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Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax 0709

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

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

OMB No. 1545-0047

**2006**  
Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning **OCTOBER 01**, 2006, and ending **SEPTEMBER 30, 2007**

- B** Check if applicable:
- ☐ Address change
  - ☐ Name change
  - ☐ Initial return
  - ☐ Final return
  - ☐ Amended return
  - ☐ Application pending

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

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

**D** Employer identification number  
**61-0458376**  
**E** Telephone number  
**(606) 218-3500**  
**F** Acctg. method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: ▶ **www.medicalleader.org**

**J** Organization type (check only one) ▶ ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527

**K** Check here ▶ ☒ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**H & I** are not applicable to sec. 527 organizations.  
**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ No  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
**I** Group Exemption Number ▶  
**M** Check ▶ ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **220,088,853**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Contributions to donor advised funds	<b>1a</b>		
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	88,282	
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	127,416	
<b>e</b> Total (add lines 1a through 1d) (cash \$ 215,698 and noncash \$ 0)	<b>1e</b>	215,698	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	209,216,734	
<b>3</b> Membership dues and assessments	<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	2,655,854	
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6a</b> Gross rents	<b>6a</b>	274,424	
<b>b</b> Less: rental expenses	<b>6b</b>	294,034	
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>	-19,610	
<b>7</b> Other investment income (describe ▶ See attachment #1)	<b>7</b>	22,356	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>8a</b>	274,996	
<b>b</b> Less: cost or other basis & sales expenses	<b>8b</b>	230,530	
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	44,466	
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>	44,466	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	5,219,472	
<b>b</b> Less: cost of goods sold	<b>10b</b>	4,700,526	
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>	518,946	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	2,209,319	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	214,863,763	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>	173,726,867	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	26,601,817	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	4,826	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>	200,333,510	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	14,530,253	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	100,745,394	
<b>20</b> Other changes in net assets or fund balances (attach explanation) #4	<b>20</b>	4,851,095	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	120,126,742	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2006)

517 15

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach sched.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b>	Other grants and allocations (attach schedule) #5 (cash \$ 294,875 noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	<b>22b</b>	294,875	294,875	
<b>23</b>	Specific assistance to individuals (attach schedule) #6	<b>23</b>	26,085	26,085	
<b>24</b>	Benefits paid to or for members (attach schedule) . .	<b>24</b>			
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) #7	<b>25a</b>	2,439,959	2,439,959	
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) #8	<b>25b</b>	283,128	283,128	
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .	<b>25c</b>			
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c . . . . .	<b>26</b>	66,775,624	58,078,260	8,697,364
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c . . . . .	<b>27</b>	5,785,640	4,835,114	950,526
<b>28</b>	Employee benefits not included on lines 25a - 27 . .	<b>28</b>	18,334,049	15,324,403	3,009,646
<b>29</b>	Payroll taxes . . . . .	<b>29</b>	4,632,039	3,758,600	873,439
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>			
<b>31</b>	Accounting fees . . . . .	<b>31</b>	86,082		86,082
<b>32</b>	Legal fees . . . . .	<b>32</b>	1,740,940		1,740,940
<b>33</b>	Supplies . . . . .	<b>33</b>	35,799,318	34,929,875	869,443
<b>34</b>	Telephone . . . . .	<b>34</b>	345,902	172,951	172,951
<b>35</b>	Postage and shipping . . . . .	<b>35</b>	1,060,306	701,284	359,022
<b>36</b>	Occupancy . . . . .	<b>36</b>	2,286,059	1,776,146	509,913
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>	6,195,226	4,796,517	1,398,709
<b>38</b>	Printing and publications . . . . .	<b>38</b>	724,043	724,043	
<b>39</b>	Travel . . . . .	<b>39</b>	379,257	161,430	217,827
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>	281,657	90,658	190,999
<b>41</b>	Interest . . . . .	<b>41</b>	2,528,746	2,113,297	415,449
<b>42</b>	Depreciation, depletion, etc. (attach schedule) . . #9	<b>42</b>	10,718,500	8,957,551	1,760,949
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	See attachment #10	<b>43a</b>	39,616,075	36,985,778	2,625,471
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	<b>44</b>	200,333,510	173,726,867	26,601,817
					4,826

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . ☐ Yes ☒ No

If "Yes," enter (i) aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **See attachment #11**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a See attachment #12**

(Grants and allocations \$ 294,875 ) If this amount includes foreign grants, check here. . . . . ► ☐

173,726,867

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here. . . . . ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here. . . . . ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here. . . . . ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here. . . . . ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . ► 173,726,867

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	45 Cash -- non-interest-bearing .....	6,005	45	6,885
	46 Savings and temporary cash investments .....	43,261,208	46	43,458,639
	47a Accounts receivable .....	92,265,237		
	b Less: allowance for doubtful accounts .....	57,997,368	33,656,666	47c 34,267,869
	48a Pledges receivable .....			48c
	b Less: allowance for doubtful accounts .....			
	49 Grants receivable .....	256,423	49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50b	
	51a Other notes and loans receivable (attach schedule) .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....	5,603,432	52	6,192,386
	53 Prepaid expenses and deferred charges .....	951,028	53	2,161,003
	54a Investments -- publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments -- other securities (attach schedule) ..	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments -- land, buildings, and equipment: basis .....	#13 3,235,988		
	b Less: accumulated depreciation (attach schedule) .....	55b 1,244,090	1,884,026	55c 1,991,898
	56 Investments -- other (attach schedule) .....	#14 760,878	56	840,878
	57a Land, buildings, and equipment: basis .....	#15 173,860,400		
	b Less: accumulated depreciation (attach schedule) .....	57b 81,009,099	88,349,780	57c 92,851,301
58 Other assets, including program-related investments (describe ► See attachment #16 )	7,246,629	58	7,856,447	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	181,976,075	59	189,627,306	
<b>L I A B I L I T I E S</b>	60 Accounts payable and accrued expenses .....	26,954,641	60	22,960,323
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....	#17 38,955,000	64a	38,025,000
	b Mortgages and other notes payable (attach schedule) .....	#18 7,894,089	64b	5,527,484
	65 Other liabilities (describe ► See attachment #19 )	7,426,951	65	2,987,757
	66 <b>Total liabilities.</b> Add lines 60 through 65 .....	81,230,681	66	69,500,564
<b>N E T A S S E T S  F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	100,539,394	67	119,920,742
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....	206,000	69	206,000
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	100,745,394	73	120,126,742
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	181,976,075	74	189,627,306

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	219,885,897
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments .....	<b>b1</b>	
2	Donated services and use of facilities .....	<b>b2</b>	27,573
3	Recoveries of prior year grants .....	<b>b3</b>	
4	Other (specify): See attachment #20 .....	<b>b4</b>	4,994,560
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	5,022,133
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	214,863,764
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
2	Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	214,863,764

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	205,355,644
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities .....	<b>b1</b>	27,573
2	Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
3	Losses reported on Part I, line 20 .....	<b>b3</b>	
4	Other (specify): See attachment #21 .....	<b>b4</b>	4,994,560
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	5,022,133
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	200,333,511
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
2	Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	200,333,511

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See attachment #22				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... 16		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ..... 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ..... 75c If "Yes," attach a statement that includes the information described in the instructions. #23	X	
d	Does the organization have a written conflict of interest policy? ..... 75d	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See attachment #24				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change ..... 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? ..... 77 If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ... 78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year? ..... 78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ... 79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? ..... 80a	X	
b	If "Yes," enter the name of the organization ► See attachment #25		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) ..... 81a and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt N/A		
b	Did the organization file Form 1120-POL for this year? ..... 81b		X

**Part VI Other Information** (continued)

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	<b>82a</b> X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . <b>82b</b> 27,573		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>83a</b> X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b> N/A	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>	X
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>	X
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b>	X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . . <b>85c</b> N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b> N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b> N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b> N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>	X
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	<b>85h</b>	X
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b> N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b> N/A		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b> N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b> N/A		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	<b>88a</b> X	
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .	<b>88b</b>	X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	<b>89b</b>	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ N/A		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ N/A		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>89e</b>	X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	<b>89f</b>	X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>89g</b>	X
<b>90a</b>	List the states with which a copy of this return is filed ▶ N/A		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) . . . . . <b>90b</b> 1,324		
<b>91a</b>	The books are in care of ▶ See attachment #26 Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
<b>b</b>	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)? . . . . .	<b>91b</b> X	
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		



**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here N/A ☐

and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a See attachment #27

b

c

d

e

f Medicare/Medicaid payments

g Fees &amp; contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

b See attachment #28

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E)) 214,648,065

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

See attachment #29

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
See attachment #30	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☐ No ☒(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>				
<b>b</b>				
<b>c</b>				
	<b>Totals</b>			

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>				
<b>b</b>				
<b>c</b>				
	<b>Totals</b>			

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

N/A

Yes	No

**Please  
Sign  
Here**

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

Signature of officer **Danny M. Harris** Date **Chief Financial Officer**  
Type or print name and title

**Paid  
Preparer's  
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information — (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2006**

Name of the organization

Pikeville Medical Center, Inc.

