparer's Use Only: Preparer's signature, Date, Firm's name (or yours if self-employed), address, and ZIP + 4.

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

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission

PIKEVILLE MEDICAL CENTER's Mission IS TO PROVIDe quality regional healthcare in A CHRISTIAN ENVIRONMENT

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 14,899,611 including grants of \$ 0) (Revenue \$ 17,802,646)

EMERGENCY DEPARTMENT IN PREPARATION FOR ACHIEVING LEVEL II TRAUMA CENTER CERTIFICATION, PIKEVILLE MEDICAL CENTER HAS COMPLETED A \$10 MILLION EMERGENCY DEPARTMENT EXPANSION AND RENOVATION THIS NEW FACILITY ENCOMPASSES NEARLY 23,000 SQUARE FEET, INCLUDES TWO TRAUMA BAYS, THREE TRIAGE BAYS, PROVIDES PHYSIOLOGICAL MONITORING AND A 32" FLAT SCREEN TV IN EVERY ROOM AND HAS CT SCANNING AND DIGITAL X-RAY ON-SITE OVER THE PAST YEAR, PMC'S EMERGENCY DEPARTMENT TREATED 38,484 PATIENTS WITH SATISFACTION SCORES NEARLY REACHING 100%

4b (Code) (Expenses \$ 43,785,790 including grants of \$) (Revenue \$ 23,958,304)

PHYSICIAN PRACTICES IN 2010 PIKEVILLE MEDICAL CENTER (PMC) WELCOMED 22 NEW PHYSICIANS TO IT'S PHYSICIAN PRACTICE TEAM, FOUR ANESTHESIOLOGISTS, ONE ENDOCRINOLOGIST, THREE HOSPITALISTS, ONE INTENSIVIST, FOUR INTERVENTIONAL CARDIOLOGISTS, THREE ONCOLOGISTS, TWO PRIMARY CARE PHYSICIANS ONE GYNECOLOGIST ONE INFECTIOUS DISEASE PHYSICIAN ONE NEONATOLOGIST AND ONE REHABILITATION-PHYSIATRIST THESE NEW ADDITIONS, ALONG WITH OUR PREVIOUSLY EMPLOYED PHYSICIANS, TREATED 284,992 PATIENTS 2010 THE PMC PHYSICIAN PRACTICE NETWORK INCLUDES, GENERAL AND BARIATRIC SURGERY, RHEUMATOLOGY, UROLOGY, ENDOCRINOLOGY, INFECTIOUS DISEASE, ANESTHESIOLOGY, ONCOLOGY, PHYSICAL REHABILITATION, HOSPITAL AND INTENSIVE CARE STAYS, AND CARDIOLOGY IN ADDITION TO TRADITIONAL PRIMARY CARE THROUGH AN ADVANCED NETWORK OF CUTTING-EDGE ELECTRONIC MEDICAL RECORDS, PMC PHYSICIANS ARE ABLE TO VIEW A PATIENT MEDICAL RECORD INCLUDING LAB RESULTS, X-RAY, CT SCAN AND OTHER DIAGNOSTIC IMAGING REPORTS INSTANTLY WITHIN THE HOSPITAL'S NETWORK OF COMPUTERS PATIENTS RECEIVE CONTINUUM OF CARE FROM THEIR PRIMARY PHYSICIAN VISIT TO ADVANCED TESTS PERFORMED ON THE HOSPITAL'S MAIN CAMPUS, AND IF NEEDED TO SPECIALTY PHYSICIANS WORKING WITHIN THE HOSPITAL The ability for doctors and nurses to be able to access critical medical information saves patients' lives AS A TRUE LEADER AND INNOVATOR IN THE HEALTH CARE INDUSTRY, PIKEVILLE MEDICAL CENTER CONTINUES TO RAISE THE BAR OF EXCELLENCE A \$100 MILLION DOLLAR MEDICAL OFFICE BUILDING AND PARKING GARAGE CONSTRUCTION PROJECT IS UNDER WAY, PRODUCING 1,500 TEMPORARY JOBS AND 100 PERMANENT JOBS THE NEW MEDICAL OFFICE BUILDING WILL HOUSE NINE FLOORS OF OFFICE AND CLINICAL SPACE FOR OUTPATIENT SURGERY, EXAM ROOMS AND PRIMARY AND SPECIALTY CARE PHYSICIANS, AND THE ENCLOSED PARKING GARAGE WILL HAVE SPACE FOR MORE THAN 1,000 CARS

4c (Code) (Expenses \$ 20,257,969 including grants of \$) (Revenue \$ 25,802,081)

ONCOLOGY PIKEVILLE MEDICAL CENTER'S (PMC) LEONARD LAWSON CANCER CENTER (LLCC) OPENED IN 1996 TO PROVIDE CANCER CARE THAT CATERS TO CANCER PATIENTS' SPECIAL NEEDS THE LLCC PROVIDES THE EASTERN KY AREA WITH SOPHISTICATED TREATMENT METHODS AND A FULL LINE OF SUPPORT SERVICES IN ONE LOCATION THE LEONARD LAWSON CANCER CENTER OFFERS EACH PATIENT AN INDIVIDUALIZED, AGGRESSIVE TREATMENT PROGRAM THROUGH RADIATION THERAPY, HEMOTHERAPY, PAIN MANAGEMENT AND OTHER SUPPORT THERAPIES PMC RECENTLY INVESTED MORE THAN \$7 MILLION DOLLARS TO PURCHASE TWO RAPID ARC LINEAR ACCELERATORS TO TREAT CANCER PATIENTS THE TREATMENT IN CONJUNCTION WITH ADVANCED CT SCANNING HELPS TO PROVIDE ONCOLOGISTS THE OPPORTUNITY TO PLAN RADIATION TREATMENTS AND ELIMINATE TUMORS WITH PINPOINT PRECISION AND ACCURACY PMC'S MEDICAL STAFF WHICH INCLUDES SIX MEDICAL ONCOLOGISTS AND ONE RADIATION ONCOLOGIST, ALONG WITH STATE OF THE ART EQUIPMENT, ALLOWS PATIENTS TO RECEIVE THEIR CONSULTATIONS AND CANCER TREATMENTS WITHIN THE SAME FACILITY THUS INCREASING POSITIVE PATIENT OUTCOMES ONCE AGAIN, PIKEVILLE MEDICAL CENTER'S LEONARD LAWSON CANCER CENTER RECEIVED THE "OUTSTANDING ACHIEVEMENT AWARD" FROM THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS PMC IS ONE OF ONLY THREE HOSPITALS IN THE STATE OF KENTUCKY TO EVER ACHIEVE THIS AWARD, AND IS THE ONLY HOSPITAL IN KENTUCKY TO BE HONORED TWICE AND CONSECUTIVELY PMC HAS BEEN RECOGNIZED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS FOR OFFERING -THE FULL SCOPE OF MULTI-DISCIPLINARY SERVICES REQUIRED TO SCREEN, DIAGNOSE, TREAT, REHABILITATE AND SUPPORT PATIENTS WITH CANCER AND THEIR FAMILIES-A HIGH QUALITY, COMPREHENSIVE TEAM APPROACH BY CANCER CARE PROFESSIONALS-COMplete RANGE OF STATE-OF-THE ART SERVICES AND EQUIPMENT-ACCESS TO INFORMATION ABOUT NEW TREATMENT OPTIONS AND ONGOING CANCER TRIALS-ACCESS TO PREVENTION AND EARLY DETECTION PROGRAMS, CANCER EDUCATION AND SUPPORTIVE SERVICES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 156,919,706 including grants of \$ 215,250) (Revenue \$ 226,937,623)

4e Total program service expenses \$ 235,863,076

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/> 12A Yes <input type="checkbox"/> No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> <input checked="" type="checkbox"/>	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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27	Yes	
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
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> <input checked="" type="checkbox"/>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35		No
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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 157		
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?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 2,015		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (15); 1b Enter the number of voting members that are independent (4); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Michelle Hagy CFO, 911 Bypass Road, Pikeville, KY 41501, (606) 218-3974.

