



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning OCTOBER 01, 2007, and ending SEPTEMBER 30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, 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): 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), 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.

H & I are not applicable to sec. 527 organizations.
H(a) Is this a group return for affiliates?
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number
M Check if organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 233,570,142

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

Table with columns for line number, description, sub-column (a, b, c, d), and total amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

ENVELOPE POSTMARK DATE NOV 23 2010

SCANNED DEC 30 2010

9

**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
22a	Grants paid from donor advised funds (attach sch.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) #5 (cash \$ 81,019 noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	81,019	81,019		
23	Specific assistance to individuals (attach schedule) #6	27,658	27,658		
24	Benefits paid to or for members (attach schedule) . .				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A. #7	3,659,457		3,593,113	66,344
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B. . . . .				
25c	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) . . . . .				
26	Salaries and wages of employees not included on lines 25a, b, and c . . . . .	79,967,172	68,250,253	11,715,919	1,000
27	Pension plan contributions not included on lines 25a, b, and c . . . . .	1,242,163	1,060,159	181,988	16
28	Employee benefits not included on lines 25a - 27. . .	24,217,141	20,668,806	3,548,032	303
29	Payroll taxes . . . . .	5,458,489	4,562,145	896,268	76
30	Professional fundraising fees . . . . .				
31	Accounting fees . . . . .	104,889		104,889	
32	Legal fees . . . . .	1,126,384		1,126,384	
33	Supplies . . . . .	32,603,327	31,714,333	888,994	
34	Telephone . . . . .	371,167	185,584	185,583	
35	Postage and shipping. . . . .	1,275,935		1,275,935	
36	Occupancy . . . . .	2,819,459	2,010,980	806,165	2,314
37	Equipment rental and maintenance . . . . .	6,944,051	5,347,429	1,596,622	
38	Printing and publications . . . . .	906,237	906,237		
39	Travel . . . . .	695,734	376,264	319,470	
40	Conferences, conventions, and meetings. . . . .	199,918	70,625	129,293	
41	Interest . . . . .	2,620,064	2,138,314	479,640	2,110
42	Depreciation, depletion, etc. (attach schedule) . #8	11,992,778	9,787,673	2,195,448	9,657
43	Other expenses not covered above (itemize):				
a	See attachment #9	44,600,249	40,316,450	4,277,602	6,197
b					
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	220,913,291	187,503,929	33,321,345	88,017

**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 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)		(B)		
		Beginning of year		End of year		
<b>A S S E T S</b>	45	Cash -- non-interest-bearing .....	6,885	45	8,805	
	46	Savings and temporary cash investments .....	43,458,639	46	53,311,958	
	47a	Accounts receivable .....	109,984,729			
	b	Less: allowance for doubtful accounts .....	74,140,167	34,267,869	47c	35,844,562
	48a	Pledges receivable .....				
	b	Less: allowance for doubtful accounts .....			48c	
	49	Grants receivable .....			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 .....	6,192,386	52	7,417,272	
	53	Prepaid expenses and deferred charges .....	2,161,003	53	2,671,918	
	54a	Investments -- publicly-traded securities .....			54a	
	b	Investments -- other securities (attach schedule) ..			54b	
	55a	Investments -- land, buildings, and equipment: basis .....	5,229,248			
	b	Less: accumulated depreciation (attach schedule) .....	1,440,350	1,991,898	55c	3,788,898
	56	Investments -- other (attach schedule) .....	840,878	56	956,194	
	57a	Land, buildings, and equipment: basis .....	184,804,136			
b	Less: accumulated depreciation (attach schedule) .....	86,915,625	92,851,301	57c	97,888,511	
58	Other assets, including program-related investments (describe ► See attachment #15 ) .....	7,856,447	58	7,392,565		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	189,627,306	59	209,280,683		
<b>L I A B I L I T I E S</b>	60	Accounts payable and accrued expenses .....	22,960,323	60	24,399,677	
	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) .....	38,025,000	64a	37,045,000	
	b	Mortgages and other notes payable (attach schedule) .....	5,527,484	64b	13,041,552	
	65	Other liabilities (describe ► See attachment #18 ) .....	2,987,757	65	8,481,549	
66	<b>Total liabilities.</b> Add lines 60 through 65 .....	69,500,564	66	82,967,778		
<b>N E T A S S E T S  F U N D B A L A N C E S</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted .....	119,920,742	67	125,981,905	
	68	Temporarily restricted .....		68	125,000	
	69	Permanently restricted .....	206,000	69	206,000	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.					
	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) .....	120,126,742	73	126,312,905	
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	189,627,306	74	209,280,683	

**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>	233,593,008
<b>b</b>	Amounts included on line a 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>	30,975
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify): See attachment #19	<b>b4</b>	6,587,579
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	6,618,554
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	226,974,454
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
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>	226,974,454

**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>	227,531,845
<b>b</b>	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	30,975
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 #20	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	30,975
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	227,500,870
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
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>	227,500,870

**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 #21				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)		Yes	No
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... <b>16</b>		
<b>b</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) .....	<b>75b</b>	X
<b>c</b>	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." ..... If "Yes," attach a statement that includes the information described in the instructions.	<b>75c</b>	X
<b>d</b>	Does the organization have a written conflict of interest policy? .....	<b>75d</b>	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

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

Part VI Other Information (continued)		Yes	No
82a	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? . . . . .	X	
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.) . . . . .		
	82b 30,975		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? . . . . .	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . 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.	N/A	
c	Dues, assessments, and similar amounts from members . . . . .	85c	N/A
d	Section 162(e) lobbying and political expenditures . . . . .	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
h	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? . . .	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b	N/A
88a	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 . . . . .	88a	X
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 . . . . .	88b	X
89a	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	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 . . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶		N/A
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	89f	X
g	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? . . . . .	89g	X
90a	List the states with which a copy of this return is filed ▶		N/A
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) . . . . .	90b	1,417
91a	The books are in care of ▶ See attachment #22 Telephone no. ▶		
	Located at ▶ ZIP + 4 ▶		
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)? . . . . . If "Yes," enter the name of the foreign country ▶	91b	X
	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)

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 ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
93 Program service revenue:					
a See attachment #23					113,441,207
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					108,905,238
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,372,591	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-188,666	
98 Net rental income or (loss) from personal property					
99 Other investment income			15	24,755	
100 Gain or (loss) from sales of assets other than inventory			18	546	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	446110	526,839	03	-201,524	
103 Other revenue: a					
b See attachment #24		-392,490		2,452,898	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		134,349		4,460,600	222,346,445
105 Total (add line 104, columns (B), (D), and (E))					226,941,394

**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).
1	See attachment #25

**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 #26	%			
	%			
	%			
	%			

**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. N/A

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

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

**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: Michelle Hagy Date: \_\_\_\_\_  
 Type or print name and title: Interim CFO

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  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)**

**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**

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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 #27				

Total number of other employees paid over \$50,000 ▶ 480

**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 #28		

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 #29		

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) 2007

**Part III** **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>138,947</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.) #30		
<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.) #31	<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) 2006	(b) 2005	(c) 2004	(d) 2003	(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, income from similar sources, 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> a Enter 2% of amount in column (e), line 24 . . . . . ▶	<b>26a</b> N/A				
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 2003 through 2006 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				
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶	<b>26c</b> N/A				
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	<b>26d</b> N/A				
e Public support (line 26c minus line 26d total) . . . . . ▶	<b>26e</b> N/A				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). . . . . ▶	<b>26f</b> N/A %				
<b>27 Organizations described on line 12:</b> a 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: (2006) <u>N/A</u> (2005) _____ (2004) _____ (2003) _____					
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: (2006) <u>N/A</u> (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	<b>27c</b> _____				
d Add: Line 27a total _____ and line 27b total _____ ▶	<b>27d</b> _____				
e Public support (line 27c total minus line 27d total) . . . . . ▶	<b>27e</b> _____				
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . ▶ <b>27f</b> _____					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶	<b>27g</b> _____ %				
h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . ▶	<b>27h</b> _____ %				
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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? .....	<b>31</b>	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<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.		
<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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
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 -- If the amount on line 40 is --                      The lobbying nontaxable amount is -- 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	
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) 2007	(b) 2006	(c) 2005	(d) 2004	(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		138,947
i Total lobbying expenditures (Add lines c through h.) . . . . .			138,947