Employer identification number

61-0458376

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #31				

Total number of other employees paid over \$50,000 ▶

378

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
See attachment #32		

Total number of others receiving over \$50,000 for professional services ▶

33

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
See attachment #33		

Total number of other contractors receiving over \$50,000 for other services ▶

24

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2006**

<b>Part III</b> Statements About Activities (See the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ... ▶ \$ <u>146,004</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	<b>1</b> X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) <b>#34</b>		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b> X	
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	X
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b> X	
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000) See Form 990	<b>2d</b> X	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	X
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <b>#35</b>	<b>3a</b> X	
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b> X	
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>	X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>	X
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>	X
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>	
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>	
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ▶		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0

**Part IV Reason for Non-Private Foundation Status** (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III -- Functionally Integrated ☐ Type III -- Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .					
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. . . . .					
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22. . . . .					
<b>24</b> Line 23 minus line 17. . . . .					
<b>25</b> Enter 1% of line 23. . . . .					

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24. . . . . ▶	<b>26a</b>	N/A
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶		<b>26b</b>	N/A
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶		<b>26c</b>	N/A
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ .. ▶		<b>26d</b>	N/A
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶		<b>26e</b>	N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶		<b>26f</b>	N/A %

<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) <u>N/A</u> (2004) _____ (2003) _____ (2002) _____
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) <u>N/A</u> (2004) _____ (2003) _____ (2002) _____	
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ .. ▶	<b>27c</b>
<b>d</b> Add: Line 27a total _____ and line 27b total . . . . . ▶	<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total) . . . . . ▶	<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . ▶ <b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶	<b>27g</b> %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . ▶	<b>27h</b> %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>	
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<hr/>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37													
38	Total lobbying expenditures (add lines 36 and 37) .....	38													
39	Other exempt purpose expenditures .....	39													
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40													
41	Lobbying nontaxable amount. Enter the amount from the following table --														
	<table border="0"> <tr> <td><b>If the amount on line 40 is --</b></td> <td><b>The lobbying nontaxable amount is --</b></td> </tr> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</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> </table>	<b>If the amount on line 40 is --</b>	<b>The lobbying nontaxable amount is --</b>	Not over \$500,000 .....	20% of the amount on line 40 .....	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 .....	41	
<b>If the amount on line 40 is --</b>	<b>The lobbying nontaxable amount is --</b>														
Not over \$500,000 .....	20% of the amount on line 40 .....														
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 .....														
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**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 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)) .....					
47 Total lobbying expenditures .....					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e)) .....					
50 Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Yes	No	Amount
a	Volunteers .....		X	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
c	Media advertisements .....		X	
d	Mailings to members, legislators, or the public .....		X	
e	Publications, or published or broadcast statements .....		X	
f	Grants to other organizations for lobbying purposes .....		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....	X		146,004
i	Total lobbying expenditures (Add lines c through h.) .....			146,004

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. See attachment #36



**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See the instructions.)**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(I) Cash

(II) Other assets

	Yes	No
<b>51a(I)</b>		<input checked="" type="checkbox"/>
<b>a(II)</b>		<input checked="" type="checkbox"/>
<b>b(I)</b>		<input checked="" type="checkbox"/>
<b>b(II)</b>		<input checked="" type="checkbox"/>
<b>b(III)</b>		<input checked="" type="checkbox"/>
<b>b(IV)</b>		<input checked="" type="checkbox"/>
<b>b(v)</b>		<input checked="" type="checkbox"/>
<b>b(vi)</b>		<input checked="" type="checkbox"/>
<b>c</b>		<input checked="" type="checkbox"/>

**b** Other transactions:

(I) Sales or exchanges of assets with a noncharitable exempt organization

(II) Purchases of assets from a noncharitable exempt organization

(III) Rental of facilities, equipment, or other assets

(IV) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

## SCHEDULE OF OTHER INVESTMENT INCOME

Attachment 1: page 1 - 990 Page 1, Part I, Line 7

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

Description	Amount
Royalty Income	22,356
<b>Total</b>	<b>22,356</b>

# SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

Attachment 2: page 1 - 990 Page 1, Part I, line 8

Open to Public Inspection		For Calendar year 2006, or tax year period beginning 10-01-2006 and ending 09-30-2007				
Name of Organization		Employer Identification Number				
Pikeville Medical Center, Inc.		61-0458376				
Name of Security or Description of Property		Acquisition Date	How Acquired		Date Sold	
Other Noninventory Assets:						
Desk 30x66 Right Pedestal		2000-12	Purchased		2006-12	
91 Ford F350 Super Van		1991-08	Purchased		2006-12	
Battery Support Sys		1996-08	Purchased		2006-12	
Trip Light Watt Inverter		1996-08	Purchased		2006-12	
Computer-Dell Optiplex		2002-10	Purchased		2006-12	
Computer-Dell Optiplex		2002-12	Purchased		2006-12	
Computer-Dell Optiplex		2003-02	Purchased		2006-12	
Computer-Dell Optiplex		2003-03	Purchased		2006-12	
Computer-Dell Optiplex		2003-05	Purchased		2006-12	
Computer-Dell Optiplex with Flat screen		2003-05	Purchased		2006-12	
Computer-Dell Optiplex Inspiron		2004-07	Purchased		2006-12	
Bookcases 5 Shelf		2000-12	Purchased		2006-12	
Doppler Pocket II w/Probes		2003-07	Purchased		2006-12	
To Whom Sold		Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
CJ Systems		83	574		1	492
CJ Systems		1	42,360		1	42,360
CJ Systems		1	1,295		1	1,295
CJ Systems		1	900		1	900
CJ Systems		1	1,441		1	1,441
CJ Systems		1	1,381		1	1,381
CJ Systems		1	2,098		1	2,098
CJ Systems		1	1,512		1	1,512
CJ Systems		1	1,756		1	1,756
CJ Systems		1	1,756		1	1,756
CJ Systems		1	800		1	800
CJ Systems		36	246		1	211
CJ Systems		206	648		1	443
Total		335	56,767		13	56,445
Publicly traded securities						

Attachment 2: page 2 - 990 Page 1, Part I, line 8

Attachment 2: page 2 - 990 Page 1, Part I, line 8

For Calendar year 2006, or tax year period beginning 10-01-2006

**and ending 09-30-2007**

**Employer Identification Number**

Name of Security or Description of Property

## How Acquired

Date Sold

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# SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

Attachment 2: page 3 - 990 Page 1, Part I, line 8

Open to Public Inspection		For Calendar year 2006, or tax year period beginning 10-01-2006 and ending 09-30-2007				
Name of Organization		Employer Identification Number				
Pikeville Medical Center, Inc.		61-0458376				
Name of Security or Description of Property		Acquisition Date	How Acquired		Date Sold	
Laerdal Airway Mgmt Trainer Alaris Min Med III Pump Printer-Lexmark Manikin-ALS Stretcher-Ferno Proflexx Accutorr Plus External Pulse Generator AS50 Syringe Pump Infepak-12 Copier-Toshiba Stretcher-Ferno Proflexx Lockers-Double Tier Lifepak-12 Manikin-ALS Ventilator-Crossvent III		2003-10	Purchased		2006-12	
		2006-05	Purchased		2006-12	
		2003-06	Purchased		2006-12	
		2003-08	Purchased		2006-12	
		2003-06	Purchased		2006-12	
		2003-09	Purchased		2006-12	
		2003-05	Purchased		2006-12	
		2003-05	Purchased		2006-12	
		2002-08	Purchased		2006-12	
		2003-07	Purchased		2006-12	
		2005-01	Purchased		2006-12	
		2003-11	Purchased		2006-12	
		2002-12	Purchased		2006-12	
		2003-09	Purchased		2006-12	
		2003-05	Purchased		2006-12	
To Whom Sold		Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
CJ Systems		961	1,405		1	445
CJ Systems		999	1,060		1	62
CJ Systems		1,054	3,510		1	2,457
CJ Systems		1,251	1,875		1	625
CJ Systems		1,401	2,800		1	1,400
CJ Systems		1,453	4,148		1	2,696
CJ Systems		1,559	5,500		1	3,942
CJ Systems		1,634	2,545		1	912
CJ Systems		1,665	12,484		1	10,819
CJ Systems		1,949	6,153			4,204
CJ Systems		7,010	9,650		2	2,642
CJ Systems		2,967	3,734		1	768
CJ Systems		3,036	15,175		1	12,140
CJ Systems		3,117	4,616		1	1,500
CJ Systems		3,784	5,896		1	2,113
Total		33,840	80,551		14	46,725
Publicly traded securities						

# SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

Attachment 2: page 4 - 990 Page 1, Part I, line 8

Open to Public Inspection	For Calendar year 2006, or tax year period beginning 10-01-2006 and ending 09-30-2007
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

Name of Security or Description of Property	Acquisition Date	How Acquired	Date Sold
Desk 60" Cherry	2003-11	Purchased	2006-12
Ambulance-2006 Ford XL E450	2006-03	Purchased	2006-12
Ambulance-2006 Ford XL E350	2005-12	Purchased	2006-12
Ambulance-2005 Ford E450 XL	2005-04	Purchased	2006-12
Ambulance-03 Ford E450	2003-08	Purchased	2006-12
Lifepak 12-Defibrillator	2005-03	Purchased	2006-12
Defibrillator-Lifepak 12	2004-12	Purchased	2006-12
Crossvent 3	2005-03	Purchased	2006-12
Crossvent 3	2005-01	Purchased	2006-12
Lifepak 12 Defibrillator	2003-05	Purchased	2006-12

  