1b Total	6,739,942	0	552,199
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**113

	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>	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>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
rose builders 7 stacy street harold, KY 41635	construction services	5,172,984
STENDEL HILL ARCHITECTURE INC 613 W MAIN STREET LOUISVILLE, KY 40202	PROFESSIONAL SERVICES	2,839,256
precyse solutions llc 1275 drummers lane wayne, PA 19087	him services	2,107,277
PITTS MANAGEMENT ASSOCIATES INC 7946 GOODWOOD BLVD BATON ROUGE, LA 70806	professional services	1,394,497
Mckesson hboc po box 98347 chicago, IL 60693	professional services	893,597

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**43

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	279,155				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	94,050				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	69,239				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	442,444				
Program Service Revenue	2a	Patent Service Revenue	621,110	291,879,557	291,879,557		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	291,879,557				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,552,432		1,552,432	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		11,161		11,161	
	6a	Gross Rents	(i) Real	392,643			
			(ii) Personal	683,441			
			b Less rental expenses	542,478			
			c Rental income or (loss)	-149,835			
	d	Net rental income or (loss)		533,606	-149,835	683,441	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses	467,167			
			c Gain or (loss)	-467,167			
d	Net gain or (loss)		-467,167		-467,167		
8a	Gross income from fundraising events (not including \$ 279,155 of contributions reported on line 1c) See Part IV, line 18	a	58,095				
		b Less direct expenses b	106,553				
		c Net income or (loss) from fundraising events		-48,458		-48,458	
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
		c Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a	8,707,774				
		b Less cost of goods sold b	7,369,435				
		c Net income or (loss) from sales of inventory		1,338,339		388,329	950,010
11a	Miscellaneous Revenue	Business Code					
		other revenue	900,099	2,770,932	2,770,932		
		b Advertising income	541,800	372,520		372,520	
		c					
		d All other revenue					
e	Total. Add lines 11a-11d		3,143,452				
12	Total revenue. See Instructions		298,385,366	294,500,654	1,444,290	1,997,978	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	182,275	182,275		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	32,975	32,975		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,702,073		2,702,073	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	98,605,869	83,838,921	14,655,710	111,238
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,465,453	1,245,991	217,809	1,653
9	Other employee benefits	26,710,252	22,710,197	3,969,923	30,132
10	Payroll taxes	6,437,665	5,307,993	1,121,162	8,510
11	Fees for services (non-employees)				
a	Management	354,972	272,538	82,434	
b	Legal	1,284,756		1,284,756	
c	Accounting	123,862		123,862	
d	Lobbying	110,914		110,914	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	60,702		60,702	
g	Other	10,214,320	8,706,756	1,507,564	
12	Advertising and promotion	2,360,729	102,000	2,258,729	
13	Office expenses	48,176,489	46,655,148	1,520,959	382
14	Information technology	2,212,870	1,831,294	379,146	2,430
15	Royalties				
16	Occupancy	3,331,014	2,612,384	715,649	2,981
17	Travel	479,414	245,997	232,264	1,153
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	193,325	132,625	60,500	200
20	Interest	2,352,041	1,946,467	402,991	2,583
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,907,190	13,164,236	2,725,488	17,466
23	Insurance	4,015,527	3,970,553	40,565	4,409
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	bad debt expense	29,718,133	29,718,133		
b	equipment rental & main	5,294,189	5,015,110	279,079	
c	Provider tax expense	3,272,879	3,272,879		
d	DME - Rental Exp	657,487		657,487	
e	Pharmacy - Exp	434,615		434,615	
f	All other expenses	7,107,761	4,898,604	2,207,254	1,903
25	Total functional expenses. Add lines 1 through 24f	273,799,751	235,863,076	37,751,635	185,040
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	9,905	1	10,554
	2 Savings and temporary cash investments	78,849,793	2	83,406,653
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	35,119,057	4	31,348,306
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	130,995
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,920,419	8	10,156,400
	9 Prepaid expenses and deferred charges	3,224,185	9	2,676,369
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	224,391,182		
	b Less accumulated depreciation	97,821,982	114,580,056	10c 126,569,200
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	1,252,548	12	1,448,001
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,708,401	15	7,779,122
16 Total assets. Add lines 1 through 15 (must equal line 34)	249,664,364	16	263,525,600	
Liabilities	17 Accounts payable and accrued expenses	32,107,901	17	29,484,308
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	36,010,000	20	34,920,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	16,937,193	23	13,238,252
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	10,285,129	25	6,585,899
	26 Total liabilities. Add lines 17 through 25	95,340,223	26	84,228,459
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	154,097,795	27	179,070,296
	28 Temporarily restricted net assets	20,346	28	20,845
	29 Permanently restricted net assets	206,000	29	206,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	154,324,141	33	179,297,141	
34 Total liabilities and net assets/fund balances	249,664,364	34	263,525,600	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Pikeville Medical Center Inc

Employer identification number

61-0458376

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 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Pikeville Medical Center Inc	Employer identification number 61-0458376
--	--

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
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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
- 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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		110,914
i Other activities? If "Yes," describe in Part IV	Yes		12,071
j Total lines 1c through 1i			122,985
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Other Activity costs are the corporation's portion of trade dues (i.e. Kentucky Hospital Association)

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Pikeville Medical Center Inc

Employer identification number 61-0458376

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?
9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items: a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment 91.000%, c Term endowment 9.000%

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	298,385,366
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	273,799,751
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	24,585,615
4	Net unrealized gains (losses) on investments	4	387,387
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2
9	Total adjustments (net) Add lines 4 - 8	9	387,385
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	24,973,000

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	306,816,353
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	387,387
b	Donated services and use of facilities	2b	25,137
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	8,018,466
e	Add lines 2a through 2d	2e	8,430,990
3	Subtract line 2e from line 1	3	298,385,363
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 XIV)	4b	3
c	Add lines 4a and 4b	4c	3
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	298,385,366

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	281,843,354
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	25,137
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	8,018,466
e	Add lines 2a through 2d	2e	8,043,603
3	Subtract line 2e from line 1	3	273,799,751
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	273,799,751

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The balance of the US DEPT OF ENERGY grant in the amount of \$20,346 was used to purchase equipment for the cancer center during 2010. The amount of \$206,000 is a permanent restricted endowment - Herbert Faber Endowment Fund. The Ray of Hope Foundation donated \$25,000 during fiscal year 2010 to provide indigent patients with financial assistance for travel and medication related expenses.
Part XII, Line 2d - Other Adjustments		Expenses reclassified to revenue section 7911913 Fundraising Expenses 106553
Part XII, Line 4b - Other Adjustments		Rounding 3
Part XIII, Line 2d - Other Adjustments		Expenses reclassified to Revenue Section 7911913 Fundraising Expenses 106553
		FORM 990, PART IV LINE 12 HAS BEEN CHECKED NO PER 990 INSTRUCTIONS. PART XI, XII, AND XIII ARE NOT REQUIRED AS THE ORGANIZATION IS PART OF A CONSOLIDATED FINANCIAL STATEMENT. THE CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AND PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. However, the organization opted to voluntarily complete these sections.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Pikeville Medical Center Inc

Employer identification number 61-0458376

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>New Years Eve Gala</u> (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	337,250			337,250
	2 Less Charitable contributions	279,155			279,155
	3 Gross income (line 1 minus line 2)	58,095			58,095
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	19,648			19,648
	7 Food and beverages	40,502			40,502
	8 Entertainment	24,684			24,684
	9 Other direct expenses	21,719			21,719
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				106,553
11 Net income summary Combine lines 3, column d, and line 10. ▶				-48,458	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Pikeville Medical Center Inc

Employer identification number 61-0458376

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 3a Does the organization use Federal Poverty Guidelines... 3b Does the organization use FPG to determine eligibility... 4 Does the organization's policy provide free or discounted care... 5a Does the organization budget amounts... 5b If "Yes," did the organization's charity care expenses... 5c If "Yes" to line 5b... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	51	741	17,702		17,702	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members	9	235	1,088		1,088	0 %
6 Coalition building						
7 Community health improvement advocacy	5	527	2,595		2,595	0 %
8 Workforce development	37		767,940		767,940	0.310 %
9 Other						
10 Total	102	1,503	789,325		789,325	0.320 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense (at cost)	2		7,340,016
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		367,001
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5		90,211,184
6 Enter Medicare allowable costs of care relating to payments on line 5	6		79,977,621
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7		10,233,563
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 Does the organization have a written debt collection policy?	9a	Yes	
9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 IN ORDER TO Assess OUR COMMUNITY'S HEALTH-RELATED NEEDS, PIKEVILLE MEDICAL CENTER UTILIZES SEVERAL REPORTS LOOKING AT THE SERVICES THEY PROVIDE, IN COMPARISON TO OTHER HOSPITALS, AS WELL AS, REPORTS Indicating THE Specialties THAT ARE IMPACTED BY PHYSICIAN REFERRALS PMC ALSO KEEPS A RECORD OF PREVIOUS COMMUNITY EVENTS HOSTED, TRACKING THEIR SUCCESS FOR EXAMPLE WHEN A FREE HEALTH SCREENING EVENT IS HELD, A RECORD IS KEPT OF THE NUMBER OF ATTENDEES INCLUDING THEIR RESULTS