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. See attachment #32

**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?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
<b>(I)</b> Cash .....	<b>51a(I)</b>	X
<b>(II)</b> Other assets .....	<b>a(II)</b>	X
<b>b</b> Other transactions:		
<b>(I)</b> Sales or exchanges of assets with a noncharitable exempt organization .....	<b>b(I)</b>	X
<b>(II)</b> Purchases of assets from a noncharitable exempt organization .....	<b>b(II)</b>	X
<b>(III)</b> Rental of facilities, equipment, or other assets .....	<b>b(III)</b>	X
<b>(IV)</b> Reimbursement arrangements .....	<b>b(IV)</b>	X
<b>(V)</b> Loans or loan guarantees .....	<b>b(V)</b>	X
<b>(VI)</b> Performance of services or membership or fundraising solicitations .....	<b>b(VI)</b>	X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	<b>c</b>	X

**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 2007, or tax period beginning 10-01-2007, and ending 09-30-2008.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376

Description	Amount
Royalty Income	24,755
<b>Total</b>	<b>24,755</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 2007, or tax year period beginning 10-01-2007

and ending 09-30-2008

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
<b>Other Noninventory Assets:</b>			
Oak Executive Desk	1992-03	Purchase	2008-04
Oak Executive Desk	1992-03	Purchase	2008-04
Oak Executive Desk	1992-03	Purchase	2008-04
Oak Executive Desk	1992-05	Purchase	2008-04
Secretary Desk with Return	1987-09	Purchase	2008-04
Guest Chair	1987-09	Purchase	2008-03
Guest Chair	1987-09	Purchase	2008-03
Cherry Head & Footboard - Bed	1992-05	Purchase	2008-03
Med Oak Recliner Chair	1993-05	Purchase	2008-03
Polaris Light	1991-12	Purchase	2007-12
Vac Ster/Loading Car/Carriage	1992-10	Purchase	2007-12
Polaris Light & Accessories	1992-10	Purchase	2007-12
Storage Table (60x28 with Door)	1992-10	Purchase	2008-04
	Gross Sale Price	Basis	Accumulated Depreciation
Angela Adkins	1	449	1 449
Brenda Newsome	53	449	53 449
Daniel Gilbert	2	449	2 449
Daniel Gilbert	16	461	16 461
Daniel Gilbert	4	1,113	4 1,113
Marsha Thacker	6	206	6 206
Marsha Thacker	13	206	13 206
Josh Hughes	40	565	40 565
Josh Hughes	20	531	14 525
MST & Associates	445	19,153	445 19,153
MST & Associates	150	62,994	150 62,994
MST & Associates	2,033	87,426	2,033 87,426
Angela Adkins	15	612	15 612
<b>Total</b>	<b>2,798</b>	<b>174,614</b>	<b>2,792 174,608</b>
Publicly traded securities			

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

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

Open to Public Inspection

For Calendar year 2007, or tax year period beginning 10-01-2007

and ending 09-30-2008

Name of Organization

Pikeville Medical Center, Inc.

Employer Identification Number  
61-0458376

Name of Security or Description of Property	Acquisition Date	How Acquired	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation	Date Sold
Vegas Vinyl Relaxer Chair	1993-12	Purchase	15	670		-18	637	2008-03
Digital Warming Cabinet	1993-05	Purchase	25	7,435		25	7,435	2007-12
Sterilizer 3000 Series w/Warming Cabinet	1995-10	Purchase	1,525	36,800		1,525	36,800	2007-12
Warming Cabinet Amsco Digital 2-Compartment	1995-10	Purchase						
Stryker Advantage Series Stretcher	1996-12	Purchase	25	7,435		-1,379	6,031	2007-12
Amsco Surgical Lighting System	1997-05	Purchase	1,000	199,922		1,000	199,922	2008-05
3 Vinyl Side Chairs	1996-06	Purchase	472	20,308		472	20,308	2007-12
Vinyl Side Chair Cabinets	1996-06	Purchase	15	1,260		-20	1,225	2008-02
Oximeter Oxypleth, Pulse Relaxer Chair	2002-12	Purchase	7	420		1	414	2008-04
9 Bar Stools	1993-12	Purchase	63	2,974		-1,854	1,057	2007-11
3 Wingback Chairs	2000-12	Purchase	340	2,000		340	2,000	2008-03
Image Maker Rocker/Recliner Chair	2001-02	Purchase	5	666		-167	494	2008-02
	2000-12	Purchase	225	2,511		-89	2,197	2008-03
	2000-12	Purchase	28	679		28	679	2008-03
	2000-12	Purchase	7	663		-1	655	2007-11
			3,752	283,743		-137	279,854	
<b>Total</b>								
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 2007, or tax year period beginning 10-01-2007 and ending 09-30-2008  
 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		
Deluxe Sleeper Chair 2 Bar Stools Vanguard Emergency Generator	2000-12	Purchase	2007-11		
	2000-12	Purchase	2007-11		
	2004-09	Purchase	2007-10		
To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
Daniel Gilbert	2	993		-10	981
Daniel Gilbert	25	1,078		25	1,078
Walter E. May	2,001	4,819		-2,083	735
<b>Total</b>	<b>2,028</b>	<b>6,890</b>		<b>-2,068</b>	<b>2,794</b>
Publicly traded securities					

## SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 3: page 1 - 990 Page 1, Part I, line 10

Keep for Your Records

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

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Gift Shop	210,549	216,722	-6,173
Outpatient Pharmacy	6,177,195	5,845,707	331,488
<b>Total</b>	<b>6,387,744</b>	<b>6,062,429</b>	<b>325,315</b>

## 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 2007, or tax period beginning 10-01-2007, and ending 09-30-2008.	
Name of Organization	Employer Identification Number	
Pikeville Medical Center, Inc.	61-0458376	

Description of Changes	Total Amount
Temporarily restricted contribution	125,000
Total	125,000

**SCHEDULE CASH GRANTS AND ALLOCATIONS**

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

Open to Public Inspection

For Calendar year 2007, or tax year period beginning 10-01-2007

and ending 09-30-2008.

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
	After Breast Cancer Support Group		None
	P.O. Box 605	1,000	None
	Pikeville KY 41502		
	Go Tell Communications		
	620 W. Nottingham Road	200	None
	Dayton OH 45405		
	Landmark Inn Restaurant		
	Hot Pink/Cool Blue After Breast Cancer		
	Event Sponsorship		
	P.O. Box 2439	2,000	None
	Pikeville KY 41502		
	Pikeville Area YMCA		
	424 Bob Amos Drive	200	None
	Pikeville KY 41502		
	Sandy Valley Habitat for Humanity		
	P.O. Box 2947	4,619	None
	Pikeville KY 41502		
	Jenny Wiley Theatre		
	P.O. Box 22	4,400	None
	Prestonsburg KY 41653		
	Pike County Domestic Violence Board		
	P.O. Box 2916	1,000	None
	Pikeville KY 41502		
	Pike County Youth Leadership		
	P.O. Box 3097	200	None
	Pikeville KY 41502		
	Ray of Hope Foundation		
	P.O. Box 1503	500	None
	Pikeville KY 41502		
	East KY Science Center		
	P.O. Box 348	500	None
	Prestonsburg KY 41653		
	KY Chamber of Commerce		
	464 Chenault Road		
	Frankfort KY 40601	5,000	None
	<b>Total</b>	<b>19,619</b>	

**SCHEDULE CASH GRANTS AND ALLOCATIONS**

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

Open to Public Inspection

For Calendar year 2007, or tax year period beginning 10-01-2007

and ending 09-30-2008.