To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
CJ Systems	575	679		1	105
CJ Systems	64,259	61,370		14,396	11,507
CJ Systems	52,001	56,000		10,001	14,000
CJ Systems	50,116	68,768		10,001	28,653
CJ Systems	20,241	61,441		10,001	51,201
CJ Systems	12,056	18,546		1	6,491
CJ Systems	11,110	18,514		2	7,406
CJ Systems	5,395	6,536		3	1,144
CJ Systems	5,286	6,538		1	1,253
CJ Systems	4,546	16,043			11,497
Total	225,585	314,435		44,407	133,257
Publicly traded securities					



# SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 4: page 1 - 990 Page 1, Part I, Line 20

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

Description of Changes	Total Amount
The provisions of Statement of Financial Accounting Standards (SFAS) No. 87, Employer's Accounting for Pensions required the recognition of an additional minimum pension liability when the benefit obligation exceeded plan assets. This additional minimum pension liability of \$4,851,095 at 09/30/06 has been recorded as a separate component of net assets. The 2007 financial statements and disclosures reflect the termination of the Plan and payment in 2007 of all assets of the Plan to participants	4,851,095
Total	4,851,095



**SCHEDULE CASH GRANTS AND ALLOCATIONS**

Attachment 5: page 1 - 990 Page 2, Part II, Line 22b

Open to Public Inspection		For Calendar year 2006, or tax year period beginning 10-01-2006 and ending 09-30-2007.	
Name of Organization		Employer Identification Number	
Pikeville Medical Center, Inc.		61-0458376	
Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
	Jenny Wiley Theatre P.O. Box 22	4,000	None
	Prestonsburg KY 41653		
	March of Dimes-Walk America		None
	1401 Winchester Ave Ste 604		
	Ashland KY 41101	1,000	
	Pike County Fiscal Court		None
	P.O. Box 1229		
	Pikeville KY 41502	25,000	
	Pike County Extension for Fine Arts		None
	148 Trivette Drive		
	Pikeville KY 41501	12,500	
	Pikeville High School		None
	401 North Mayo Trail		
	Pikeville KY 41501	500	
	Ky Physician Health Foundation		None
	9000 Wessex Place, Suite 305		
	Louisville KY 40222	2,500	
	East Kentucky Science Center		None
	P.O. Box 348, Bert Combs Drive		
	Prestonsburg KY 41653	2,500	
	Ray of Hope		None
	P.O. Box 1503		
	Pikeville KY 41502	500	
	Pikeville High School		None
	401 North Mayo Trail		
	Pikeville KY 41501	250	
	Pikeville High School		None
	401 North Mayo Trail		
	Pikeville KY 41501	500	
	Pike County Domestic Violence Board		None
	P.O. Box 2916		
	Pikeville KY 41502		
	Pikeville Area Family YMCA	1,300	
	424 Bob Amos Drive		None
Total		50,550	

# SCHEDULE CASH GRANTS AND ALLOCATIONS

Attachment 5: page 2 - 990 Page 2, Part II, Line 22b

Open to Public Inspection		For Calendar year 2006, or tax year period beginning 10-01-2006 and ending 09-30-2007.	
Name of Organization		Employer Identification Number	
Pikeville Medical Center, Inc.		61-0458376	
Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
	Pikeville KY 41501	200	None
	WYMT Mountain Classic Scholarship Fund		
	P.O. Box 1299		
	Pikeville KY 41501	1,000	None
	Pikeville High School		
	c/o Lexington Trophy Company		
	820 Lane Allen Road		
	Lexington KY 40504	975	None
	Pikeville Main Street Program		
	P.O. Box 363		
	Pikeville KY 41502	3,000	None
	Pikeville Rotary Club		
	P.O. Box 988		
	Pikeville KY 41502	50	None
	American Cancer Society		
	P.O. Box 2884		
	Pikeville KY 41502	5,000	None
	KY Chamber of Commerce		
	464 Chenault Road		
	Frankfort KY 40601	5,600	None
	Big Sandy Child Advocacy Center		
	106 Williamson Street		
	Pikeville KY 41501	100	None
	KY Breast Cancer Coalition		
	1248 Clintonville Road		
	Paris KY 40361	2,500	None
	Pike County Tennis Association		
	507 Hambley Boulevard		
	Pikeville KY 41501	200	None
	Floyd County Chamber of Commerce		
	2007 Charity Golf Classic Hole Sponsor		
	P.O. Box 1508		
	Prestonsburg KY 41653		
	Pike County Chamber of Commerce	150	None
	787 Hambley Boulevard		
Total		18,775	

**SCHEDULE CASH GRANTS AND ALLOCATIONS**

Attachment 5: page 3 - 990 Page 2, Part II, Line 22b

Open to Public Inspection		For Calendar year 2006, or tax year period beginning 10-01-2006 and ending 09-30-2007.	
Name of Organization		Employer Identification Number	
Pikeville Medical Center, Inc.		61-0458376	
Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
	Pikeville KY 41501	15,000	None
	Morehead State University		
	P.O. Box 1776		
	Prestonsburg KY 41653	5,000	None
	Pike County Board of Education -		
	Performing Arts		
	P.O. Box 3097		
	Pikeville KY 41502	100	None
	Pikeville College Dance Program		
	147 Sycamore Street		
	Pikeville KY 41501	100	None
	Jenny Wiley Theatre		
	P.O. Box 22		
	Prestonsburg KY 41653	100	None
	Unite Pike		
	P.O. Box 363		
	Pikeville KY 41502	500	None
	Pikeville High School		
	401 North Mayo Trail		
	Pikeville KY 41501	2,500	None
	Summit Engineering		
	Charity Golf Tournament Scholarship		
	Fund Hole Sponsor		
	131 Summit Drive		
	Pikeville KY 41501	200	None
	Pikeville High School		
	401 North Mayo Trail		
	Pikeville KY 41501	1,000	None
	March of Dimes - Walk America		
	1401 Winchester Ave Ste 604		
	Ashland KY 41101	1,000	None
	Pikeville Rotary Club		
	P.O. Box 988		
	Pikeville KY 41502	50	None
	Central KY Blood Center		
	Total	25,550	None

# SCHEDULE CASH GRANTS AND ALLOCATIONS

Attachment 5: page 4 - 990 Page 2, Part II, Line 22b

Open to Public Inspection	For Calendar year 2008, or tax year period beginning 10-01-2006	and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376	

Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
	330 Waller Avenue Lexington KY 40504	200,000	
Total		200,000	

## SCHEDULE OF SPECIFIC ASSISTANCE TO INDIVIDUALS

Attachment 6: page 1 - 990 Page 2, Part II, Line 23

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.		
Name of Organization Pikeville Medical Center, Inc.			Employer Identification Number 61-0458376

Description of Activity	Total Amount
Prescription Assistance for Uninsured Patients	20,876
Travel Assistance for Cancer Patients per Grant from American Cancer Society	5,209
Total	26,085

# COMPENSATION OF CURRENT OFFICERS

Attachment 7: page 1 - 990 Page 2, Part II, Line 25a

Open to Public Inspection

For Calendar year 2006, or tax year period beginning 10-01

and ending 09-30-2007.

Name of Organization

Pikeville Medical Center, Inc.

Employer Identification Number

61-0458376

Name of Officer	Program Services			Management and General	
	Compensation	Employee Benefit Plan	Expense Account	Compensation	Employee Benefit Plan
Joe Dean Anderson					12,440
T.T. Colley					12,440
Dennis Halbert, M.D.					12,440
John LaBreche					229
Alex Poulos, M.D.					12,440
Jo Nell Robinson					11,999
Sue Smallwood					7,872
Walter E. May				281,635	31,895
Cheryl Hickman				152,253	29,702
Thelma Vinson				105,523	25,846
Deborah Puckett				139,640	24,455
Juanita Deskins				146,284	22,318
Danny Harris				253,804	33,067
William Johnson, M.D.				250,400	30,931
Bernard Galla				159,362	26,252
<b>Total</b>				<b>1,488,901</b>	<b>294,326</b>
	Fundraising				
	Mgmt & General Expense Account	Compensation	Employee Benefit Plan	Expense Account	
<b>Total</b>					

# COMPENSATION OF CURRENT OFFICERS

Attachment 7: page 2 - 990 Page 2, Part II, Line 25a

Open to Public Inspection	For Calendar year 2006, or tax year period beginning 10-01	and ending 09-30-2007.
Name of Organization		Employer Identification Number
Pikeville Medical Center, Inc.		61-0458376

Name of Officer	Program Services			Management and General	
	Compensation	Employee Benefit Plan	Expense Account	Compensation	Employee Benefit Plan
Sheila Belcher				93,183	20,263
Terence Farrell				63,170	9,521
Margie Sue Muse				119,014	21,313
Jerry Johnson				150,254	24,766
Michael Slusher				40,868	7,660
Allen Miller				40,001	6,495
Tracy Brand				45,559	7,988
Robert Keith Bridges				3,462	265
Total					
				555,511	98,271
	Fundraising				
	Mgmt & General	Compensation	Employee Benefit Plan	Expense Account	
	Expense Account				
	1,450				
	1,500				
Total					
	2,950				

**COMPENSATION OF FORMER OFFICERS**

Attachment 8: page 1 - 990 Page 2, Part II, Line 25b

Open to Public Inspection For Calendar year 2006, or tax year period beginning 10-01 and ending 09-30-2007.