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 charity care policy

See additional data

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

See additional data

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals 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)

See additional data

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:

Software Version:

EIN: 61-0458376

Name: Pikeville Medical Center Inc

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 The Hospital has a policy of providing charity care to patients who are unable to pay Such patients are identified based on financial information obtained from the patient and subsequent analysis Since the Hospital does not expect payment, estimated charges for charity are not reported in revenue The cost to charge factor used is 0.247 from Worksheet 2

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 No shortfall existed in FY 2010

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b If determined that a patient might qualify for an indigent program, the patient is sent the required forms (Financial Assistance Application) to apply for charity assistance. When the paperwork is returned by the patient, the application is sent through the eligibility determination review process. If the application is approved, the account balance is then adjusted by the amount allowed by the charity eligibility guidelines.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 PIKEVILLE MEDICAL CENTER USES SEVERAL DIFFERENT MEANS TO COMMUNICATE AND EDUCATE OUR PATIENTS ON ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER FEDERAL, STATE AND LOCAL GOVERNMENTS FIRST, A HANDOUT LABELED, "FINANCIAL SERVICES AND CONSULTATIONS" IS AVAILABLE TO EVERY PATIENT UPON REGISTRATION SECOND, THE MANDATORY CONSENT FORM HAS THE PATIENT'S ACKNOWLEDGEMENT STATEMENT, "I ACKNOWLEDGE RECEIPT OF INFORMATION ON DSH, KCHIP, BILLING AND INSURANCE PROCEDURES AND AIDS QUESTIONS / ANSWERS " THIRD, THE FIRST BILL A PATIENT RECEIVES INCLUDES A STATEMENT REGARDING HOW ONE CAN CONTACT A COUNSELOR, IF THE FINANCIAL ASSISTANCE IS NEEDED LASTLY, THE PATIENT ACCOUNTS STAFF AND PATIENT FINANCIAL COUNSELORS REGULARLY MAIL OUT DSH/PMC CHARITY APPLICATIONS THESE APPLICATIONS, ALONG WITH DIRECTIONS, ARE ALSO AUTOMATICALLY PRINTED OFF WHEN REGISTERING A SELF-PAY PATIENT THE PATIENT IS THEN DIRECTED TO OUR FINANCIAL COUNSELORS FOR FURTHER ASSISTANCE IN THE EVENT A PATIENT IS ADMITTED TO THE FACILITY, FINANCIAL COUNSELORS MEET WITH EACH TO DISCUSS POSSIBLE FINANCIAL ASSISTANCE OPPORTUNITIES ASSISTANCE FROM THE COUNSELORS BEGINS WITH THE APPLICATION AND CONTINUES THROUGH THE VERIFICATION PROCESS TO ALLOW EACH PATIENT TO TAKE ADVANTAGE OF THE AVAILABLE PROGRAMS

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 PIKEVILLE MEDICAL CENTER USES THE MOST RECENT U S CENSUS BUREAU DATA AND INFORMATION FROM THE KY STATE DATA CENTER WHEN TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES INFORMATION IS PULLED FROM OUR IMMEDIATE SERVICE AREA ENCOMPASSING A SEVEN COUNTY REGION - PIKE, FLOYD, LETCHER, JOHNSON, MAGOFFIN AND MARTIN COUNTIES IN KENTUCKY AND WEST VIRGINIA'S MINGO COUNTY ALL DATA PRESENTED HERE IS CURRENT AS OF THE 2010 U S CENSUS THE SEVEN COUNTY AREA CONTAINS A TOTAL POPULATION OF 205,451 INDIVIDUALS WITH A RELATIVELY EVEN DISTRIBUTION OF MALES (101,543) TO FEMALES (103,908) THE MEDIAN POPULATION AGE IS 39 8 YEARS OLD AND THE AVERAGE HOUSEHOLD SIZE IS 2 4 INDIVIDUALS PIKEVILLE MEDICAL CENTER RESIDES IN A MEDICALLY UNDERSERVED AND IMPOVERISHED AREA THE MEDIAN FAMILY INCOME FOR OUR REGION WAS \$30,212 IN 2009 WITH 16,695 OF THE 43,202 CHILDREN UNDER AGE 18 LIVING UNDER THE POVERTY LINE THE NUMBER OF HOUSEHOLDS WITH AN INCOME LOWER THAN \$25,000 WAS 37,820 PIKEVILLE MEDICAL CENTER SERVES AS A BEACON OF HOPE AND AN ECONOMIC BOOST TO THE MOUNTAIN COMMUNITY IN WHICH IT RESIDES THE CITY OF PIKEVILLE, KY WHERE THE HOSPITAL IS CENTERED IS HOME TO 6,361 INDIVIDUALS OVER 35% OF THE CITY'S RESIDENTS POSSESS A BACHELORS DEGREE OR HIGHER 32 9% OF THE CITY'S POPULATION WORKS IN EDUCATION, HEALTH CARE OR SOCIAL SERVICES

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 THE HOSPITAL'S MISSION STATEMENT, "TO PROVIDE QUALITY REGIONAL HEALTH CARE IN A CHRISTIAN ENVIRONMENT" DRIVES PMC'S EFFORTS AS WE CONCENTRATE ON THE PHYSICAL, MENTAL AND SPIRITUAL WELL BEING OF THE PUBLIC DURING FY 2010, PIKEVILLE MEDICAL CENTER REPORTED TAKING PART IN 89 DIFFERENT COMMUNITY BUILDING ACTIVITIES, AFFECTING OVER 1,500 PEOPLE AND TOTALING MORE THAN \$760,000 THESE ACTIVITIES FOCUSED ON PROMOTING THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE THROUGH HEALTH EDUCATION, AWARENESS, PREVENTION AND TREATMENT, AS WELL AS, WORKFORCE DEVELOPMENT, ECONOMIC DEVELOPMENT AND FUTURE PLANNING SOME OF THESE EVENTS LISTED UNDER THE COMMUNITY BUILDING ACTIVITIES SECTION INCLUDED PIKE COUNTY DIABETES PARTNERSHIP MEETINGS, PARTNERSHIP FOR A FIT PIKE COUNTY MEETINGS, RELAY FOR LIFE, EASTER SUNRISE SERVICE AND HOLY WEEK SERVICES, HELPING HANDS MEETINGS AND A CHRISTMAS LIVE NATIVITY