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
	Pikeville High School 120 Championship Drive Pikeville KY 41501	800	None
	American Heart Association 210 Malibu Drive Suite 125 Lexington KY 40502	7,500	None
	Ray of Hope Foundation P.O. Box 1503 Pikeville KY 41502	100	None
	Pikeville Rotary Club P.O. Box 988 Pikeville KY 41502	50	None
	Operation Unite 2292 South Hwy 27 Somerset KY 42501	750	None
	Food City Foster Children Food Drive Sponsorship 215 Cassidy Blvd. Pikeville KY 41501	379	None
	Pikeville Rotary Club P.O. Box 988 Pikeville KY 41502	100	None
	Trinity Sports & Entertainment East Kentucky Miners Basketball Sponsorship Second Street Pikeville KY 41501	5,000	None
	KY Chamber of Commerce 464 Chenault Road Frankfort KY 40601	8,100	None
	Pikeville High School 120 Championship Drive Pikeville KY 41501	2,500	None
	American Cancer Society		None
	Total	25,279	

**SCHEDULE CASH GRANTS AND ALLOCATIONS**

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

Open to Public Inspection

For Calendar year 2007, or tax year period beginning 10-01-2007

and ending 09-30-2008.

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
	4324 13th Street Ashland KY 41102	6,000	None
	Our Lady of the Mountains School 405 Third Street Paintsville KY 41240	500	None
	Mountain Mission School & Choir 1 Hurley Street Grundy VA 24614	1,000	None
	Southside Elementary School P.O. Box 500 Belfry KY 41514	4,940	None
	Wright's Designs Inc. Remote Area Medical (RAM) T-shirt Sponsorship 48C Wright Road Jenkins KY 41537	2,454	None
	Big Sandy Area Development District 110 Resource Court Prestonsburg KY 41653	127	None
	Pike County Chamber of Commerce 787 Hambley Blvd Pikeville KY 41501	5,000	None
	Operation Unite 2292 S Hwy 27 Somerset KY 42501	10,000	None
	Pikeville Rotary Club P.O. Box 988 Pikeville KY 41502	500	None
	Floyd County Chamber of Commerce P.O. Box 1508 Prestonsburg KY 41653	100	None
	After Breast Cancer Support Group P.O. Box 605 Pikeville KY 41502	250	None
	Big Sandy Habitat for Humanity		None
	Total	30,871	



## SCHEDULE OF SPECIFIC ASSISTANCE TO INDIVIDUALS

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

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

Description of Activity	Total Amount
Prescription Assistance for Uninsured Patients	22,138
Travel Assistance for Cancer Patients per Grant from American Cancer Society	5,520
<b>Total</b>	<b>27,658</b>

**COMPENSATION OF CURRENT OFFICERS**

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

Open to Public Inspection For Calendar year 2007, or tax year period beginning 10-01 and ending 09-30-2008.

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					14,814	
T.T. Colley					14,814	
Dennis Halbert, M.D.					14,814	
John LaBreche					249	
Alex Poulos, M.D.					14,814	
Jo Nell Robinson					7,126	
Sue Smallwood					7,126	
Walter E. May				441,998		
Cheryl Hickman				173,985		
Deborah Puckett				144,476		
Juanita Deskins				159,046		
Danny Harris				295,370		
William Johnson, M.D.				257,644		
Terence Farrell				195,450		
Michael Slusher				122,907		
<b>Total</b>				<b>1,790,876</b>		<b>316,793</b>
	Fundraising					
	Mgmt & General Expense Account	Compensation	Employee Benefit Plan	Expense Account	Employee Benefit Plan	
	5,000					
<b>Total</b>	<b>5,000</b>					

**COMPENSATION OF CURRENT OFFICERS**

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

Open to Public  
Inspection

For Calendar year 2007, or tax year period beginning 10-01

and ending 09-30-2008.

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	Expense Account
Jerry Johnson				269,912	39,151	
Tracy Brand				113,924	24,508	
Michelle Hagy				131,466	25,467	
Margaret Kiser				108,378	25,578	
Peggy Justice				51,846	12,187	
Debra Hampton				38,462	5,822	
Sheila Belcher				93,427	19,761	
C. Preston Lewis				103,072	27,874	
Robert Keith Bridges				85,140	22,100	
Bernard Galla				171,953	32,197	
Thelma Vinson				52,006	14,336	
<b>Total</b>				<b>1,219,586</b>	<b>248,981</b>	
	Fundraising					
	Mgmt & General Expense Account	Compensation	Employee Benefit Plan	Expense Account	Employee Benefit Plan	Expense Account
	3,600					
	2,131					
	6,146	52,007	14,337			
<b>Total</b>	<b>11,877</b>	<b>52,007</b>	<b>14,337</b>			

**SCHEDULE OF DEPRECIATION AND DEPLETION**

Attachment 8: page 1 - 990 Page 2, Part II, Line 42

Open to Public Inspection

For Calendar year 2007, or tax year period beginning 10-01-2007

and ending 09-30-2008

Name of Organization

Pikeville Medical Center, Inc.

Employer Identification Number

61-0458376

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
				Straight Line Depreciation		11,992,778
Total						11,992,778

**SCHEDULE OF OTHER EXPENSES**

Attachment 9: page 1 - 990 Page 2, Part II, Line 43

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

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Purchased Services	9,697,002	7,333,711	2,363,291	
Bad Debt Expense	17,364,119	17,364,119		
Provider Tax Expense	3,248,307	3,248,307		
Phys Recruit & Relocation	1,338,782	1,338,782		
Professional Liability Ins	3,881,402	3,881,402		
Amortization Expense	669,463	669,463		
Minor Equipment	976,113	731,213	242,121	2,779
Linen Expense	177,991	177,991		
Advertising	766,683	14,517	752,166	
Professional Fees	3,598,427	3,598,427		
Other Administrative & Misc	2,881,960	1,958,518	920,024	3,418
<b>Total</b>	<b>44,600,249</b>	<b>40,316,450</b>	<b>4,277,602</b>	<b>6,197</b>

**PRIMARY EXEMPT PURPOSE**

Attachment 10: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning	10-01-2007, and ending	09-30-2008.
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 11: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning 10-01-2007, and ending 09-30-2008.		
Name of Organization Pikeville Medical Center, Inc.		Employer Identification Number 61-0458376	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	81,019	Amount includes foreign grants	Program service expenses 187,503,929