Name of Organization  
Pikeville Medical Center, Inc. Employer Identification Number  
61-0458376

Name of Officer	Program Services			Management and General	
	Compensation	Employee Benefit Plan	Expense Account	Compensation	Employee Benefit Plan
Joann Anderson				259,330	23,798
Total			Fundraising	259,330	23,798
	Mgmt & General		Employee Benefit Plan		
	Expense Account	Compensation	Expense Account		
Total					



Attachment 9: page 1 - 990 Page 2, Part II, Line 42

For Calendar year 2006, or tax year period beginning 10-01-2006

**Name of Organization**

**Pikeville Medical Center, Inc.**

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Attachment 10: page 1 - 990 Page 2, Part II, Line 43

## Inspection

**For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.**

Pikeville Medical Center, Inc.

61-0458376

Total	39,616,075	36,985,778	2,625,471	4,826
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## PRIMARY EXEMPT PURPOSE

Attachment 11: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

### Primary Purpose

Pikeville Medical Center, Inc. (PMC) is committed to providing accessible healthcare to all patients in need regardless of their ability to pay within the bounds of responsible stewardship in a Christian environment.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.		
Name of Organization Pikeville Medical Center, Inc.		Employer Identification Number 61-0458376	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	294,875	Amount includes foreign grants	Program service expenses 173,726,867

## Exempt Purpose Achievements

Pikeville Medical Center, Inc. (PMC) is committed to providing accessible healthcare to all patients in need regardless of their ability to pay within the bounds of responsible stewardship in a Christian environment. This is, of course, an integral part of the tax exempt service within the healthcare industry. In addition, to an acute care hospital, PMC operates an outpatient radiology center, an outpatient diagnostic center, an out-reach physical therapy site, and has physician offices in Pikeville and outlying communities, outpatient radiology centers in Inez and in Prestonsburg, and sleep study labs in Prestonsburg and in Whitesburg. These off-site facilities are an example of the hospital's commitment to providing accessible healthcare for many different types of healthcare services. To further the mission of enhancing the health of the people and communities it serves, PMC provides medically necessary care to patients regardless of race, religion, sex, national origin, disability, age or ability to pay. Recognizing that not all patients have the ability to pay, it is the policy of PMC to provide DSH income guidelines to all patients registered and to assist those that qualify in completing an application for determination. Further, PMC also has an in-house charity program that is designated fiscally to assist patients who do not meet the outside program's criteria for assistance. PMC has notices posted throughout the hospital that clearly communicate the hospital's charity care policy. PMC employees are instructed in the application of the charity care policy and are trained to recognize situations that indicate the financial resources of a patient may be inadequate. These employees freely and willingly volunteer information regarding the charity care policy to any patient who may express a concern regarding their ability to pay for services. PMC relies on the physician's orders to determine whether treatment is medically necessary and whether the patient is treated on an inpatient or outpatient basis. A patient's ability to pay for services has no bearing upon whether, or how, the patient is treated at PMC. Patients are transferred only when PMC does not provide the specialized service that is required, or by specific request of the physician or the patient. PMC operates an Emergency Department that is open 24 hours a day and 365 days a year. In FY 2007, we had 35,252 emergency department visits. PMC emergency department posts policies regarding the treatment of patients regardless of their ability to pay. Under no circumstances is appropriate care delayed by discussions regarding insurance coverage or ability to pay.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 2 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	10-01-2006, and ending	09-30-2007.
Name of Organization Pikeville Medical Center, Inc.			Employer Identification Number 61-0458376
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	

## Exempt Purpose Achievements

The mission statement of Pikeville Medical Center (PMC) is to "provide quality regional healthcare in a Christian environment." PMC strives to reach this goal by providing a complete range of state-of-the-art and technologically advanced health care services for our local community and beyond. The passion of the staff at Pikeville Medical Center is to help others with compassion, and to deliver excellent care to our patients. The medical center's values are demonstrated in the care and concern shown throughout the facility by employees who exhibit a spirit of teamwork and a desire to serve others. Throughout Pikeville Medical Center's 83-year history, the hospital has exhibited substantial growth and change, especially over the last few years. 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 facility is a modern 261-bed, 500,000 plus square foot medical complex. This tremendous physical growth, along with sound financial leadership, has allowed PMC to significantly expand the healthcare services offered to the region. These services now include a full service cancer treatment center, expanded cardiology services, including open heart surgery, a 40-bed inpatient physical rehabilitation unit, neurosurgery, adult and adolescent medical drug detoxification program, neonatal intensive care (Level II +/- III), outstanding state of the art radiology services with Siemens ONCOR Linear Accelerator (second in the nation), two 64-slice CT scanners, Pet Scanning, Stand-Up MRI unit, two satellite sleep lab facilities, and an outpatient diagnostic center. As well as augmenting the range and complexity of health care services provided to patients in the area, Pikeville Medical Center's growth has also 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 69,000 homes and businesses in Pike, Floyd, and Letcher counties. Also, PMC provides a variety of educational, wellness, and preventive health activities to the community. 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 health of the citizens of the region.

**COMMUNITY EVENTS & ACTIVITIES:** Local Event Support: PMC also provides financial support to the community through donations as well as through the time and talents of its employees. The Medical Center's staff is encouraged to attend, volunteer, and participate in the following local events:

- American Heart Association's Heart Gala
- Habitat for Humanity
- Homeless Shelter Food Drives
- Area school athletic programs
- Area school academic programs
- YMCA Easter Events
- YMCA Safe Night Trick or Treating
- Hillbilly Days Health Screening & First Aid
- Jenny Wiley Theatre
- American Cancer Society Relay for Life
- Special Olympics
- WYMT Mountain Sports Classic Basketball Tournament
- 15th Region Basketball Tournament
- Kiwanis Club
- Rotary Club Charity Care

Pikeville Medical Center set a record for charity care in 2007. Through defined policies and procedures, PMC recorded

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 3 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	10-01-2006, and ending	09-30-2007.
Name of Organization Pikeville Medical Center, Inc.			Employer Identification Number 61-0458376

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

uncompensated charity of \$17,701,901 (services at hospital's established rates). The care was distributed throughout 19 counties across eastern Kentucky and southern West Virginia. Shriner's Hospital for Children Clinic: PMC provides radiology equipment for use by the staff of the Shriner's Crippled Children Hospital for the assessment of their patients during multiple outreach clinics in 2007. This allows local children to have their appointments at home without traveling hours away to another facility. These clinics see dozens of children each year. American Cancer Society Relay for Life: Pikeville Medical Center was one of 61 teams to participate in the 2007 Pike County Relay for Life. The hospital's finance team served as the finance chairman for the event, which raised more than \$170,000 for the American Cancer Society. Pikeville Medical Center's Public Relations department serves as the publicity coordinator for the event and the Medical Leader ran a series of public service announcements for the event. In conjunction with the Relay for Life, PMC sponsored a survivor's dinner for area cancer survivors the week before the event. Blood Drives (CKBC): Our facility provides a location for quarterly blood drives conducted in accordance with Central Kentucky Blood Center. The Medical Center encourages employee and public participation in these events. In 2007, PMC held four blood drives and donated over 234 units of blood. PMC Hospital Week Health Fair: In celebration and recognition of National Hospital Week during May 2007, PMC sponsored a community health fair. During this event, over 120 individuals were screened for blood pressure, blood sugar/diabetes, oxygen saturation, BMI, etc. Medical information was also provided to those in attendance. The event is open to the general public. Hillbilly Days First Aid Station: During the 2007 Hillbilly Days Festival held in downtown Pikeville in April, PMC sponsored and staffed a health screening booth while serving the event as the official first aid station. During the three-day event, PMC employees screened over 1,000 festival attendees. The employees distributed literature related to the warning signs and early detection of cancer. Attendees received on-site medical attention and some were sent to the emergency room for additional treatment. Fall Fit Classic (10K & 1 Mile Walk/Run Event): Held in October, this PMC event targets employees and the community to stay fit by holding two race type events - a one mile fun walk/run and a more competitive 10K run. Each year a different charity is selected to receive all net proceeds generated through sponsorships, entry fees, etc. Past charities included the medical detoxification program and Hurricane Katrina rebuilding efforts. Habitat for Humanity's Women's Build: In 2007, Pikeville Medical Center played a pivotal role in the construction of a Habitat for Humanity Women's Build project. Hospital employees worked in conjunction with other civic organizations, churches, other non-profit groups and businesses in this effort. PMC employees participated in training that included how to install shingles, frame walls and roofs, a class devoted to insulation, doors and windows, in addition to training dates for installing sheetrock, painting and trim, siding and flooring.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 4 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	10-01-2006, and ending	09-30-2007.
Name of Organization Pikeville Medical Center, Inc.			Employer Identification Number 61-0458376