Form 990 Schedule H, Part VI - Supplemental Information, Line 6
Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 A SPARKLING DIAMOND AMONG THE COALFIELDS OF EASTERN KY, PIKEVILLE MEDICAL CENTER (PMC) IS KNOWN FOR ITS COMPASSIONATE EMPLOYEES, UNSURPASSABLE SERVICE, STATE-OF-THE-ART TECHNOLOGY AND UNMATCHED GENEROSITY TO THE COMMUNITY KNOWN AS THE PREMIERE HOSPITAL IN A MULTI-STATE REGION, PMC IS CONTINUALLY GROWING AND LOOKING FOR NEW WAYS TO OFFER THE VERY BEST IN HEALTH CARE TO THEIR PATIENTS AND THE BROADER POPULATION PMC'S MISSION IS FULFILLED ON A DAILY BASIS, AS THE STAFF PORTRAYS A SENSE OF TEAMWORK WITH A SINCERE PASSION TO HELP OTHERS THROUGHOUT PIKEVILLE MEDICAL CENTER'S 85 YEAR HISTORY, THE HOSPITAL HAS EXHIBITED A SUBSTANTIAL CHANGE STARTING AS A SMALL, RURAL, 50-BED FACILITY AT ITS INCEPTION IN 1924, THE MEDICAL CENTER HAS UNDERGONE MANY CHANGES IN ITS PHYSICAL LAYOUT TODAY, THE HOSPITAL IS A COMPREHENSIVE MEDICAL COMPLEX COMPRISED OF A 261-BED FACILITY ENCOMPASSING 926,000 SQUARE-Feet WITH BOTH THE MAIN FACILITY AND SURROUNDING SUPPORTIVE SERVICES THIS TREMENDOUS PHYSICAL GROWTH, ALONG WITH SOUND FINANCIAL LEADERSHIP, HAS ALLOWED PMC TO SIGNIFICANTLY EXPAND THE HEALTH CARE SERVICES OFFERED TO OUR REGION CURRENT SERVICES NOW INCLUDE AN AWARD-WINNING, FULL-SERVICE CANCER TREATMENT CENTER, LEVEL III CHEST PAIN ACCREDITED HEART INSTITUTE, 40-BED INPATIENT PHYSICAL REHABILITATION HOSPITAL, AN ACCREDITED STROKE CENTER, NEUROSURGERY, LEVEL II NEONATAL INTENSIVE CARE UNIT, TWO SATELLITE SLEEP LAB FACILITIES, AN OUTPATIENT DIAGNOSTIC CENTER AND SEVERAL HOSPITAL RUN FAMILY PHYSICIAN PRACTICES AS WELL AS AUGMENTING THE RANGE AND COMPLEXITY OF HEALTH CARE SERVICES PROVIDED TO PATIENTS IN THE AREA, PIKEVILLE MEDICAL CENTER'S GROWTH HAS PLAYED AN INTEGRAL PART IN ENHANCING THE HOSPITAL'S OUTREACH TO THE LOCAL COMMUNITY PMC TAKES PRIDE IN KEEPING THE REGION INFORMED ABOUT INNOVATIVE MEDICAL ADVANCEMENTS OFFERED AT THE FACILITY, PRIMARILY THROUGH THE PUBLICATION OF A WEEKLY NEWSPAPER CALLED THE MEDICAL LEADER, WHICH IS DISTRIBUTED FREE TO OVER 11,000 INDIVIDUALS THIS DISTRIBUTION INCLUDES 6,500 PAPERS PLACED IN LOCAL PAPER BOXES IN PIKE, FLOYD, LETCHER AND MINGO COUNTIES AND OVER 4,500 MEDICAL LEADER E-SUBSCRIBERS THIS FREE FULL-SERVICE NEWSPAPER ALLOWED PMC TO GIVE OVER \$710,000 TO THE COMMUNITY DURING FY 2010 PMC ALSO PROVIDES A VARIETY OF EDUCATIONAL, WELLNESS AND PREVENTIVE HEALTH ACTIVITIES SUCH ACTIVITIES AND EVENTS INCLUDE INDIGENT CARE ASSISTANCE, EDUCATIONAL/TRAINING SESSIONS, SUPPORT GROUPS, HEALTH FAIRS, FREE HEALTH SCREENINGS AND OTHER COMMUNITY EVENTS PIKEVILLE MEDICAL CENTER CONSIDERS ITS OUTREACH EFFORTS TO THE PUBLIC AN ESSENTIAL PART OF ITS CHRISTIAN MISSION, AS IT SEEKS NOT ONLY TO TREAT THE SICK AND INJURED DURING THEIR TIME OF NEED, BUT ALSO TO IMPROVE THE REGION'S HEALTH CARE CHARITY CARE PIKEVILLE MEDICAL CENTER SET A NEW RECORD FOR CHARITY CARE IN FY 2010 THROUGH DEFINED POLICIES AND PROCEDURES, PMC RECORDED UNCOMPENSATED CHARITY OF \$32,898,639 (SERVICES AT HOSPITAL'S ESTABLISHED RATES) HEALTH CARE SUPPORT SERVICES BLOOD DRIVES- PMC HAS A GROUP OF DEDICATED EMPLOYEES WHO ARE A PART OF THE HOSPITAL'S BLOOD DRIVE COMMITTEE THE COMMITTEE MEETS BEFORE EVERY BLOOD DRIVE TO DISCUSS NEW WAYS TO PROMOTE THE EVENT INTERNALLY AND THROUGHOUT THE COMMUNITY AND PLAN THE UPCOMING DRIVE PREPARATION FOR BLOOD DRIVES INCLUDE RESERVING A LOCATION, PLACING SET-UP AND TAKE-DOWN WORK ORDERS, REGISTERING DONORS AND ASSURING THE EVENT IS A SUCCESS WITH TEAM BLOOD DRIVES ARE HELD QUARTERLY AND ARE CONDUCTED IN ACCORDANCE WITH THE KENTUCKY BLOOD CENTER (KBC) IN FY 2010, PMC HELD FOUR BLOOD DRIVES AND DONATED OVER 206 UNITS OF BLOOD THESE GENEROUS DONATIONS ALLOWED PMC DONORS TO SAVE NEARLY 700 LIVES COMMUNITY FINANCIAL DONATIONS IN 2010 PIKEVILLE MEDICAL CENTER ONCE AGAIN PROVED TO BE AN ESTABLISHED LEADER IN THE COMMUNITY EARTHQUAKE VICTIMS IN HAITI received OVER \$80,000 IN AID GENERATED BY THE "HEARTS FOR HAITI" TELETHON HELD ON VALENTINE'S DAY EMPLOYEES FROM PIKEVILLE MEDICAL CENTER DONATED TIME AND MONEY TO MAKE THIS EFFORT A SUCCESS Committed to helping others, Pikeville Medical center match 100% of all employee donations IN JULY 2010, DISASTER STRUCK CLOSER TO HOME WHEN FLASH FLOODING DESTROYED LOCAL COMMUNITIES IN PIKE COUNTY PIKEVILLE MEDICAL CENTER JOINED WITH THE PIKE MINISTERIAL ASSOCIATION AND EAST KENTUCKY BROADCASTING IN "FLOOD AID 2010" TO RAISE OVER \$200,000 IN RELIEF AID FOR VICTIMS AFFECTED BY THIS DISASTER PIKEVILLE MEDICAL CENTER EMPLOYEES AGAIN STEPPED UP TO THE CHALLENGE, VOLUNTEERING TO HELP ORGANIZE, DELIVER AND DISTRIBUTE AID TO THOSE IN NEED Once again, Pikeville Medical Center matched 100% of all employee donations made to this cause NOT ONLY DOES PMC ENCOURAGE PARTICIPATION IN LOCAL ACTIVITIES AND EVENTS, BUT IT IS ALSO GENEROUS WHEN IT COMES TO FINANCIAL SUPPORT FOR AREA ORGANIZATIONS AND IMPORTANT CAUSES GIVING NEARLY \$180,000 IN CASH DONATIONS TO THE COMMUNITY, PMC WAS PROUD TO HELP THE FOLLOWING ORGANIZATIONS DURING FY 2010 AFTER BREAST CANCER