### Exempt Purpose Achievements

A sparkling diamond among the coalfields of eastern KY, Pikeville Medical Center (PMC) is known for its compassionate employees, unsurpassable service, state-of-the-art technology and unmatched generosity to the community. Known as the premier hospital in a multi-state region, PMC is continually growing and looking for new ways to offer the very best in health care to their patients and the broader population. The mission of Pikeville Medical Center is to "provide quality regional Health care in a Christian environment." This mission statement is fulfilled on a daily basis, as the staff portrays a sense of teamwork with a sincere passion to help others. Throughout Pikeville Medical Center's 85 year history, the hospital has exhibited substantial changes. Starting as a small, rural, 50-bed facility at its inception in 1924, the Medical Center has undergone many changes in its physical layout. Today, the hospital is a comprehensive medical complex comprised of a 261-bed facility encompassing 761,049 square feet with both the main facility and surrounding supportive services. This tremendous physical growth, along with sound financial leadership, has allowed PMC to significantly expand the health care services offered to our region. Current services now include: an award-winning, full-service Cancer Treatment Center, Level III Chest Pain Accredited Heart Institute; 40-bed Inpatient Physical Rehabilitation Hospital; Neurosurgery; Adult and Adolescent Medical Drug Detoxification Program; Level II Neonatal Intensive Care Unit; two satellite Sleep Lab facilities; an Outpatient Diagnostic Center and multiple family physician practices. PMC is also proud to highlight their state-of-the-art diagnostic, radiology services consisting of: Siemens ONCOR Linear Accelerator, two 64-slice CT scanners, PET Scanning and a Stand-Up MRI unit. As well as augmenting the range and complexity of health care services provided to patients in the area, Pikeville Medical Center's growth has played an integral part in enhancing the hospital's outreach to the local community. PMC takes pride in keeping the region informed about innovative medical advancements offered at the facility, primarily through the publication of a weekly newspaper called the Medical Leader, which is distributed free to over 11,000 individuals. This distribution includes 7,500 papers placed in local paper boxes in Pike, Floyd, Letcher, and Mingo counties and over 3,500 Medical Leader e-subscribers. This free full-service newspaper allowed PMC to promote health awareness, discuss free screening events, and educate the community on various health topics. PMC also provides a variety of educational, wellness and preventive health activities. Such activities and events include: indigent care assistance, educational/training sessions, support groups, health fairs, free health screenings and other community events. Pikeville Medical Center considers its outreach efforts to the public an essential part of its Christian mission, as it seeks not only to treat the sick and injured during their time of need, but also to improve the region's health care. CHARITY CARE: Pikeville Medical Center set a record for charity care in FY 2008. Through defined policies and procedures, PMC recorded uncompensated charity of \$22,182,020 (services at hospital's established rates). COMMUNITY SUPPORT: American Cancer Society Relay for Life ~ Pikeville Medical Center participated in the 2008 Pike County Relay for Life. This event raised more than \$149,000 for the American Cancer Society. The hospital's team

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 11: page 2 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	10-01-2007, and ending	09-30-2008.
---------------------------	---	------------------------	-------------

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**

gave more than \$5,000 in both time and money for the event. Pikeville Medical Center's Public Relations Department served as the event's publicity coordinator and the Medical Leader ran a series of public service announcements and ads in the month leading up to the Relay. In conjunction with Relay for Life, PMC sponsored and hosted the only Survivor's Dinner in the area for local cancer survivors prior to the event. The hospital gave nearly \$2,000 including staff costs. PMC's staff also participated in several fundraising events leading up to Relay. They included bake sales, internal jeans days, silent auctions, ice cream/hotdog sales and luminary sales. Blood Drives ~ PMC has a group of dedicated employees who are a part of the hospital's blood drive committee. The committee meets before every drive to discuss new ways to promote the event internally and throughout the community and plan the upcoming drive. Preparation for blood drives include: reserving a location, placing set-up and take-down work orders, registering donors and assuring the event is a success with team participation. Blood drives are held quarterly and are conducted in accordance with the Kentucky Blood Center (KBC). In FY 2008, PMC held four blood drives and donated over 300 units of blood, exceeding previous years' donations. These generous donations allowed PMC donors to save 900 lives. Hillbilly Days First Aid Station ~ During the 2008 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. Free screenings included blood pressure, blood sugar and oxygen saturation levels. The employees distributed literature related to the prevention and warning signs of cancer, stroke and heart disease. Attendees received on-site medical attention and some were sent to the emergency room for additional treatment. PMC contributed nearly \$5,000 in volunteers and supplies for this event. Fall Fit Classic (10k & 1 Mile Walk/Run Event) ~ In October 2007, PMC hosted two different races, a one-mile fun walk/run and a more competitive 10k run. These events target employees and the community to stay fit, while bringing awareness to local causes. In FY 2008, all proceeds from the race went toward financial assistance for Breast Cancer patients receiving treatment at PMC's Leonard Lawson Cancer Center. Among some of the different types of assistance given included money for treatment, gas, wig purchases and groceries. Habitat for Humanity Women's Build ~ In 2008, 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, non-profit groups and businesses in an effort to build a home for a deserving family in need. In preparation for the build, PMC employees participated in and hosted several local fundraisers. Among these fundraisers were the annual spaghetti dinner, pancake breakfast, silent auction, numerous bake sales and internal jeans days for employees. Women Build has grown at an annual rate of 25%, 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 construction. The Medical Leader gave Habitat for Humanity advertisements free of charge leading up to the event.

## PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2007, or tax period beginning 10-01-2007, and ending 09-30-2008.	
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

Great American Smoke Out ~ In November 2007, Pikeville Medical Center lead the community in the Great American Smoke Out Celebration. This celebration consisted of a two-day event offering free educational materials, supplemental hard candy, refreshments, commitment cards and an educational video of what smoking can do to your body. During this event, the hospital gave over \$4,000 in time and supplies to the community. Smoke Free PMC ~ Ringing in the New Year, Pikeville Medical Center held a smoke-free celebration on December 31, 2007. PMC officially declared itself a smoke-free campus on January 1, 2008. Smokers are asked to refrain from smoking on hospital property for the safety of our patients. During the kickoff celebration, PMC offered free refreshments, music, games and revealed the winners of the smoke-free essay contest. This event was a community benefit of over \$2,000. Holiday Events ~ PMC involves the community in any activities and events around several of the key national holidays such as Easter and Christmas. Easter ~ During Easter, the community is invited to participate in the hospital's Holy Week and Sunrise Services. Spiritual bookmarks and free refreshments are given to the public to celebrate the holiday. PMC is also a prominent sponsor of the YMCA Easter Egg Hunt, donating hundreds of candy-filled, plastic Easter eggs, an Easter Bunny costume and Polaroid film for pictures. Christmas ~ Christmas is known throughout the community as the hospital's major holiday celebration. Beginning the Monday following Thanksgiving, Pikeville Medical Center kicks off the holiday festivities with an annual Lighting Ceremony. At the ceremony, children are able to take pictures with Mr. and Mrs. Claus, while special performances are conducted by a variety of musicians. Free refreshments, face painting and balloons are given away. Another Christmas event hosted by the hospital is the annual Live Nativity. Hospital employees donate several hundred hours to staff, create and make the live nativity a success. Guests are greeted by live camels, sheep, and donkeys with the PMC staff acting as the main biblical characters. Running as a week-long event with school matinees and evening shows, the public has every opportunity to attend. Free refreshments and biblical bookmarks are given away to all present. PMC's total community benefit contribution for this event reaches beyond \$12,000. Other events taking place at PMC during the holiday season include live Christmas music/sing-a-longs for the patients, city parade participation and the angel tree program for students attending local school systems. COMMUNITY SERVICE/COMMITTEES/BOARDS/TEAMS Local Event Support ~ Pikeville Medical Center is very proud of the large number of staff who give their time to serve on various committees/boards in the community and participate in activities/events in the area. Some of the organizations and activities PMC employees were involved in during FY 2008 included: Alzheimer's Support Group Meetings; American Cancer Society Relay for Life; American Heart Association's Heart Gala; School athletic programs; School academic programs; Big Sandy Community and Technical College Advisory Board for Respiratory Care; Big Sandy District Early Intervention Committee; Boy Scouts; CEDAC-Pike County Extension Board; Chamber of Commerce; Child Advocacy Center; Coaching for Youth Soccer; Connect Kentucky Advisory Board; D.A.R.E.; Disabled American Veterans Auxiliary; Drug Court; Elkhorn City Elementary Fall into Fitness; Family and Consumer Science Advisory Council; Floyd County Senior Citizens Games;