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

Women Build has grown at an annual rate of almost 25 percent, according to reports from Habitat for Humanity. The cost of building a three-bedroom habitat house is just over \$50,000 and includes work from the ground up - from excavation to the last shingle. PMC also provided lunch for the workers during the week of the construction of the home. The building project took six weeks, however, the hospital worked throughout the year in assisting the organization in fundraising efforts. The Medical Leader gave the group advertisements free of charge. Holiday Events: PMC involves the community in many activities and events around several of the key national holidays such as Easter, Thanksgiving and Christmas. During Easter, the community is invited to participate in a Sunrise Service at the hospital and several promotional items are given to the public to celebrate the holiday. PMC is also a prominent sponsor of the YMCA Easter Egg Hunt event. Christmas is the hospital's major holiday celebration. A week-long live nativity is held for the community. Hospital employees donate several hundred hours to staff, create, and make the live nativity a success. The hospital also sponsors a Blessing Tree, a large Christmas tree where employees and the public are invited to display their thankfulness by placing symbolic ornaments and messages on the tree. Further, PMC arranges for live Christmas music for the patients. The hospital participates in the city parade with a float emphasizing its mission to the community. A tree lighting ceremony is held for the community with free pictures with Santa along with free refreshments and other activities. Additional Health Fairs: PMC conducts additional health fairs throughout the year when contacted by external groups and hundreds of local people are screened. During health fairs, participants are screened for health problems such as blood pressure and diabetes. Additional health fairs were held at area senior citizens centers, school resource centers, local festivals, clubs and businesses. Examples are: Women's Club Health Fair, Federal prison health fair, YMCA sponsored health fairs. Christian Emphasis Committee: Pikeville Medical Center desires to seek the guidance of the Lord in fulfilling its mission, and therefore regularly begins meetings with prayer. This committee is made up of PMC Board members, medical staff, and employees who meet regularly to discuss ways to give back to the community. Some of the activities that were held in 2007 were: -Food drive for the Homeless Shelter -Collection for Domestic Violence Shelter -Collection for Judi's Place for Kids (a shelter for sexually abused children) Meals on Wheels: Pikeville Medical Center provided 5,108 meals for this program during fiscal year 2007. The hospital incurs about \$11,500 in expenses related to this program annually. COMMUNITY EDUCATION Community Education Programs: PMC's Education Department offered a wide array of healthcare-related continuing education courses during FY 2007 to the community. Community members participated in courses, including Pediatric Advanced Life Support, Advanced Cardiac Life Support, Aids Update, Cardiopulmonary Resuscitation, Neonatal Resuscitation, Adult Heartsaver, First Aid, and IV Therapy. Below are some of the specifics: -ACLS class provided for the PCSOM students -BLS class provided for the PCSOM students -CPR provided to local fire departments and other first responders -CPR classes taught in communities for area coaches, girl scouts, day care centers, and doctor's offices -A community CPR class is taught every second Saturday of the month Student Rotations: PMC serves

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 5 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.		
Name of Organization Pikeville Medical Center, Inc.			Employer Identification Number 61-0458376
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	

### Exempt Purpose Achievements

as a clinical training site for students in healthcare related fields from regional universities and colleges. During 2007, PMC contracted with 19 schools and received 350 students in clinical rotation. They are:

- Bellarmine University -Kentucky Community and Technical College System (KCTCS) -Eastern Kentucky University (EKU) -Hazard Community and Technical College (HCTC) -Marietta College -University of Appalachia -Morehead State University -Pikeville College -Southeast Community College -UK College of Pharmacy -University of Kentucky (UK) -University of South Carolina School of Pharmacy -Virginia Commonwealth University -Spencerian College -National College of Business -South University -Southern West Virginia Community and Technical College (SWCTC) -University of Cincinnati -Western Kentucky University

Lectures: The staff at PMC remains active in lecturing on many topics. Representatives from the cancer center spoke to a variety of local civic clubs including the Kiwanis Club, Pikeville Woman's Club, Rotary Club, and Pikeville Junior Woman's Club. -Medical Detox representatives spoke at the Federal prison in Martin County and during Leadership Pike County -Family Practice Clinic representatives regularly present lectures at the Pikeville College School of Osteopathic Medicine (PCSOM) -Leonard Lawson Cancer Center representatives present to a variety of local organizations about the importance of getting screened and the effects of cancer -Respiratory Therapy representatives served as guest lecturers at health science class at Big Sandy Community and Technical College and spoke at local organizations -Many departments are selected to participate on local radio and television shows to speak about health care issues and the services they provide. Educational Booths: Pikeville Medical Center set up a booth at the Kentucky State Fair worked by PMC employees. Personnel worked the booth and answered questions pertaining to services provided. Information was handed out from Wound Care Center, Hospital Education, the Leonard Lawson Cancer Center, and Diabetes Education. The booth was open all four days of the state fair. A-Optic (Appalachian Osteopathic Postgraduate Training Institute Consortium) Pikeville Medical Center is a member of this group of medical facilities and educational institutions that have joined together to bring intern and residency programs to the area. We are committed to help educate and retain competent and skilled physicians within our community and region. Physician Recruitment Program: Pikeville Medical Center maintains an active program to locate high quality physicians and bring them to the community. The organization feels



# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 6 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.		
Name of Organization <b>Pikeville Medical Center, Inc.</b>		Employer Identification Number <b>61-0458376</b>	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	

## Exempt Purpose Achievements

strongly that its efforts in this area are essential in 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 that their facilities do not provide. It is also critical to maintain physicians who can treat conditions, which afflict the population of eastern Kentucky in numbers significantly above the national average (specifically heart disease, cancer, and diabetes). During 2007, Pikeville Medical Center assisted in the placement of physicians in our local area practicing in the following specialties: -Critical Care Medicine -Physical Medical & Rehabilitation -Retina Specialist -Neurosurgery -Hospitalist -Cardio Thoracic Surgery -Family Practice -Oncology -Orthopedic Surgery -Anesthesia -Radiation Oncology -General Surgery -Neonatology -Ophthalmology -Allergy/Immunology. Health Advantage Program: The Health Advantage program seeks to provide employers with assessments regarding the health of their workforce. A team of employees from the medical center visits each job site to conduct interviews and draw the necessary specimens. The assessment includes a lipid profile, metabolic profile, height, weight, blood pressure and a health questionnaire completed for each employee. Results of the testing are then confidentially sent to the employee, while the employer receives a summary of the overall health assessment of its workforce. The employer pays a reasonable fee for this service. Pikeville Medical Center staff continues to travel across the region and beyond to provide this service for local employers and their branch offices. Smoking Cessation Classes: Pikeville Medical Center, along with the Kentucky Cancer Program, offers classes to the community. Using the Cooper-Clayton method of smoking cessation, the program is a 13-week class that is held in the Leonard Lawson Cancer Center on a quarterly basis. Several staff members are certified to teach the program. Addiction Services: Pikeville Medical Center's Addiction Services Program is actively involved in not only community and civic organizations, but employees in this department also serve as a vital component in combating drug-related issues in eastern Kentucky. Employees in this department serve on various boards and committees including: Pike County Community Drug Task Force, Unite Drug Task Force, Consultants for WestCare, Consultants for Hospice, Drug Court Representative in Juvenile Court, Drug Court Representative for Adult Court, International Nurses Society on Addiction Services and Pike County Board of Education Drug Task Force. PMC, along with officials from Pike County District Court, has implemented the P.A.S.T. (Professionally Assisted Substance Abuse Treatment) program, which allows the drug court to be held at the hospital weekly. The hospital also holds two Lifeline meetings a week. These meetings are facilitated through a joint effort between the hospital's Addiction Services and Chaplain programs. Lifeline meetings help those addicted and their families get their lives back together after treatment. HEALTH CLINICS/SCREENINGS Cancer Screenings: During 2007, PMC provided several free cancer screenings for the community. The goal of these screening programs is to educate area residents concerning the importance of early detection and treatment of the cancer as well as detect suspected disease processes. A summary of the screening programs is as follows: -Oral Cancer Screenings -Colorectal Cancer Screening -Prostate Cancer Screening -Skin Cancer Screening. Flu

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 7 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	10-01-2006, and ending	09-30-2007.
Name of Organization Pikeville Medical Center, Inc.			Employer Identification Number 61-0458376
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	

### Exempt Purpose Achievements

Immunizations: Pikeville Medical Center provided more than 1,000 flu vaccinations to hospital employees, family members and members of the community. COMMUNITY SERVICE/COMMITTEES/BOARDS/TEAMS Pikeville Medical Center is very proud of the large number of its employees that give their time to serve on various committees and Boards in the community as well as participate in activities and teams in the area. These include: -Chamber of Commerce -Rotary Club -Kiwanis Club -Leadership Pike County -Big Sandy Community and Technical College Advisory Board for Respiratory Care -American Cancer Society Relay for Life -Habitat for Humanity -CEDAC-Pike County Extension Board -Pike Arts Board -Thankful Hearts Pantry -Floyd County Senior Citizens Games -Shriners -Masons -Coaching for Youth Soccer -Volunteer Fire Department members -HOPE (Helping our Poor Exist) -Sunday School Teachers -IT Advisory Board for the BSCTC -I66 Foundation -Connect Kentucky Advisory Board -Pike County Community Leadership Team -Big Sandy District Early Intervention Committee -Neighborhood Watch Associations -Girl Scouts -Boy Scouts -Sports Booster Club Members -Special Olympics -Regional Bioterrorism/Emergency Planning Committee -WestCare Advisor -Pike County District Drug Court Steering Committee -Unite Pike -Lifeline -Hope for the Mountains Committee -D.A.R.E. -Thankful Hearts Food Pantry -Family and Consumer Science Advisory Council. Kiwanis Holiday Festival: A large number of Pikeville Medical Center employees volunteered countless hours in assisting the Pikeville Kiwanis Club to raise money for under

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 8 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.		
Name of Organization <b>Pikeville Medical Center, Inc.</b>		Employer Identification Number <b>61-0458376</b>	