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

SUPPORT GROUP AMERICAN CANCER SOCIETY AMERICAN RED CROSS ALZHEIMER'S ASSOCIATION BCTC NURSING SCHOOL
BIG SANDY AREA DEVELOPMENT DISTRICT BIG SANDY AREA CHILD ADVOCACY CENTER COATS FOR KIDS FLOYD COUNTY
RESCUE SQUAD HEARTS FOR HAITI KENTUCKY CANCER PROGRAM KENTUCKY CHAMBER OF COMMERCE MARCH OF
DIMES MOUNTAIN MISSION SCHOOL OPERATION UNITE OUR LADY OF THE MOUNTAIN SCHOOL PIKE COUNTY FLOOD AID
PIKE COUNTY CHAMBER OF COMMERCE PIKEVILLE ROTARY CLUB ST. FRANCIS SCHOOL TUG VALLEY FRIENDSHIP
FOUNDATION HEALTH SCREENINGS PMC HELD SEVERAL DIFFERENT TYPES OF HEALTH SCREENINGS FOR THE COMMUNITY
IN 2010 AMONG THESE HEALTH SCREENINGS WERE PMC'S FOUR ANNUAL CANCER SCREENINGS HELD AT THE LEONARD
LAWSON CANCER CENTER CANCER SCREENINGS INCLUDE ORAL, COLORECTAL, SKIN AND PROSTATE ALL CANCER
SCREENINGS ARE STAFFED BY PMC PHYSICIANS AND NURSES IN FY 2010 OVER 165 PEOPLE PARTICIPATED IN THESE
SCREENINGS, COSTING THE HOSPITAL NEARLY \$3,000 PMC ALSO PARTICIPATED IN THE LOCAL 2-DAY REMOTE AREA
MEDICAL (RAM) SCREENING THIS EVENT ALLOWED 990 PATIENTS TO RECEIVE FREE HEALTH CARE SERVICES THESE
SERVICES INCLUDED BLOOD PRESSURE, BLOOD SUGAR, OXYGEN SATURATION AND CHOLESTEROL CHECKS SOME OF THE
LARGER SCREENINGS ALSO INCLUDED EKG AND PERIPHERAL VASCULAR DISEASE (PVD) TESTS DIABETES EDUCATORS
WERE PRESENT AT ALL SCREENINGS AND BENEFICIAL HEALTH INFORMATION WAS HANDLED OUT HEALTH CARE SUPPORT
SERVICES MEALS ON WHEELS - PIKEVILLE MEDICAL CENTER PROVIDED 2,400 MEALS FOR THIS PROGRAM DURING FISCAL
YEAR 2010 THE HOSPITAL INCURS OVER \$12,500 IN EXPENSES RELATED TO THIS PROGRAM ANNUALLY INDIGENT SUPPORT
PROGRAMS - AT THE TIME OF THEIR DISCHARGE, SEVERAL PATIENTS NEED FINANCIAL ASSISTANCE WITH PRESCRIBED
MEDICATIONS OR HEALTH CARE EQUIPMENT NOT WANTING TO MAKE THESE HEALTH CARE NEEDS AN EXTRA BURDEN, PMC
PROVIDED OVER \$22,000 IN FINANCIAL ASSISTANCE LAST YEAR GENERAL/SELF-HELP EDUCATION CLASSES LECTURES -
THE STAFF AT PMC REMAINS ACTIVE IN LECTURING ON MANY TOPICS THROUGHOUT THE COMMUNITY REPRESENTATIVES
FROM A VARIETY OF DEPARTMENTS SPEAK, ON REQUEST, TO LOCAL CIVIC CLUBS, SCHOOLS AND MEDICAL
PROFESSIONALS AMONG THE DIFFERENT LECTURES/PRESENTATIONS PMC STAFF CONDUCTED IN FY 2010 WERE -BREAST
CANCER LECTURES DURING BREAST CANCER AWARENESS MONTH-DIABETES LECTURE TO THE PIKE COUNTY BOARD OF
EDUCATION-FAMILY MEDICINE/OMT LECTURES TO THE PIKEVILLE COLLEGE SCHOOL OF OSTEOPATHIC MEDICINE (PCSOM)-
LEONARD LAWSON CANCER CENTER REPRESENTATIVE PRESENTS TO A VARIETY OF LOCAL ORGANIZATIONS ABOUT THE
IMPORTANCE OF GETTING SCREENED AND THE EFFECTS OF CANCER-HEALTH TALKS BY SELECTED PMC HEALTH CARE
REPRESENTATIVES SPEAKING ON LOCAL RADIO AND TELEVISION SHOWS ABOUT HEALTH CARE CONCERNS AND SERVICES
PROVIDED BY PMC OTHER EDUCATIONAL PROGRAMS OTHER PMC DEPARTMENTS ALSO HOLD HEALTH EDUCATION AS A TOP
PRIORITY AND OFFER VARIOUS PROGRAMS FOR COMMUNITY PARTICIPATION AMONG THESE PROGRAMS ARE BREAST
CANCER AWARENESS EDUCATION NUTRITION EDUCATION & COUNSELING FOR CARDIAC REHAB PATIENTS CHILD
BIRTH/FAMILY PLANNING CLASSES Continued on Sch O

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Pikeville Medical Center Inc

Employer identification number 61-0458376

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?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for Pike county chamber of commerce, Pike Ministerial Association, Sandy Valley Habitat for Humanity International, and American Red Cross.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Pikeville Medical Center Inc

Employer identification number

61-0458376

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <p><input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</p>		
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <p><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>		
<p>a Receive a severance payment or change-of-control payment?</p>		No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>		
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>		
<p>a The organization?</p>	Yes	
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III</p>		No
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>		
<p>a The organization?</p>		No
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III</p>		No
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		No
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>		No
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>		

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 5	Dr. Hall and Dr. Pugh earn quarterly bonuses based on a percentage of the net COLLECTIONS OF THE Physicians Practices OVER 150% OF THEIR BASE COMPENSATION.

Software ID:
Software Version:
EIN: 61-0458376
Name: Pikeville Medical Center Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM GAUNT MD	(i)	0	0	248,339	0	0	248,339	0
	(ii)	0	0	0	0	0	0	0
walter E May	(i)	398,204	75,000	6,180	11,000	23,131	513,515	0
	(ii)	0	0	0	0	0	0	0
MICHELLE HAGY	(i)	162,398	11,429	624	4,886	21,943	201,280	1,673
	(ii)	0	0	0	0	0	0	0
juanita deskins	(i)	160,050	11,892	806	3,475	22,469	198,692	1,938
	(ii)	0	0	0	0	0	0	0
terence farrell	(i)	198,382	14,760	681	6,794	22,625	243,242	2,308
	(ii)	0	0	0	0	0	0	0
DEBRA HAMPTON	(i)	198,382	39,760	1,279	3,333	22,625	265,379	0
	(ii)	0	0	0	0	0	0	0
cheryl hickman	(i)	181,654	13,435	1,181	12,180	22,433	230,883	2,160
	(ii)	0	0	0	0	0	0	0
JERRY JOHNSON	(i)	248,844	18,509	3,738	15,177	23,031	309,299	2,892
	(ii)	0	0	0	0	0	0	0
william johnson	(i)	260,766	0	3,246	9,187	22,989	296,188	0
	(ii)	0	0	0	0	0	0	0
DEBORAH PUCKETT	(i)	147,689	10,895	1,006	9,857	9,073	178,520	0
	(ii)	0	0	0	0	0	0	0
keith hall MD	(i)	448,744	534,771	269	8,250	22,591	1,014,625	0
	(ii)	0	0	0	0	0	0	0
bill harris MD	(i)	798,378	0	1,980	11,000	23,457	834,815	2,907
	(ii)	0	0	0	0	0	0	0
kevin pugh MD	(i)	429,513	303,082	240	6,462	22,591	761,888	0
	(ii)	0	0	0	0	0	0	0
norman mayer md	(i)	553,744	0	123,813	8,250	22,591	708,398	0
	(ii)	0	0	0	0	0	0	0
tamara musgrave MD	(i)	698,744	0	690	11,000	22,591	733,025	0
	(ii)	0	0	0	0	0	0	0
DANNY HARRIS	(i)	160,565	11,591	224	6,201	15,281	193,862	0
	(ii)	0	0	0	0	0	0	0
SHEILA BELCHER	(i)	96,619	7,103	743	6,440	7,881	118,786	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Pikeville Medical Center Inc

Employer identification number

61-0458376

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
NORMAN MAYER MD LOAN TO DR MAYER FROM PMC FOR REPAYMENT OF FINANCIAL OBLIGATION		X	331,995	130,995		No	Yes		Yes	
Total				\$ 130,995						

Part III Grants or Assistance Benefitting 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 grant or type of assistance
CAMILLA DAMRON	RECIPIENT IS DAUGHTER OF BOARD MEMBER, JO NELL ROBINSON	PMC EMPLOYEE EDUCATION ASSISTANCE Amount \$ 35580
BRANDI MAY	RECIPIENT IS DAUGHTER-IN-LAW OF PMC CEO, WALTER E MAY	PMC EMPLOYEE EDUCATION ASSISTANCE Amount \$ 14470

Part IV Business Transactions Involving Interested Persons.