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 11: page 4 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	10-01-2007, and ending	09-30-2008.
---------------------------	---	------------------------	-------------

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

Foster Care Review Board; Girl Scouts; Habitat for Humanity; Helping Hands; H.O.P.E. (Helping our Poor Exist) in the Mountains; Homeless Shelter Food Drives; I-66 Foundation; IT Advisory Board for the BSCTC; Kiwanis Club; Leadership Pike County; Lifeline; Local Sports Booster Clubs; Local Sunday Schools; Masons; Meals on Wheels; Neighborhood Watch Associations; Operation UNITE; Pike Arts Board; Pike County Community & Board of Education Drug Task Force; Pike County District Drug Court Steering Committee; Pike County Community Leadership Team; Pikeville Jr. Women's Club; RAM; Ray of Hope; 15th Region Basketball Tournament; Regional Bioterrorism/Emergency Planning Committee; Rotary Club; Shriners; Special Olympics; Thankful Hearts Pantry; UNITE Pike; Volunteer Fire Department; WestCare; WYMT Mountain Sports Classic Basketball Tournament; YMCA Easter Celebration; and YMCA Safe Trick or Treat Night Community Financial Donations ~ Not only does PMC encourage participation in local activities and events, but it is also generous when it comes to financial support for area organizations and important causes. Giving more than \$72,000 in cash donations to the community, PMC was proud to help the following organizations during FY 2008: After Breast Cancer Support Group; American Cancer Society; American Heart Association; Big Sandy Area Development District; Big Sandy Habitat for Humanity; East KY Science Center; Floyd County Chamber of Commerce; Jenny Wiley Theatre; KY Chamber of Commerce; Mountain Mission School and Choir; Operation UNITE; Our Lady of the Mountains School; Pike County Chamber of Commerce; Pike County Domestic Violence Board; Pike County Youth Leadership; Pikeville Area Family YMCA; Pikeville High School; Pikeville Rotary Club; Ray of Hope; Sandy Valley Habitat for Humanity; Shelby Valley Touchdown Club; and Southside Elementary School

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 11: page 5 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	10-01-2007, and ending	09-30-2008.
---------------------------	---	------------------------	-------------

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

PMC Health Screenings: Over the course of the past year, PMC held several different types of health screenings for the community. Among these health screenings were PMC's four annual cancer screenings held at the Leonard Lawson Cancer Center. Cancer screenings include: oral cancer, colorectal cancer, skin cancer and prostate cancer. All cancer screenings are staffed by PMC physicians and nurses. In FY 2008 over 251 people participated in these screenings, costing the hospital over \$4,000. PMC hosted several comprehensive, multi-day health screenings at area schools, Walmart and Food City stores. Screenings included: blood pressure, blood sugar, oxygen saturation and cholesterol checks. Some of the larger screenings also included EKG and Peripheral Vascular Disease (PVD) tests. Diabetes educators were present at all screenings and beneficial health information was handed out. Physicians from PMC's Heart Institute were present anytime PVD or EKG screenings were performed. PMC saw over 3,700 people at these screenings, referring several participants to their family physicians, or the emergency room if results were out of the normal range. Offering this much-needed service to the community cost PMC over \$58,000. Other health screenings hosted by PMC included: free, on-site PVD screenings at the hospital's cath lab, stroke awareness day screenings as well as blood pressure screenings and diabetes screenings during National Heart Health & Diabetes Awareness Months. Local Community Health Fairs: Not only did PMC run its own health screenings, the hospital also participated in various health fairs throughout the year when contacted by external groups. During health fairs, participants are screened for health problems most prevalent in our region. Screenings may include: blood pressure, blood sugar, oxygen saturation, cholesterol and body mass index. Health educators are present and additional health information in the form of brochures and pamphlets are given away. Among some of the local health fairs PMC participated in during FY 2008 were: Elkhorn City Elementary's Fall into Fitness; Pikeville High School, 9th graders body compositioning; Chamber of Commerce gathering

**PATIENT & COMMUNITY SUPPORT SERVICES:** Meals-on-Wheels ~ Pikeville Medical Center provided 7,300 meals for this program during fiscal year 2008. The hospital incurs over \$13,000 in expenses related to this program annually. Food Donations ~ PMC provided lunch and dinner guest trays for more than 240 patients family or caregivers during the past year. This service allowed PMC to give back over \$7,000 to their patrons. Prescription Drugs ~ At the time of their discharge, several patients need financial assistance with prescribed medications. Not wanting to make their pharmacological needs an extra burden, PMC donated over \$35,000 in aid last year. Ambulance Services ~ In order to ensure the best medical care is given to patients, PMC prides itself on its strong relationship with area ambulance providers. During the last year, PMC aided local ambulance by purchasing them new cell phones, EKG monitors, and auto pulse systems. This equipment purchase cost PMC over \$490,000.

**SPIRITUAL SUPPORT SERVICES:** Chaplain Services/Christian Emphasis Committee ~ Beginning all meetings with prayer, Pikeville Medical Center desires to seek guidance from the Lord in fulfilling its Christian mission. PMC's chaplains are on call 24 hours a day, seven days a week. To aid the chaplaincy department and to better serve the hospital, the Christian Emphasis Committee was formed. This committee is made up of PMC board members, medical staff and employees who meet regularly to discuss

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 11: page 6 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	10-01-2007, and ending	09-30-2008.
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

ways PMC can give back to the community. Some of the activities that PMC participated in during FY 2008 include: Thanksgiving baskets for cancer patients & families; School supply drive for foster children; Devotionals given away to patients and their families; Appalachian Pregnancy Center Drive; Greater Mountain Crusade; Sympathy cards to patients and their families; Weekly chapel services; New Testaments for newborn babies; Hospice; Annual appreciation dinner for community ministers and their spouses; Homeless Shelter Drive; and Mission Trip Drive COMMUNITY EDUCATION: Community Education Programs ~ PMC's Education Department offered a wide array of health care related continuing education courses during FY 2008 to the community. Community members participated in courses including Pediatric Advanced Life Support, Advanced Cardiac Life Support, Cardiopulmonary Resuscitation, Neonatal Resuscitation and First Aid. Below are some of the specifics: ACLS class provided for the PCSOM students; BLS class provided for PCSCOM 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; Community CPR class held at PMC Lectures ~ The staff at PMC remains active in lecturing on many topics throughout the community. Representatives from a variety of departments speak on request to local civic clubs, schools and medical professionals. Among the different lectures/presentations PMC staff conducted in FY 2008 were: Breast cancer lectures to Kiwanis, Pikeville Women's Club, the Sunshine Circle and Rotary; Diabetes lecture for Pikeville College nursing students & Pike County School teachers; Pre-Operation lecture for patients being transferred to UK; Family Medicine/OMT lectures to the Pikeville College School of Osteopathic Medicine (PCSOM); Leonard Lawson Cancer Center representatives participate on local radio and television shows to speak about health care concerns and services provided by PMC. Other Educational Programs ~ Other PMC departments also hold health education as a top priority and offer various programs for community participation. Among these programs are: Safe Sitter Classes; Breast Cancer Awareness Education; Stroke Awareness Education; Nutrition Education & Counseling for Cardiac Rehab Patients; and Child Birth/Family Planning Classes Student Rotations ~ PMC serves as a clinical training site for students in health care related fields from regional universities and colleges. During FY 2008, PMC contracted with 26 schools and received 441 students in clinical rotation. The schools contracted by PMC included: Belfry Area Technology Center; University of Charleston; Tennessee Technology Center at Elizabethtown; Hutchinson Community College; Jefferson College of Health Sciences; Lindsey Wilson College; Milligan College; Northern Kentucky University; Nova Southeastern University; Southwest Virginia Commonwealth University; University of Louisville; Bellarmine University; Kentucky College and Technical College System (KCTCS); Eastern Kentucky University (EKU); Marietta College; University of Appalachia; Morehead State University; Pikeville College; University of Kentucky (UK); Virginia Commonwealth University; Spencerian College; National College of Business; South University; Southern West Virginia Community and Technical College (SWCTC); University of Cincinnati; and Western Kentucky University Residency Program ~ A-Optic (Appalachian Osteopathic Postgraduate Training Institute Consortium) Pikeville Medical