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

Wellness Program: Employees at Pikeville Medical Center can voluntarily enroll into the hospital's wellness program, an initiative to encourage employees to live a more productive and healthier life. This, in turn, promotes a more productive and healthier workforce and assists - in the long term - in eliminating the cost of health care pertaining to diseases and ailments associated with poor diet and exercising habits. Participants are eligible to earn \$500 (twice annually) if he or she hits a target set forth through a health risk appraisal. The wellness program also extends it reach throughout the community, offering services (including lectures and body mass index (BMI) calculations) at area schools. In 2007, wellness program bonuses were \$283,579. During the flu season, the program helped coordinate free flu shots for PMC employees. More than 1,000 employees took advantage of this free service. This service is offered to community businesses for a reasonable charge. SUPPORT GROUPS: PMC sponsors and provides meeting space for several support groups within our community. These groups include: -ABC/After Breast Cancer Support Group -LLCC Cancer Support Group -Stroke Support Group -Diabetes Support Group -Mended Hearts -AL-Anon -Alcoholics Anonymous -Narcotics Anonymous. DEPARTMENTAL EVENTS Women and Children's Health: Pikeville Medical Center delivered 937 babies this year to mothers of all socioeconomic levels. Mothers-to-be and their families are offered child- birth classes and newborn care classes at no charge. The Medical Center provides Level II Neonatal Intensive Care Unit (NICU) for infants requiring specialized care due to premature or developmental issues. The NICU reported 170 admissions during fiscal year 2007. The Special Care Nursery provides a full range of monitoring and procedures to support sick infants. Hospital services provide excellent support for the care of neonatal patients through x-rays, ultrasounds, etc. Infant developmental stimulation services are provided by a team of therapists who are trained to work with infants. The NICU involves the efforts of a team of neonatologists, as well as nurses, therapists, and other employees. Pikeville Medical Center also offers safe sitter classes to the community. The classes are also given to local schools at their request. Young people, between the ages of 11-13, are taught by registered nurses and are given the resources and skills they need to provide babysitting services in our community. This service is provided for a nominal fee. PMC also provides meals to the parents of pediatric patients during their child's inpatient stay. Volunteer Services: Pikeville Medical Center is blessed with a vibrant and active group of local volunteers of all ages. During the year ended September 30, 2007, these dedicated individuals donated approximately 14,069 hours of their personal time to serve patients and provide other services within the facility. Services provided by volunteers include: -Tours given to local groups including: Model City Daycare, Pikeville College Nursing Program, National College of Business, East Ridge High School, Pike County Central High School, Numerous Girl Scout Troops -Observation opportunities for the PEPP program, which allows high school students to observe clinical areas in healthcare -Coordination of the Upward Bound Program -Educational Fair for Betsy Layne Elementary School -Coordination of the Pikeville High School School-to-Work Program. Medical Leader: Pikeville Medical Center publishes a weekly newspaper which is delivered free of charge to 69,000 households and

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 9 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	10-01-2006, and ending	09-30-2007.
Name of Organization Pikeville Medical Center, Inc.			Employer Identification Number 61-0458376

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

business in Pike, Floyd, and Letcher counties. Each issue contains information on current health topics, services offered at Pikeville Medical Center, sports, and other community news events including: -adult health and child health related articles/topics used to make the public aware of health issues -extensive coverage of school-related events -a full sports section, featuring college, high school and youth sports -a community calendar used for free public service announcements for churches, schools, hospital events and other community activities. S.A.N.E. (Sexual Assault Nurse Examiner) Program PMC maintains a staff of on-call nurses trained and certified in treating sexual assault cases. The S.A.N.E. program has made a profound difference in the quality of care provided, and offers victims prompt, compassionate care and comprehensive forensic evidence collection. In addition to helping preserve the victim's dignity and reduce psychological trauma, the program enhances the evidence collection for more effective investigations and better prosecutions. Chaplaincy Services: In accordance with its mission, Pikeville Medical Center is very committed to providing chaplaincy services to our patients, visitors and others in the community as needed. The medical center houses an on-site chapel and employs two full-time chaplains. Other part-time chaplains are available as needed. An effort is made to visit all patients daily. PMC allows area churches to use the hospital baptistery when needed. The hospital also hosts a Sunday worship service, which is aired on television to all patient rooms and waiting areas. Little Lambs, a small New Testament Bible, is given to each new baby born at PMC. Devotional material is also available to patients and is distributed by the chaplain staff members daily. Our chaplains often work with patient's families to meet individual needs. In addition to spiritual needs and grief support, the chaplain helped to provide nearly 5,000 meals for families unable to meet the cost. Chaplains also work with Social Services to make sure patients, who cannot obtain medicine due to financial or other hardships, can enroll in special services and/or programs that cater to their needs. Every year, Pikeville Medical Center hosts an appreciation dinner for community ministers and their spouses.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 12: page 10 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	10-01-2006, and ending	09-30-2007.
Name of Organization Pikeville Medical Center, Inc.			Employer Identification Number 61-0458376
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	

### Exempt Purpose Achievements

The department assists in collecting items for area homeless shelters, abuse shelters and other community organizations, such as Appalachian Pregnancy Care Center and help for a mission trip to a South Dakota Indian Reservation with the collection of needed items for the children. Chaplains are on call 24 hours a day, seven days a week and the chaplain on duty delivers a devotion each morning over the hospital's public address system. A devotion line is accessible in-house and from outside at any time during the day or night. The department also provides weekly/daily addiction support group facilitation for Addiction Services and sends sympathy cards to the family of patients who have expired at PMC. Social Services: Employees in the Social Services department of the medical center work with patients to locate assistance to help cover the cost of needed medications. During fiscal year 2007, they helped 212 patients to receive needed medications at no cost to them. This deferred cost is over \$15,000. The department also works with women's services/NICU to evaluate each family and to help them find needed resources and coordinate plans with agencies and follow-up programs.

**SCHEDULE OF INVESTMENT LAND, BUILDINGS & EQUIPMENT**

Attachment 13: page 1 - 990 Page 4, Part IV, Line 55

Open to Public Inspection		For Calendar year 2006, or tax year period beginning 10-01-2006 and ending 09-30-2007.			
Name of Organization		Employer Identification Number			
Pikeville Medical Center, Inc.		61-0458376			
Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)	
Condo 1D Improvements	8,394	6,226	2,168		
Condo 2C Improvements	1,228	1,228			
Condo 3B Improvements	4,826	4,813	13		
Grace Call Building Improvements - Physician Office	37,268	4,555	32,713		
Condo 2C	45,000	33,708	11,292		
Condo 3B	45,000	33,708	11,292		
Condo 4A	48,000	32,767	15,233		
Grace Call Building	2,564,311	925,224	1,639,087		
Condo 2C Improvements	18,974	17,280	1,694		
Condo 3B Improvements	19,660	6,690	12,970		
Condo 4A Improvements	7,950	6,435	1,515		
Grace Call Building Improvements	75,930	54,970	20,960		
Condo - Root Blower	950	950			
Norris Doublewide Improvements	3,298	3,298			
Condo 1D	45,000	33,708	11,292		
Norris Doublewide	33,600	33,600			
Doublewide & Improvements	57,640	40,505	17,135		
Park Street Properties	218,959	4,425	214,534		
Total	3,235,988	1,244,090	1,991,898		

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## SCHEDULE OF OTHER INVESTMENTS

Attachment 14: page 1 - 990 Page 4, Part IV, Line 56

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.		
Name of Organization Pikeville Medical Center, Inc.		Employer Identification Number 61-0458376	
Description of Investment - Other	Cost or FMV	EOY Book Value	
Investment in PMC Foundation, Inc.	Cos	368,736	
Green Meadows Membership	Cos	800	
Investment in Pikeville Medical Development Corp	Cos	471,342	
Total		840,878	

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

Attachment 15: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection	For Calendar year 2008, or tax year period beginning 10-01-2006	and ending 09-30-2007.
Name of Organization	Employer Identification Number	
Pikeville Medical Center, Inc.	61-0458376	

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
Land	2,913,170		2,913,170	
Land Improvements	5,188,954	3,313,422	1,875,532	
Buildings	80,545,857	21,516,992	59,028,865	
Leasehold Improvements	583,719	201,934	381,785	
Fixed Equipment	7,748,658	5,737,507	2,011,151	
Major Movable Equipment	73,406,196	50,239,244	23,166,952	
Construction in Progress	3,473,846		3,473,846	
Total	173,860,400	81,009,099	92,851,301	



**SCHEDULE OF OTHER ASSETS**

Attachment 16: page 1 - 990 Page 4, Part IV, Line 58

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Assets Whose Use Is Limited Under Bond Indenture	5,070,088	5,193,802	
Goodwill	280,000	1,212,514	
Bond Issuance Costs	1,189,540	1,099,821	
US Bank Collateralized Investment	397,170	325,000	
Notes Receivable	286,236	6,434	
Physician Mortgage Guarantee	23,595	18,876	
Totals	7,246,629	7,856,447	

**SCHEDULE OF TAX EXEMPT BOND LIABILITIES**

Attachment 17: page 1 - 990 Page 4, Part IV, Line 64a

Open to Public Inspection	For Calendar year 2006, or tax year period beginning 10-01-2006 and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