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
Pikeville Medical Center Inc

Employer identification number

61-0458376

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Dr Alex Poulos & Dr Dennis Halbert partners in Pikeville Radiology Hobert Johnson & David Collins members of Community Trust Bank Board of Directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The process of reviewing the Form 990 entails a detailed review by the CFO and Hospital Attorney. Additionally, the governing body reviews and approves the final Form 990 including requested schedules prior to filing. Copies are provided to each voting member of the organization's governing body upon request.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		<p>As to Board Members, updates to the Conflict of Interest forms are completed annually with voluntary disclosure of conflict on any particular issue. There is no participation, discussion or vote taken on these, however, the Board Attorney is provided a copy of all interests of each member to ensure compliance with the policy. These are regularly and consistently monitored for any changes. As to employees, there is a written conflict of interest policy which too is regularly and consistently monitored and enforced by Human Resources and Administration as necessary. This policy is intended to identify and resolve conflicts of interest which may occur related to financial, business, or professional interests. The policy is in place to identify and resolve a conflict of interest which may occur any time there is a situation in which one's ability to make objective, job related business decisions may be influenced by, or have the appearance of being influenced by, outside activities or personal interests. Potential conflicts of interest may include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1 Working a second job at a competing healthcare entity which may allow the transfer of confidential business information or influence referral patterns. 2 Allowing the demands of outside activities to hinder or distract you from the performance of your job or cause you to use Pikeville Medical Center Resources for other than Pikeville Medical Center purposes. 3 Holding an ownership interest, management, or board of directors position in a company with whom Pikeville Medical Center does business which may lead to the individual's personal gain/benefit. "Ownership interest" means serving as a board director or officer or owning more than 5% of the business or corporation. 4 Having an immediate family member or significant other who holds an ownership interest in a company with whom Pikeville medical Center does business which may lead to the individual's personal gain/benefit. "Ownership interest" means serving as a board director or officer or owning more than 5% of the business or corporation. 5 Having an immediate family member or significant other employed by the Pikeville Medical Center and working within the same direct line of authority (above or below) as the first employee. Immediate family members include spouses, children, grandchildren, brothers and sisters and the spouses of those individuals. The scope of this policy includes Pikeville Medical Center and all its departments and services wherever located. The covered individuals are to follow these procedures: <ol style="list-style-type: none"> 1 All licensed clinical staff, supervisors, and management personnel shall complete a duality and conflict of interest form at the time of initial employment and annually thereafter. 2 Employee conflict of interest forms shall be filed in their personnel files. 3 In the event that an employee's job description or duties requires a business related decision to be made in an area in which a personal conflict of interest has been identified, the employee shall notify his/her supervisor to arrange for an alternative decision making process which will maintain objectivity and eliminate personal bias, i.e. personal withdrawal from the decision making process, solicitation of closed bids, or utilization of an independent selection committee. 4 If an actual, apparent, or potential conflict of ethics is identified involving patient care or treatment, the employee should seek assistance from their supervisor to find a resolution which would have minimum impact on patient care, treatment, or services.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Compensation committee reviews and approves the salary of the organization's CEO and key employees. The committee uses comparative data from other organizations' Form 990 and salary surveys. Motion and approvals from the committee are kept in the minutes.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization does make the financial statements available to the public upon request

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Oversight of Audit	The board of directors assumes responsibility for oversight of the audit of the financial statements and no processes have changed from the prior year

Identifier	Return Reference	Explanation
		<p>Sch H , Part VI, Line 6 Continuation of how Organization furthers its exempt purpose HEALTH PROFESSIONS EDUCATION STUDENT ROTATIONS- PMC SERVES AS A CLINICAL TRAINING SITE FOR STUDENTS IN HEALTH CARE RELATED FIELDS FROM REGIONAL UNIVERSITIES AND COLLEGES DURING FY 2010, PMC CONTRACTED WITH 40 SCHOOLS AND RECEIVED 343 STUDENTS IN CLINICAL ROTATION THE SCHOOLS CONTRACTED BY PMC INCLUDED APPALACHIAN COLLEGE OF PHARMACY BELFRY AREA TECHNOLOGY CENTER BELLARMINE UNIVERSITY DEVRY UNIVERSITY EASTERN KENTUCKY UNIVERSITY (EKU) EMERGENCY MEDICAL EDUCATORS FRONTIER SCHOOL OF NURSING HUNTINGTON JUNIOR COLLEGE HUTCHINSON COMMUNITY COLLEGE JEFFERSON COLLEGE OF HEALTH SERVICES KAPLAN UNIVERSITY KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM (KCTCS) LINCOLN MEMORIAL UNIVERSITY LINDSEY WILSON COLLEGE MIDWAY COLLEGE SCHOOL OF PHARMACY MILLIGAN COLLEGE MOREHEAD STATE UNIVERSITY STATE NATIONAL COLLEGE OF BUSINESS NORTHERN KENTUCKY UNIVERSITY NOVA SOUTHEASTERN UNIVERSITY PHLEBOTOMY EDUCATION, INC PIKEVILLE COLLEGE SHAWNEE STATE UNIVERSITY SOUTH DAKOTA STATE UNIVERSITY SOUTH UNIVERSITY SCHOOL OF PHARMACY SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE (SWCTC) SOUTHWEST VIRGINIA COMMUNITY COLLEGE SPENCERIAN COLLEGE TENNESSEE TECHNOLOGY CENTER AT ELIZABETHTOWN UNIOR UNIVERSITY UNIVERSITY OF CHARLESTON UNIVERSITY OF CINCINNATI UNIVERSITY OF KENTUCKY (UK) UNIVERSITY OF NORTH CAROLINA UNIVERSITY OF LOUISVILLE VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF ALLIED HEALTH AND PROFESSIONS DEPT OF NURSE ANESTHESIA WASHBURN UNIVERSITY WEBER STATE UNIVERSITY WESTERN KENTUCKY UNIVERSITY WHEELING JESUIT UNIVERSITY PIKEVILLE MEDICAL CENTER IS A MEMBER OF A GROUP OF MEDICAL FACILITIES AND EDUCATIONAL INSTITUTIONS THAT HAVE JOINED TOGETHER TO BRING INTERN AND RESIDENCY PROGRAMS TO THE AREA BY ALLOWING MEDICAL STUDENTS TO PRACTICE AT THEIR HOSPITAL-RUN, FAMILY CLINIC, PMC IS COMMITTED TO HELP EDUCATE AND RETAIN COMPETENT/SKILLED PHYSICIANS IN OUR COMMUNITY AND REGION PMC'S TOTAL COMMUNITY BENEFIT EXPENSE IN FY 2010 FOR TRAINING INTERNS, RESIDENTS AND FELLOWS TOTALED MORE THAN \$319,000 PHYSICIAN RECRUITMENT - PIKEVILLE MEDICAL CENTER MAINTAINS AN ACTIVE PHYSICIAN RECRUITMENT PROGRAM BY LOCATING HIGH QUALITY PHYSICIANS AND MAKING THEM A PART OF THE PMC TEAM THE HOSPITAL'S RECRUITMENT EFFORTS ARE ESSENTIAL TO ENHANCING THE HEALTH AND WELL BEING OF OUR COMMUNITY AND REGION SURROUNDING COMMUNITY HOSPITALS LOOK TO OUR HOSPITAL TO OFFER THE SPECIALTIES AND SUB-SPECIALTIES THEIR FACILITIES DO NOT PROVIDE PIKEVILLE MEDICAL CENTER RECRUITED AND SIGNED A TOTAL OF 22 PHYSICIANS DURING FY 2010 AMONG THE DIFFERENT SPECIALTIES THESE PHYSICIANS PRACTICE ARE ANESTHESIA INTERVENTIONAL CARDIOLOGY CRITICAL CARE ENDOCRINOLOGY FAMILY PRACTICE HOSPITALISTS ONCOLOGY AND PALLIATIVE CARE PEDIATRICS PHY SIA TRY PULMONARY/CRITICAL CARE RADIOLOGY VASCULAR SURGERY CONTINUING HEALTH PROFESSIONALS EDUCATION - PIKEVILLE MEDICAL CENTER HAS AN ACTIVE MEDICAL LIBRARY STAFF THAT COORDINATES AND OVERSEES MANY OF THE CONTINUING MEDICAL EDUCATION (CME) HOURS OFFERED AT THE HOSPITAL MOST CME'S ARE OPEN TO NOT ONLY OUR STAFF, BUT TO OTHER MEDICAL PROFESSIONALS in the COMMUNITY THESE EDUCATION OPPORTUNITIES ARE FREE OF CHARGE TO ALL WHO ATTEND PMC SPENT NEARLY \$11,000 ON CME'S IN FY 2010 THE EDUCATION OPPORTUNITIES OFFERED BY THE HOSPITAL LAST YEAR COVERED NUMEROUS TOPICS INCLUDING PROSTATE CANCER PAIN MANAGEMENT SEVERE OBESITY LUNG CANCER DIABETES RECURRENT STROKE PREVENTION SUPPORT GROUPS PMC SPONSORS AND PARTICIPATES IN SEVERAL SUPPORT GROUPS WITHIN OUR COMMUNITY IN 2010, MORE THAN \$5,000 WENT TOWARDS BENEFITING THE FOLLOWING GROUPS ABC/AFTER BREAST CANCER SUPPORT GROUP ALCOHOLICS ANONYMOUS NARCOTICS ANONYMOUS DIABETES SUPPORT GROUP HEALTH STEPS LIFELINE SMOKING CESSATION CLASS STROKE SUPPORT GROUP WEIGHT LOSS SURGERY SUPPORT GROUP</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Pikeville Medical Center Inc