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 11: page 7 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning 10-01-2007, and ending 09-30-2008.
---------------------------	--

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

Center is a member of a group of medical facilities and educational institutions that have joined together to bring intern and residency programs to the area. By allowing medical students to practice at their hospital-run, family clinic, PMC is committed to help educate and retain competent/skilled physicians in our community and region. PMC's total community benefit expense in FY 2008 for training interns, residents and fellows totaled more than \$530,000. Physician Recruitment Program ~ Pikeville Medical Center maintains an active physician recruitment program by locating high quality physicians and making them a part of the PMC team. The hospital's recruitment efforts are essential to enhancing the health and well being of our community and region. Surrounding community hospitals look to our hospital to offer the specialities and sub-specialities their facilities do not provide. Pikeville Medical Center recruited and signed a total of 21 physicians during FY 2008. Among the different specialities these

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 11: page 8 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	10-01-2007, and ending	09-30-2008.
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

physician practice are: Anesthesia; Cardiothoracic Surgery; Family Practice; General Surgery; Hospitalists; Interventional Cardiology; Neonatology; Neurosurgery; Otolaryngology; Pain Management; Physiatry; Pulmonary/Critical Care; and Vascular Surgery. Continuing Health Professionals Education ~ Pikeville Medical Center has an active Medical Library staff that coordinates and oversees many of the Continuing Medical Education (CME) hours offered at the hospital. Most CME's are open to not only our staff, but to other medical professionals community. These education opportunities are free of charge to all who attend. PMC spent more than \$2,000 on CME's in FY 2008. The education opportunities offered by the hospital last year included: Two Dental Symposiums; Multi-Drug Resistant Organisms Presentation; Alzheimer's Teleconference Volunteer Services ~ Pikeville Medical Center is blessed with a vibrant and active group of local volunteers. During FY 2008, these dedicated individuals donated approximately 15,716 hours of their personal time to serve patients and provide other services within the hospital. Outside community services provided by the volunteer program included: Tours given to local groups and organizations including Model City Daycare, Pikeville College Nursing Program, Johns Creek High School Beta Club; Observation opportunities for the PEPP program, allowing high school students to observe clinical areas in health care; Coordination of Upward Bound Program's participation at Pikeville Medical Center; Coordination of Pikeville High School School-to-Work Program at Pikeville Medical Center; Speaking engagements with YMCA Silver Sneakers Club and Pike County Senior Citizens Center; and Committee participation with the Pike County Extension Office. 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; Alzheimer's Support Group; Smoking Cessation Class; and Lifeline.

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

Attachment 12: page 1 - 990 Page 4, Part IV, Line 55

Open to Public Inspection For Calendar year 2007, or tax year period beginning 10-01-2007 and ending 09-30-2008.

Name of Organization: Pikeville Medical Center, Inc. Employer Identification Number: 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	9,194	5,403	3,791	
Condo 2C Improvements	21,387	17,322	4,065	
Condo 2C	45,000	35,958	9,042	
Condo 3B	45,000	35,958	9,042	
Condo 4A	48,000	35,167	12,833	
Grace Call Building	2,564,311	1,030,406	1,533,905	
Condo 3B Improvements	25,578	10,154	15,424	
Condo 4A	7,120	6,254	866	
Grace Call Building Improvements	113,158	64,015	49,183	
Condo - Root Blower	950	950		
Norris Doublewide Improvements	3,298	3,298		
Condo 1D	45,000	35,958	9,042	
Norris Doublewide	33,600	33,600		
Doublewide & Improvements	57,640	44,385	13,255	
Park Street Properties	107,200	5,360	101,840	
Park Street House	201,900	6,057	195,843	
North Mayo Trail Property	325,000	7,448	317,552	
South Mayo Trail Property	145,000	4,833	140,167	
Roberts Complex and Adjacent Properties	752,500	41,647	710,853	
Turkin Building	670,000	15,354	654,646	
Turking Building Improvements	4,272	71	4,201	
Park Street House Improvements	4,100	752	3,348	
<b>Total</b>	<b>5,229,248</b>	<b>1,440,350</b>	<b>3,788,898</b>	

## SCHEDULE OF OTHER INVESTMENTS

Attachment 13: page 1 - 990 Page 4, Part IV, Line 56

Open to Public Inspection	For calendar year 2007, or tax period beginning 10-01-2007, and ending	09-30-2008.
---------------------------	--	-------------

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
Investment - 457B Plan	FMV	115,316
<b>Total</b>		<b>956,194</b>

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

Attachment 14: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection

For Calendar year 2007, or tax year period beginning 10-01-2007

and ending 09-30-2008.

Name of Organization

Pikeville Medical Center, Inc.

Employer Identification Number

61-0458376

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
Land	4,693,770		4,693,770	
Land Improvements	4,392,714	2,894,527	1,498,187	
Buildings	84,075,638	23,811,311	60,264,327	
Leasehold Improvements	698,933	334,556	364,377	
Fixed Equipment	7,309,887	5,343,558	1,966,329	
Major Movable Equipment	81,924,234	54,531,673	27,392,561	
Construction in Progress	1,708,960		1,708,960	
<b>Total</b>	<b>184,804,136</b>	<b>86,915,625</b>	<b>97,888,511</b>	

**SCHEDULE OF OTHER ASSETS**

Attachment 15: page 1 - 990 Page 4, Part IV, Line 58

Open to Public Inspection	For calendar year 2007 or tax period beginning 10-01-2007, and ending 09-30-2008.
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	5,193,802	5,287,594	
Goodwill	1,212,514	753,456	
Bond Issuance Costs	1,099,821	1,012,357	
US Bank Collaterized Investment	325,000	325,000	
Notes Receivable	6,434		
Physician Mortgage Guarantee	18,876	14,158	
<b>Totals</b>	<b>7,856,447</b>	<b>7,392,565</b>	

**SCHEDULE OF TAX EXEMPT BOND LIABILITIES**

Attachment 16: page 1 - 990 Page 4, Part IV, Line 64a

Open to Public Inspection

For Calendar year 2007, or tax year period beginning 10-01-2007

and ending 09-30-2008.

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
Kentucky Economic Development Finance Auth Hospital Revenue and Refunding Revenue Bonds, Series 1997	Refunding 1993 Bonds; Finance Expansion; Fund Debt Service Reserve Fund; Bond Issuance Costs	37,045,000	3,295,738	NO
<b>Total</b>		<b>37,045,000</b>	<b>3,295,738</b>	

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

Open to Public Inspection For Calendar year 2007, or tax year period beginning 10-01-2007 and ending 09-30-2008.