Name of Issue	Purpose of Issue	Amount Outstanding	Unexpended Bond Proceeds	Third Party Use
	Refunding 1993 Bonds; Finance Expansion; Fund Debt Service Reserve Fund; Bond Issuance Costs	38,025,000		No
		Total	38,025,000	

Third Party Space Percentage	Maturity Date	Repayment Terms	Interest Rate	Security
	2028-02	Variable rates of interest ranging from 5.0% to 5.7%, due in variable installments		Hospital Revenue

# SCHEDULE OF MORTGAGES AND OTHER NOTES PAYABLE

Attachment 18: page 1 - 990 Page 4, Part IV, Line 64b

Open to Public Inspection		For Calendar year 2006, or tax year period beginning 10-01-2006 and ending 09-30-2007.					Employer Identification Number	
Name of Organization		Pikeville Medical Center, Inc.					61-0458376	
Lender's Name, Title and Relationship to Any Officer, Director, Trustee, Key Employee or Substantial Contributor		Original Amount	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	
Citizens National Bank  None US Bank  Hospital Board Member is also a Board Member of US Bank Community Trust Bank  Hospital Board Member is also a Board Member of Community Trust Bank		4,539,000	3,380,196	2006-02	2011-05	3 Months Interest Only and 56 Months Principal & Interest Monthly Installments	5.7500	
		1,291,910	645,955	2005-03	2010-03	12 Months Interest Only and 48 Months Principal & Interest	5.2400	
		1,850,000	1,501,333	2005-11	2010-11			
Total		7,680,910	5,527,484					
Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration		Consideration FMV				
Equipment	Finance Equipment	N/A						
Unsecured	Finance Building Project	N/A						

Attachment 19: page 1 - 990 Page 4, Part IV, Line 65

<b>Name of Organization</b> Pikeville Medical Center, Inc.	<b>Employer Identification Number</b> 61-0458376
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Description of Liability	Beginning of Year	End of Year
Reserves for Reciprocal of America Claims & Estimated Cost Report Settlements	7,140,153	1,796,625
Reserves for Worker's Compensation Claims	151,259	229,511
Capital Lease Obligation	135,539	161,621
Purchase of Physician Practice		800,000
Totals	7,426,951	2,987,757

Attachment 20: page 1 - 990 Page 5, Part IV-A, Line b(4)

<b>Name of Organization</b> Pikeville Medical Center, Inc.	<b>Employer Identification Number</b> 61-0458376
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Description of Other Revenue	Total Amount
<b>Revenues Shown Net of Expenses for Net Rental Income/Loss and Gross Profit/Loss from Sales of Inv</b>	<b>4,994,560</b>
<b>Total</b>	<b>4,994,560</b>

**SCHEDULE OF OTHER EXPENSES INCLUDED**

Attachment 21: page 1 - 990 Page 5, Part IV-B, Line b(4)

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006 , and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

Description of Other Expenses	Total Amount
Expenses reflected at net for Rental Income/Loss and Gross Profit/Loss from Sales of Inv	4,994,560
Total	4,994,560

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 22: page 1 - 990 Page 5, Part V-A

Open to Public Inspection		For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.		
Name of Organization Pikeville Medical Center, Inc.				Employer Identification Number 61-0458376
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Joe Dean Anderson P.O. Box 785 Pikeville, KY 41501	Secretary 4.00	0	12,440	0
Walter Blankenship 136 Myra Barnes Avenue Pikeville, KY 41501	Director 2.00	0	0	0
Ronald Burchett P.O. Box 1198 Pikeville, KY 41501	Vice President 4.00	0	0	0
T.T. Colley 103 Walnut Street Pikeville, KY 41501	Director 2.00	0	12,440	0
David Collins P.O. Box 2768 Pikeville, KY 41501	Director 2.00	0	0	0
Dennis Halbert, M.D. P.O. Box 2648 Pikeville, KY 41501	Director 4.00	0	12,440	0
Judith Hinkle 511 Walnut Street Pikeville, KY 41501	Director 2.00	0	0	0
Hobart Clay Johnson P.O. Box 550 Pikeville, KY 41501	Director 2.00	0	0	0
John LaBreche 105 Pinson Branch Road Pikeville, KY 41501	Director 4.00	0	229	0
Alex Poulos, M.D. P.O. Box 2648 Pikeville, KY 41501	Director 4.00	0	12,440	0
Larry Coleman, M.D. 419 Town Mountain Road Pikeville, KY 41501	Chief of Staff 2.00	0	0	0
Lacy Puckett 114 Cedar Lane Pikeville, KY 41501	Emeritus Board Memb 2.00	0	0	0
JoNell Robinson P.O. Box 2350 Pikeville, KY 41501	Director 4.00	0	11,999	0
Sue Smallwood P.O. Box 217 Dorton, KY 41520	Director 4.00	0	7,872	0
John Waddell 379 Chloe Road Pikeville, KY 41501	Director 2.00	0	0	0
Mary Simpson, PhD 1654 Mudlick Road Pikeville, KY 41501	Director 2.00	0	0	0
Walter E. May P.O. Box 2200	President/CEO 40.00			

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 22: page 2 - 990 Page 5, Part V-A

Open to Public Inspection		For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.		
Name of Organization Pikeville Medical Center, Inc.				Employer Identification Number 61-0458376
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Pikeville, KY 41501		281,635	31,895	0
Danny Harris	CFO-VP			
152 Quail Walk	Finance			
Pikeville, KY 41501	40.00	253,804	33,067	0
William Johnson, M.D.	Chf Medical			
4678 Zebulon Highway	Officer			
Pikeville, KY 41501	40.00	250,400	30,931	0
Cheryl Hickman	VP Nurse			
126 S Elm Street	Executive			
Pikeville, KY 41501	40.00	152,253	29,702	0
Juanita Deskins	VP Human			
P.O. Box 3413	Resources			
Pikeville, KY 41502	40.00	146,284	22,318	0
Deborah Puckett	CEO-Rehab			
349 Kati Street	Services			
Pikeville, KY 41501	40.00	139,640	24,455	0
Margie Sue Muse	Assistant			
167 Store Hollow	COO/AVP			
Betsy Layne, KY 41605	40.00	119,014	21,313	0
Thelma Vinson	Special Asst			
1573 Indian Creek	to Pres			
Virgie, KY 41572	40.00	105,523	25,846	0
Michael Slusher				
P.O. Box 602	AVP-Professio			
Pikeville, KY 41502	Svc			
	40.00	40,868	7,660	1,500
Terence Farrell	VP			
750 Blue River Br	Prof/Support			
Blue River, KY 41607	Svcs			
	40.00	63,170	9,521	1,450
Tracy Brand	Assistant COO			
176 Ratliff Road	40.00			
Pikeville, KY 41501		45,559	7,988	0
Sheila Belcher	AVP-Nursing			
67 Tracey Street	40.00			
Pikeville, KY 41501		93,183	20,263	0
Robert Keith Bridges	AVP-Cust			
174 W Cedar Drive	Svc/PR			
Pikeville, KY 41501	40.00	3,462	265	0
Allen Miller	AVP-Nursing			
137 Lance Street	40.00			
Apt. 205				
Pikeville, KY 41501		40,001	6,495	0
Jerry Johnson	Chief			
232 North Monte Drive	Operating Off			
Pikeville, KY 41501	40.00	150,254	24,766	0
Bernard Galla	Chief			
10 Landgraf Avenue	Information			
Bridgeville, PA 15017	Of			
	40.00	159,362	26,252	0



Attachment 23: page 1 990 Page 6, Part V, Line 75c

Individual Receiving Compensation ..... Jerry Johnson

**EIN of Related Organization** ..... **20-2487928**

Compensation .....	33527
Benefit Plan Contributions .....	4040
Expense Account .....	0

[illegible]

Attachment 24: page 1 - 990 Page 6, Part V-B

(A) Name and Address	(B) Loans and Advances	(C) Compensation	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Joann Anderson P.O. Box 3535 Pikeville, KY 41502	0	259,330	23,798	0

## RELATED ORGANIZATION

Attachment 25: page 1 - 990 Page 6, Part VI, Line 80

Open to Public Inspection	For calendar year 2006 or tax period beginning	10-01-2006, and ending	09-30-2007.
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Name of Organization	Employer Identification Number
Pikeville Medical Center, Inc.	61-0458376

Business Name of Organization	Exempt
Pikeville Medical Center Foundation, Inc. Pikeville Medical Development Corporation	

BOOKS ARE IN CARE OF

Attachment 26 - 990 Page 7, Part VI, Line 91a

For calendar year 2006 or tax period beginning 10-01, and ending 09-30-2007.	
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376
Part VI - Line 91a	

Individual Name ..... Danny M. Harris, CFO  
or  
Business Name:

Street Address ..... 911 Bypass Road

U.S. Address:

Zip code 41501 City Pikeville State KY

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (606) 218-4502

Fax Number ..... (606) 437-4996

Attachment 27: page 1 - 990 Page 8, Part VII, Line 93

## Inspection

**For calendar year 2006 or tax period beginning 10-01-2006 , and ending 09-30-2007.**

Pikeville Medical Center, Inc.

61-0458376

[illegible]

Attachment 28: page 1 - 990 Page 8, Part VII, Line 103

<b>Name of Organization</b> Pikeville Medical Center, Inc.	<b>Employer Identification Number</b> 61-0458376
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JVA Copyright Forms (Software Only) - 2008 TW L0519F 08 EOGR87

Attachment 29: page 1 990 Page 8, Part VIII

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
104	Program Service Revenue is generated by providing accessible, quality healthcare to all patients regardless of their ability to pay.