Employer identification number

61-0458376

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
pikeville medical center foundation inc 911 bypass road pikeville, KY41501 61-1274046	Inactive	KY	N/A	C		47,652	100 000 %
PIKEVILLE mEDICAL DEVELOPMENT CORPORATION 911 bypass road PIKeville, KY41501 20-2487928	INACTIVE	KY	N/A	C	8	7,962	100 000 %

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Additional Data

Software ID:
Software Version:
EIN: 61-0458376
Name: Pikeville Medical Center Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	(Expenses \$		including grants of \$	(Revenue \$	
	156,919,706		215,250	226,937,623	
<p>4d. Other program services</p> <p>THE MEDICAL COMPLEX OF PIKEVILLE MEDICAL CENTER IS LICENSED FOR 261 PATIENT BEDS AND PROVIDES MORE THAN 300 SERVICES IN MULTIPLE COUNTIES INCLUDED IN THESE SERVICES IS THE REGION'S ONLY LEVEL III CHEST PAIN ACCREDITED HEART INSTITUTE PIKEVILLE MEDICAL CENTER WAS RECOGNIZED IN 2009 AS THE 2009-2010 NATIONAL HOSPITAL OF THE YEAR BY THE AMERICAN ALLIANCE OF HEALTHCARE PROVIDERS PMC'S COMPASSIONATE EMPLOYEES AND DEDICATED DOCTORS PROVIDE UNSURPASSED SERVICE WITH STATE-OF-THE-ART TECHNOLOGY AND UNMATCHED GENEROSITY TO THE COMMUNITY KNOWN AS THE PREMIER HOSPITAL IN A MULTI-STATE REGION, PMC IS CONTINUALLY GROWING AND LOOKING FOR NEW WAYS TO PROVIDE EASTERN KENTUCKY AND THE SURROUNDING AREAS WITH THE MOST ADVANCED HEALTH CARE AVAILABLE MORE THAN 200 PHYSICIANS AND 2,000 EMPLOYEES OF PMC BELIEVE IN THE MISSION OF THE HOSPITAL TO PROVIDE QUALITY REGIONAL HEALTHCARE IN A CHRISTIAN ENVIRONMENT "PMC'S BOARD CERTIFIED RADIOLOGISTS ARE EXPERTS WHO CONSULT WITH SPECIALISTS IN OTHER DEPARTMENTS TO PROVIDE CARE TO EVERY PATIENT EVERY DAY RADIOLOGISTS WORK WITH STATE-OF-THE-ART EQUIPMENT, SKILLED TECHNOLOGISTS AND NURSES, TO PERFORM TESTS AND INTERPRET RESULTS IN THE IMAGING AND TREATMENT OF DISEASE AFFECTING PATIENTS OF ALL AGES WITH NEW DIGITAL IMAGING TECHNOLOGIES SUCH AS DIGITAL X-RAYS AND THE PACS IMAGE ARCHIVING SYSTEM, TURN-AROUND TIMES HAVE BEEN GREATLY REDUCED, AND, IN MANY CASES, ALMOST TOTALLY ELIMINATED Other Equipment INCLUDES THE PACS SYSTEM, DIGITAL MAMMOGRAPHY, DIGITAL X-RAYS, 2 64 SLICE CT SCANNERS, A 128 SLICE CT SCANNER AND PET SCANNER PET (POSITRON EMISSION TOMOGRAPHY) SCAN IS RAPIDLY BECOMING A MAJOR DIAGNOSTIC IMAGING TOOL USED PREDOMINANTLY IN DETERMINING THE PRESENCE AND SEVERITY OF CANCERS, NEUROLOGICAL CONDITIONS, AND CARDIOVASCULAR DISEASE PET IMAGES DEMONSTRATE THE CHEMISTRY OF ORGANS AND OTHER ISSUES SUCH AS TUMORS IT IS CURRENTLY THE MOST EFFECTIVE WAY TO CHECK FOR CANCER RECURRENCES IN ADDITION, THE DIAGNOSTIC CENTER, CONVENIENTLY LOCATED JUST STEPS FROM THE HOSPITAL NEAR THE CORNER OF BYPASS ROAD AND BAIRD AVENUE, FEATURES STAND-UP MRI, AND IS A CONVENIENT LAB STATION FOR PATIENTS JUST NEEDING TO STOP BY FOR LAB WORK PIKEVILLE MEDICAL CENTER'S INPATIENT PHYSICAL REHABILITATION (IPR) HOSPITAL IS A STATE OF THE ART FACILITY CONSISTING OF 40 BEDS AND COVERING 23,000 SQUARE FEET OF SPACE WHICH INCLUDES A DINING HALL, FULLY EQUIPPED KITCHEN AND LAUNDRY FACILITIES THE PMC IPR HOSPITAL IS DEDICATED TO HELPING PATIENTS WHO ARE DISABLED BY DISEASE OR INJURY FOR PATIENTS NEEDING INTENSIVE REHABILITATION, PMC'S INPATIENT REHABILITATION'S PHYSICIAN LED TEAM OFFERS A FULL RANGE OF SERVICES FROM PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPISTS, REHABILITATION NURSES, CASE MANAGERS, SOCIAL WORKERS, DIETITIANS, AND OTHER PROFESSIONALS THE TEAM WORKS WITH THE PATIENTS AND THEIR FAMILIES TO DESIGN AND EXECUTE A CAREFULLY MONITORED TREATMENT PLAN THAT MEETS EACH INDIVIDUAL PATIENT'S NEEDS THE GOAL OF PMC'S INPATIENT REHABILITATION HOSPITAL IS TO RETURN THE PATIENT HOME OR BACK TO WORK AS SOON AS POSSIBLE FOLLOWING AN ILLNESS OR ACCIDENT ALLOWING THEM TO REGAIN THE HIGHEST LEVEL OF INDEPENDENCE POSSIBLE IT IS PMC'S VISION TO BE THE PREFERRED REGIONAL PROVIDER OF COMPREHENSIVE HEALTH SERVICES THROUGHOUT THE CONTINUUM OF CARE TO ACHIEVE THIS VISION PMC STRIVES TO PROVIDE CUSTOMER ORIENTED SERVICE WITH QUALITY CARE, PROVIDE SERVICES TO RESPOND TO PATIENTS' NEEDS IN THE REGION, AND ENSURE FISCALLY SOUND, COST-EFFECTIVE OPERATIONS RESULTING IN AFFORDABLE CARE AND ACCESS TO A FULL RANGE OF HEALTH SERVICES THE HOSPITAL EMBRACES THE CORE VALUES OF A CHRISTIAN ATMOSPHERE, QUALITY CARE, PROGRESSIVE LEADERSHIP, SERVICE TO OTHERS AND TEAMWORK WITHIN THE ORGANIZATION PIKEVILLE MEDICAL CENTER, NOW AFFILIATED WITH CLEVELAND CLINIC HEART SURGERY, IS THE NATION'S ONLY REPEAT WINNER OF THE NATIONAL HOSPITAL OF THE YEAR THE CLEVELAND CLINIC HEART PROGRAM HAS BEEN RANKED #1 IN THE NATION FOR THE LAST 16 YEARS BY U S NEWS AND REPORT THE AFFILIATION HAS ENHANCED PMC'S OPPORTUNITIES TO PROVIDE NEW TREATMENTS AND THERAPIES TO PATIENTS AND HAS ACCELERATED PIKEVILLE MEDICAL AND CLEVELAND CLINIC'S MUTUAL ACCOMPLISHMENTS IN LEADING CARDIAC SURGERY CARE CURRENTLY, PMC STAFF IS ATTENDING TRAINING AT CLEVELAND CLINIC AND ENHANCING THEIR ABILITIES TO DEAL WITH COMPLEX MEDICAL SITUATIONS, WHILE UTILIZING NEW TECHNOLOGIES AND INNOVATIONS THE TWO FACILITIES ARE ALSO SHARING SURGICAL OUTCOME DATA AND RESEARCH IN ADDITION TO THE AFFILIATION WITH CLEVELAND CLINIC'S HEART SURGERY PROGRAM, PMC CONTINUES TO MAKE GREAT STRIDES IN HEART CARE - ONE OF THE FIRST 10 HOSPITALS IN THE NATION AND THE FIRST HOSPITAL IN KENTUCKY TO BE DESIGNATED A LEVEL III ACCREDITED CHEST PAIN CENTER, THE HIGHEST DISTINCTION GIVEN BY THE SOCIETY OF CHEST PAIN CENTERS-THE CATH LAB HAS CELEBRATED THE 10TH ANNIVERSARY OF THE FIRST CATH PROCEDURE PERFORMED AT PMC-MEDIAN "DOOR-TO-BALLOON" TIME AVERAGES AROUND 65 MINUTES (WELL BELOW THE STANDARD OF 90 MINUTES SET BY THE AMERICAN HEART ASSOCIATION AND THE JOINT COMMISSION) THE HEART TEAM IS COMPRISED OF CARDIOLOGISTS, INTERVENTIONAL RADIOLOGISTS, CARDIOTHORACIC AND VASCULAR SURGEONS AND AN ELECTROPHYSIOLOGIST PMC'S HEART INSTITUTE OPERATES OFFICES THROUGHOUT THE REGION IN PIKE, BUCHANAN AND JOHNSON COUNTIES STROKE CENTER PIKEVILLE MEDICAL CENTER HAS RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S "GET WITH THE GUIDELINES"-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD ONLY 10 HOSPITALS IN KY HAVE EARNED THIS ACCREDITATION, AND NO OTHER KY HOSPITAL EAST OF LEXINGTON HAS EARNED THIS PRESTIGIOUS DISTINCTION THE AWARD RECOGNIZES PMC'S COMMITMENT AND SUCCESS IN IMPLEMENTING EXCELLENT CARE FOR STROKE PATIENTS, ACCORDING TO EVIDENCE-BASED GUIDELINES TO RECEIVE THE AWARD, PMC ACHIEVED 85 PERCENT OR HIGHER ADHERENCE TO ALL "GET WITH THE GUIDELINES" -STROKE QUALITY ACHIEVEMENT INDICATORS FOR TWO OR MORE CONSECUTIVE 12-MONTH INTERVALS AND ACHIEVED 75 PERCENT OR HIGHER COMPLIANCE WITH SIX OF 10 "GET WITH THE GUIDELINES" -STROKE QUALITY MEASURES, WHICH ARE REPORTING INITIATIVES TO MEASURE QUALITY OF CARE WITH A STROKE, TIME LOST IS BRAIN LOST, AND THE "GET WITH THE GUIDELINES" -STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD DEMONSTRATES PMC'S COMMITMENT TO BEING ONE OF THE TOP HOSPITALS IN THE COUNTRY FOR PROVIDING AGGRESSIVE, PROVEN STROKE CARE THE JOURNEY OF EXCELLENCE CONTINUES Pikeville Medical Center has received other RECOGNITION AND AWARDS SUCH AS - 12TH IN THE NATION OF THE TOP 100 BEST PLACES TO WORK BY MODERN HEALTHCARE MAGAZINE (THE SECOND YEAR IN A ROW PMC MADE THE TOP 100 LIST) - THE NUMBER ONE HOSPITAL IN THE STATE ON THE BEST PLACES TO WORK IN KENTUCKY LIST, COMPILED BY THE KY CHAMBER OF COMMERCE - THREE EMPLOYED PHYSICIANS LISTED AMONG THE NATION'S BEST DOCTORS- FOR THE THIRD CONSECUTIVE YEAR, PMC HAS BEEN SELECTED AS A HOSPITAL OF CHOICE- PATIENT SATISFACTION AWARD FROM THE PIKE COUNTY SCHOOL DISTRICT SUPERINTENDENT- THE PRESTIGIOUS EXCELLENCE AWARD FROM THE KENTUCKY CENTER FOR PERFORMANCE EXCELLENCE, FOLLOWING THE STRICT CRITERIA SET FORTH BY THE NATIONALLY-ACCLAIMED MALCOLM BALDRIGE AWARD- THE INSIGHT AWARD FOR OUTSTANDING SERVICE IN INPATIENT ONCOLOGY AND INPATIENT REHABILITATION - THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS PIKEVILLE MEDICAL CENTER WILL CONTINUE TO IMPROVE AND GROW, AND WILL ALWAYS PURSUE EXCELLENCE TECHNOLOGY WILL EVOLVE AND WE WILL CONTINUE TO RECRUIT THE COUNTRY'S BEST DOCTORS AND ADD SPECIALTY SERVICES TO ASSURE THE BEST HEALTH CARE POSSIBLE FOR OUR PATIENTS</p>					