Name of Organization: **Pikeville Medical Center, Inc.** Employer Identification Number: **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	4,539,000	2,456,117	2006-02	2011-05	3 Months Interest Only and 56 Months Principal & Interest Monthly Installments	5.7500
None US Bank	1,291,910	387,573	2005-03	2010-03	12 Months Interest Only and 48 Months Principal & Interest	5.2400
Hospital Board Member is also a Board Member of Bank Community Trust Bank	1,850,000	1,059,095	2005-11	2010-11	Line of Credit - 12 Months Interest Only and 48 Months	6.0000
<b>Total</b>	<b>7,680,910</b>	<b>3,902,785</b>				

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
Equipment	Finance Equipment		
Unsecured	Finance Building Project		
Unsecured	Finance Building Project		
Equipment	Finance Equipment		
<b>Total</b>			
Total amount of mortgages			

**SCHEDULE OF MORTGAGES AND OTHER NOTES PAYABLE**

Attachment 17: page 2 - 990 Page 4, Part IV, Line 64b

Open to Public Inspection

For Calendar year 2007, or tax year period beginning 10-01-2007 and ending 09-30-2008.

Name of Organization  
**Pikeville Medical Center, Inc.**  
 Lender's Name, Title and Relationship to Any Officer, Director, Trustee, Key Employee or Substantial Contributor  
 Hospital Board Member is also a Board Member of Bank; Key Employee's Spouse is Employed by the Bank  
 Community Trust Bank  
 Hospital Board Member is also a Board Member of Bank; Key Employee's Spouse is Employed by the Bank

Employer Identification Number  
**61-0458376**

Original Amount	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate
4,850,000	4,846,915	2008-03	2013-03	Principal & Interest Monthly Installments	6.0000
	4,291,852	2008-02	2013-02		6.5000
<b>Total</b>	<b>9,138,767</b>				

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
Unsecured	Finance Land/Building Purchases		
		<b>Total</b>	
		Total amount of mortgages	

## SCHEDULE OF OTHER LIABILITIES

Attachment 18: page 1 - 990 Page 4, Part IV, Line 65

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

Description of Liability	Beginning of Year	End of Year
Reserves for Reciprocal of America Claims & Estimated Cost Report Settlements	1,796,625	7,133,839
Reserves for Worker's Compensation Claims	229,511	170,068
Capital Lease Obligation	161,621	462,326
Purchase of Physician Practice	800,000	600,000
Deferred Compensation Liability		115,316
<b>Totals</b>	<b>2,987,757</b>	<b>8,481,549</b>

**SCHEDULE OF OTHER REVENUE INCLUDED**

Attachment 19: page 1 - 990 Page 5, Part IV-A, Line b(4)

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

Description of Other Revenue	Total Amount
Revenues Shown Net of Expense for Net Rental Income/Loss and Gross Prof/Loss from Sales of Inventory	6,587,579
<b>Total</b>	<b>6,587,579</b>

**SCHEDULE OF OTHER EXPENSES INCLUDED**

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

Open to Public Inspection	For calendar year 2007, or tax period beginning 10-01-2007 , and ending 09-30-2008.
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 Inventory	6,587,579
<b>Total</b>	<b>6,587,579</b>

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 21: page 1 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2007, or tax period beginning 10-01-2007, and ending 09-30-2008.
---------------------------	--

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	14,814	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	14,814	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	14,814	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	249	0
Alex Poulos, M.D. P.O. Box 2648 Pikeville, KY 41502	Director 4.00	0	14,814	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 0.00	0	0	0
JoNell Robinson P.O. Box 2350 Pikeville, KY 41502	Director 4.00	0	7,126	0
Sue Smallwood P.O. Box 217 Dorton, KY 41520	Director 4.00	0	7,126	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
Aaron Crum, M.D. 191 Cedar Creek	Chief of Staff			

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 21: page 2 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2007, or tax period beginning 10-01-2007, and ending 09-30-2008.
---------------------------	--

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 Walter E. May P.O. Box 2200	2.00 President/CEO 40.00	0	0	0
Pikeville, KY 41502 William Johnson, M.D. 4678 Zebulon Highway	Chf Medical Officer 40.00	441,998	38,180	0
Pikeville, KY 41501 Cheryl Hickman 126 S Elm Street	Asst to President 40.00	257,644	35,756	0
Pikeville, KY 41501 Juanita Deskins P.O. Box 3413	VP Human Resources 40.00	173,985	33,823	0
Pikeville, KY 41502 Deborah Puckett 349 Kati Street	CEO-Rehab Services 40.00	159,047	25,611	0
Pikeville, KY 41501 Michael Slusher 70 Vera Drive	AVP Support Svc 40.00	144,476	24,228	0
Pikeville, KY 41501 Thelma Vinson 1573 Indian Creek	VP Dev & Strategic 40.00	122,907	24,311	5,000
Virgie, KY 41572 Terence Farrell 750 Blue River Br Blue River, KY 41607	VP Prof/Support Svcs 40.00	104,013	28,673	0
Tracy Brand 176 Ratliff Road Pikeville, KY 41501	Assistant COO 40.00	195,450	25,543	0
Jerry Johnson 232 North Monte Drive Pikeville, KY 41501	Chief Operating Off 40.00	113,924	24,508	0
Danny Harris 152 Quail Walk Pikeville, KY 41501	CFO-VP Finance 40.00	269,912	46,351	3,600
Pikeville, KY 41501 Michelle Hagy P.O. Box 1035	Asst CFO 40.00	295,370	35,584	0
Pikeville, KY 41502 Margaret Kiser Box 375 Robinson Creek, KY 41560	AVP Revenue Cycle 40.00	131,466	25,467	0
Debra Hampton 151 Walnut Street Pikeville, KY 41501	Chief Nursing Off 40.00	108,378	25,578	0
C. Preston Lewis 67 Katy Friend Branch Prestonsburg, KY 41653	AVP-Surgical Svcs 40.00	38,462	5,522	2,131
Sheila Belcher 67 Tracey Street Pikeville, KY 41501	AVP-Nursing 40.00	103,072	27,874	0
		93,427	19,761	0

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 21: page 3 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2007, or tax period beginning 10-01-2007, and ending 09-30-2008.
---------------------------	--

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
Robert Keith Bridges 174 W Cedar Drive Pikeville, KY 41501	AVP-Cust Svc/PR 40.00	85,140	22,100	6,146
Bernard Galla 10 Landgraf Avenue Bridgeville, PA 15017	CIO 40.00	171,953	32,197	0
Peggy Justice 335 Chloe Rd Pikeville, KY 41501	AVP-Professio Svc 40.00	51,846	12,187	0

**BOOKS ARE IN CARE OF**

Attachment 22 - 990 Page 7, Part VI, Line 91a

For calendar year 2007 or tax period beginning 10-01, and ending 09-30-2008.