# **SCHEDULE OF INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES**

Attachment 30: page 1 990 Page 8, Part IX

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

(A) Name, Address, and EIN of Corporation, Partnership, or Disregarded Entity	(B) Percent of Ownership Int.	(C) Nature of Activities	(D) Total Income	(E) End-of-Year Assets
Pikeville Medical Center Foundation, Inc. 911 Bypass Road Pikeville KY 41501 61-1274046	100.0000	None	394	48,587
Pikeville Medical Development Corporation 911 Bypass Road Pikeville KY 41501 20-2487928	100.0000	Fundraising / Development	1,867	15,381



# COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

Attachment 31: page 1 Schedule A Page 1, Part I

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
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Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
Bill Harris, M.D. 107 Primrose Lane Pikeville, KY 41501	Cardiologist 40.00	769,731	39,548	1,300
Thomas Donohue, M.D. 103 Primrose Lane Pikeville, KY 41501	Cardiac Surgeon 40.00	700,500	40,794	0
Keith Hall, M.D. 497 Northmonte Woods Pikeville, KY 41501	Orthopedic Surgeon 40.00	655,075	37,886	0
Dennis Havens, M.D. 156 Third Street Pikeville, KY 41501	Cardiac Surgeon 40.00	500,490	35,182	0
Damien Jenson, M.D. 158 Cedar Hills Drive Pikeville, KY 41501	Neurosurgeon 40.00	480,962	36,745	0

# COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR PROFESSIONAL SERVICES

Attachment 32: page 1 Schedule A Page 1, Part II-A

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

## Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
McKesson HBOC P.O. Box 98347 Chicago, IL 60693 Precyse Solutions LLC 198 Allendale Road King Of Prussia, PA 19406 Morrison Mgmt Specialists, Inc. 5801 Peachtree Dunwoody Atlanta, GA 30342 Siemens Medical Systems, Inc. 2501 Barrington Road Hoffman Estates, IL 60195 Philips Medical Systems, Inc. 710 Bridgeport Avenue Shelton, CT 06484	Professional Service  HIM Services  Food Services  Professional Service  Professional Service	  2,260,726  2,224,548  1,922,796  1,127,066  920,912

## Attachment 33: page 1 Schedule A Page 1, Part II-B

Name of Organization	Employer Identification Number
Pikeville Medical Center, Inc.	61-0458376

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Rose Builders 7 Stacy Street Harold, KY 41635	Construction	
General Electric Company, Inc. P.O. Box 96483 Chicago, IL 60693	Biomedical Services	3,246,426
Creative Lighting & Bath Inc. 926 S. Mayo Trail Pikeville, KY 41501	Support Services	1,539,157
Shurtleff's Dry Cleaning & Laundry, Inc. P.O. Box 2260 Pikeville, KY 41501	Laundry Services	726,797
Bowman Enterprises, Inc. P.O. Box 890279 Charlotte, NC 28289	Scanning Services	493,973
		438,899

## SELF DEALING STATEMENT

Attachment 34: page 1 Sch A Page 2, Part III, Line 2, Self-Dealing Statement

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376
Line number from Schedule A, page 2, line 2a to 2e .....	2a

### Statement Regarding Transaction

T.T. Colley - His son is the owner of Pikeville Mini Storage with whom the hospital rents storage space. Danny Harris - His sister owns Pikeville Rental, Inc. from which the hospital rents equipment.

## HOW YOU DETERMINE THAT RECIPIENTS QUALIFY

Attachment 35: page 1 Sch A Page 2, Part III, Line 3a, How You Determine Re

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

### Explanation

Pikeville Medical Center has a qualified Educational Assistance Program. The purpose is to provide for the recruitment and retention of employees. Those individuals interested in participating in the Education Assistance Plan must complete an application form and stipulate the hospital need and how the education program will benefit the hospital. The types of Educational Assistance Plans are Tuition Reimbursement and Financial Assistance. Tuition Reimbursement Eligibility: a) Full-time hired to work at least 36 hours a week, who have satisfactory performance and have completed at least one year of eligible service are eligible to participate. b) Only courses beginning after the completion of one year of eligible service are eligible for reimbursement. c) Only one type of educational assistance at a time may be received from Pikeville Medical Center. d) Must be currently working at the time of reimbursement or employee will not be eligible to receive the reimbursement. e) If full time status changes before the time of reimbursement, employee will not be eligible to receive the reimbursement. f) The CEO and/or the President may make exceptions to this policy. Financial Assistance Eligibility: The financial assistance program may provide funds for full-time study of healthcare profession to students enrolled in accredited colleges or technical schools. Both employees and non-employees are eligible to apply. Assistance must be approved by the Dept. Director, VP/AVP, and the CEO or COO.

## SELF DEALING STATEMENT

Attachment 34: page 2 Sch A Page 2, Part III, Line 2, Self-Dealing Statement

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376
Line number from Schedule A, page 2, line 2a to 2e	2c

### Statement Regarding Transaction

Dennis Halbert, M.D. - Hospital staff physician and also a member of Pikeville Radiology with whom the hospital contracts with for radiology services. Alex Poulos, M.D. - Hospital staff physician and also a member of Pikeville Radiology with whom the hospital contracts with for radiology services. He serves as Board member of US Bank. US Bank provides banking services for the hospital. Hobart Clay Johnson - Local attorney. He serves as a Board member of Community Trust Bank and of Trust Company of Kentucky. Community Trust Bank provides banking services for the hospital. Trust Company of Kentucky is the asset manager of the hospital's pension plan and investments and also the trustee of the funds held in relation to the hospital's 1997 bonds. The hospital also has a physician recruitment agreement with his nephew. Walter E. May - He is an owner of East Kentucky Broadcasting. His radio stations provide advertising for the hospital. His wife's law firm provides legal services for the hospital. David Collins - Certified Public Accountant. He serves as a Board member of Community Trust Bank. Community Trust Bank provides banking services for the hospital. Joann Anderson (former CEO) - Her husband is an employee of Summit Engineering with whom the hospital contracts with for engineering services. Her son is an employee of CMTA Consulting Engineers with whom the hospital contracts with for engineering services. independent accounting firm. T.T. Colley - His granddaughter is a partial owner of Skyy Studios from which the hospital receives graphic design services.

## SELF DEALING STATEMENT

Attachment 34: page 3 Sch A Page 2, Part III, Line 2, Self-Dealing Statemen

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376
Line number from Schedule A, page 2, line 2a to 2e .....	2c

### Statement Regarding Transaction

The above transactions identified in 2a & 2c were performed at arms length providing no excess benefit to any disqualified person.

## SELF DEALING STATEMENT

Attachment 34: page 4 Sch A Page 2, Part III, Line 2, Self-Dealing Statement

Open to Public Inspection	For calendar year 2006 or tax period beginning 10-01-2006, and ending 09-30-2007.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376
Line number from Schedule A, page 2, line 2a to 2e .....	2d

### Statement Regarding Transaction

Joe Dean Anderson - His daughter is employed as a Residency Program Coordinator of the hospital. Walter E. May - He received compensation as President/CEO from the hospital. See Part V-A, Form 990. His daughter-in-law is employed as a Case Manager-RN of the hospital. His son-in-law is employed as a Chaplain of the hospital. Lacy Puckett - (Emeritus Member) - His daughter-in-law is employed as CEO- Rehab Services of the hospital. See Part V-A, Form 990. Jo Nell Robinson - Her husband is employed as a Chaplain of the hospital. David Collins - Certified Public Accountant - His daughter is employed as a Wellness Coordinator of the hospital.



## LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES EXPLANATION

Attachment 36: page 1 Sch A, Page 5, Part VI-B, Nonelecting Public Charitie

Open to Public Inspection	For calendar year 2006 or tax period beginning	10-01-2006, and ending	09-30-2007.
Name of Organization	Pikeville Medical Center, Inc.		Employer Identification Number 61-0458376

### Explanation

Statement of Significant Activities: 1.Tracking and analyzing legislative legislative and regulatory activities that relate to healthcare. 2.Building positive working relationships with legislators, staff and government officials. 3.A portion of dues paid to the Kentucky Hospital Association (KHA) are used for lobbying efforts.

Attachment 37: page 1 - 990-T Page 1, Part II, Line 28

<b>Name of Organization</b> Pikeville Medical Center, Inc.	<b>Employer Identification Number</b> 61-0458376
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	Page Total	
	Total	167,399

2008 DETAIL STATEMENTS

Pikeville Medical Center, Inc.  
61-0458376

Page 1

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STATEMENT #1 - Amt Exclude by Sec 512,513,514 (990-EO PG 8 L 97b(D))	
Net Loss Reported on Property Rental.....	-19,610
TOTAL CARRIED TO 990-EO PG 8 L 97b(D) .....	-19,610

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Transmission Date: 08-15-2008  
Transmission Time: 11:15:38 AM (MST)  
Transmission Number: 1

## 990 Transmission

Printed: 08-15-2008

Organization Name	EIN	Refund	Type	Confirmation
Pikeville Medical Center, Inc.,	XX-XXX8376	0		2097040

Total Transmitted: 1

990 for tax period ended 09/30/07