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	(C) Position (check all that apply)						(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			
Walter blankenship board member	2 00	X						0	0	0
TT Colley board member	2 00	X						0	0	19,337
david collins CPA board member	2 00	X						0	0	0
aaron crum MD board-chief of staff Oct'09-Jan'10	2 00	X						150,000	0	0
WILLIAM GAUNT MD BOARD-CHIEF OF STAFF Jan'10-Sept'10	2 00	X						248,339	0	0
dennis halbert MD board member	4 00	X						0	0	19,337
judith hinkle board member	2 00	X						0	0	0
hobart clay johnson board member	2 00	X						0	0	0
john labreche board member	4 00	X						0	0	271
alex poulos MD board member	4 00	X						0	0	19,337
jo nell robinson board member	4 00	X						0	0	6,893
MARY SIMPSON PHD board member	2 00	X						0	0	0
SUE SMALLWOOD board member	4 00	X						0	0	6,893
lacy puckett emeritus board member	0 00	X						0	0	0
walter E May president/ceo	40 00	X		X				479,384	0	34,131
ronald burchett board Member - vice-president	4 00	X		X				0	0	0
Joe dean anderson board member - secretary	4 00	X		X				0	0	19,337
MICHELLE HAGY cfo- vp finance	40 00			X				174,451	0	26,829
juanita desksins Chief OPERATING OFFICER	40 00				X			172,748	0	25,944
terence farrell vp prof/support services	40 00				X			213,823	0	29,419
DEBRA HAMPTON CHIEF NURSING OFFICER	40 00				X			239,421	0	25,958
cheryl hickman assistant to president	40 00				X			196,270	0	34,613
JERRY JOHNSON CHIEF OPERATING OFFICER	40 00				X			271,091	0	38,208
william johnson chief medical officer	40 00				X			264,012	0	32,176
DEBORAH PUCKETT VP REBAB/WOUND CARE SERVICES	40 00				X			159,590	0	18,930

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	(C) Position (check all that apply)						(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			
keith hall MD Orthopedic Surgeon	40 00					X		983,784	0	30,841
bill harris MD interventional cardiologist	40 00					X		800,358	0	34,457
kevin pugh MD orthopedic Surgeon	40 00					X		732,835	0	29,053
norman mayer md neurosurgeon	40 00					X		677,557	0	30,841
tamara musgrave MD oncologist	40 00					X		699,434	0	33,591
DANNY HARRIS FORMER CFO-VP FINANCE	40 00						X	172,380	0	21,482
SHEILA BELCHER FORMER AVP of NURSING	40 00						X	104,465	0	14,321

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
bad debt expense	29,718,133	29,718,133		
equipment rental & main	5,294,189	5,015,110	279,079	
Provider tax expense	3,272,879	3,272,879		
DME - Rental Exp	657,487		657,487	
Pharmacy - Exp	434,615		434,615	