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

Part VI - Line 91a

Individual Name .....

or

Business Name:

**Pikeville Medical Center, Inc.**

**% Michelle Hagy, Interim CFO**

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) 218-3974**

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

**PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES**

Attachment 23: page 1 - 990 Page 8, Part VII, Line 93

Open to Public Inspection	For calendar year 2007, or tax period beginning 10-01-2007 , and ending 09-30-2008.
---------------------------	---

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

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
a	Self-Pay					9,825,275
b	Third-Party Payors					103,615,932
<b>Totals</b>						<b>113,441,207</b>

**SCHEDULE OF OTHER REVENUE**

Attachment 24: page 1 - 990 Page 8, Part VII, Line 103

Open to Public Inspection	For calendar year 2007 or tax period beginning 10-01-2007 , and ending 09-30-2008.
---------------------------	--

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

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
a	Cafeteria			3	4,011	
b	Vendor Discounts/Rebates			3	346,998	
c	Grille			3	932,563	
d	Other Misc. Revenue			3	1,169,326	
e	Advertising Income	541800	-392,490			
<b>Totals</b>			<b>-392,490</b>		<b>2,452,898</b>	

**SCHEDULE OF RELATIONSHIP OF ACTIVITIES  
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

Attachment 25: page 1 990 Page 8, Part VIII

Open to Public Inspection	For calendar year 2007 or tax period beginning	10-01-2007, and ending	09-30-2008.
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 26: page 1 990 Page 8, Part IX

Open to Public Inspection	For calendar year 2007 or tax period beginning 10-01-2007, and ending 09-30-2008.
---------------------------	---

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	Inactive		48,262
Pikeville Medical Development Corporation 911 Bypass Road Pikeville KY 41501 20-2487928	100.0000	Inactive	23	10,399

## COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

Attachment 27: page 1 Schedule A Page 1, Part I

Open to Public Inspection	For calendar year 2007 or tax period beginning 10-01-2007, and ending 09-30-2008.
---------------------------	---

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

<b>Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees</b>				
(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
Keith Hall, M.D. 497 Northmonte Woods Pikeville, KY 41501	Orthopedic Surgeon 40.00	802,251	42,519	0
Bill Harris, M.D. 107 Primrose Lane Pikeville, KY 41501	Cardiologist 40.00	800,500	44,993	0
Kevin Pugh, M.D. 127 Summer Street Pikeville, KY 41501	Orthopedic Surgeon 40.00	713,559	32,373	0
Tamara Musgrave, M.D. 74 Scott Addition Ct Pikeville, KY 41501	Oncologist 40.00	700,000	33,286	0
Dennis Havens, M.D. 156 Third Street Pikeville, KY 41501	Cardiac Surgeon 40.00	600,000	40,619	0

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

Attachment 28: page 1 Schedule A Page 1, Part II-A

Open to Public Inspection	For calendar year 2007 or tax period beginning 10-01-2007, and ending 09-30-2008.
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
Philips Medical Systems, Inc. 710 Bridgeport Avenue Shelton, CT 06484	Professional Service	4,540,221
Siemens Medical Systems, Inc. 2501 Barrington Road Hoffman Estates, IL 60195	Professional Service	3,210,466
Precyse Solutions LLC 198 Allendale Road King Of Prussia, PA 19406	HIM Services	2,245,968
Morrison Mgmt Specialists, Inc. 5801 Peachtree Dunwoody Atlanta, GA 30342	Food Services	2,053,581
McKesson HBOC P.O. Box 98347 Chicago, IL 60693	Professional Service	1,869,577

**COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS  
FOR OTHER SERVICES**

Attachment 29: page 1 Schedule A Page 1, Part II-B

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(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	1,643,237
General Electric Company, Inc. P.O. Box 96483 Chicago, IL 60693	Biomedical Services	992,926
Creative Lighting & Bath, Inc. 926 S. Mayo Trail Pikeville, KY 41501	Support Services	579,346
Shurtleff's Dry Cleaning & Laundry Services P.O. Box 2260 Pikeville, KY 41502	Laundry Services	497,756
Health Grades, Inc. 500 Golden Ridge Road Suite 100 Golden, CO 80401	Quality Assessment	376,017

**SELF DEALING STATEMENT**

Attachment 30: page 1 Sch A Page 2, Part III, Line 2, Self-Dealing Statemen

Open to Public Inspection	For calendar year 2007 or tax period beginning 10-01-2007, and ending 09-30-2008.
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

Danny Harris - His sister owns Pikeville from which the hospital rents equipment.

## HOW YOU DETERMINE THAT RECIPIENTS QUALIFY

Attachment 31: page 1 Sch A Page 2, Part III, Line 3a, How You Determine Re

Open to Public Inspection	For calendar year 2007 or tax period beginning	10-01-2007, and ending	09-30-2008.
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 COO or CEO.

**SELF DEALING STATEMENT**

Attachment 30: page 2 Sch A Page 2, Part III, Line 2, Self-Dealing Statement

Open to Public Inspection	For calendar year 2007 or tax period beginning 10-01-2007, and ending 09-30-2008.
Name of Organization Pikeville Medical Center, Inc.	Employer Identification Number 61-0458376
Line number from Schedule A, page 2, line 2a to 2e	2b

Statement Regarding Transaction

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 trustee of the funds held in relation to the hospital's 1997 bonds. Alex Poulos, M.D. - Hospital staff physician. He serves as a Board member of US Bank. US Bank provides banking services for the hospital. David Collins - Certified Public Accountant. 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 trustee of the funds held in relation to the hospital's 1997 bonds. Peggy Rasnick Justice - Hospital Assistant Vice President of Professional Services. Her brother serves as a Board member of US Bank. US Bank provides banking services for the hospital. Juanita Deskins - Hospital Vice President of Human Resources. Her husband is employed by Community Trust Bank. Community Trust Bank provides banking services for the hospital.

**SELF DEALING STATEMENT**

Attachment 30: page 3 Sch A Page 2, Part III, Line 2, Self-Dealing Statement

Open to Public Inspection	For calendar year 2007 or tax period beginning 10-01-2007, and ending 09-30-2008.
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. and Alex Poulos, M.D. - Hospital staff physicians and also members of Pikeville Radiology with whom the hospital contracts with for radiology services. Hobart Clay Johnson - Local attorney. The hospital has a physician recruitment agreement with his nephew. His daughter in law owns a catering service with which the hospital receives catering services. T.T. Colley - His son is the owner of KVWV Traffic control with which the hospital receives parking lot striping and sealing services. His granddaughter is a partial owner of Skyy Studios with which the hospital receives graphic design services. Walter E. May - Hospital President/CEO. He is an owner of East Kentucky Broadcasting whose radio stations provide advertising for the hospital. His wife's law firm provides legal services for the hospital. Aaron Crum, M.D. - Hospital staff physician with whom the hospital contracts to provide ultrasound interpretations. Also, he received an honorarium payment from the hospital for a CME speaking engagement. His mother in law is the owner of Pounds Away with which the hospital contracts with to provide wellness services for employees.

**SELF DEALING STATEMENT**

Attachment 30: page 4 Sch A Page 2, Part III, Line 2, Self-Dealing Statement

Open to Public Inspection	For calendar year 2007 or tax period beginning 10-01-2007, and ending 09-30-2008.
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, 2b, and 2c were performed at arms length providing no excess benefit to any disqualified person.

**SELF DEALING STATEMENT**

Attachment 30: page 5 Sch A Page 2, Part III, Line 2, Self-Dealing Statement

Open to Public Inspection	For calendar year 2007 or tax period beginning	10-01-2007, and ending	09-30-2008.
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 Radiology 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 Core Measures Specialist 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 the Director of Leadership Training and Development of the hospital.

# LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES EXPLANATION

Attachment 32: page 1 Sch A, Page 5, Part VI-B, Nonelecting Public Charitie

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

## Explanation

Statement of Significant Activities: 1. Tracking and analyzing 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.

**SCHEDULE OF OTHER DEDUCTIONS**

Attachment 33: page 1 - 990-T Page 1, Part II, Line 28

Open to Public Inspection For calendar year 2007 or tax period beginning 10-01-2007 , and ending 09-30-2008.

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

Description of Deduction	Total Amount
General & Administrative	153,068
Supplies	1,385
Purchased Services	2,979
Minor Equipment	153
Other Expense	2,702

Page Total  
Total 160,287

Transmission Date: 08-14-2009  
Transmission Time: 08:54:16 PM (MST) **990 Transmission**  
Transmission Number: 1 Printed: 11-16-2010

Organization Name	EIN	Refund	Type	Confirmation
Pikeville Medical Center, Inc.	XX-XXX8376	0	US	2258487

Total Transmitted: 1

990 for tax period ended 09/30/08