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Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 04-01-2008 and ending 03-31-2009

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
Commonwealth Health Corporation
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
800 Park Street
Room/suite
City or town, state or country, and ZIP + 4
Bowling Green, KY 42102

D Employer identification number
31-1118087

E Telephone number
(270) 745-1500

G Gross receipts \$ 55,826,880

F Name and address of Principal Officer
John Desmarais
800 Park Street
Bowling Green, KY 42102

H(a) Is this a group return for affiliates?
☐ Yes ☒ No

H(b) Are all affiliates included?
☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number

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

J Web site: WWW CHC NET

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 1984

M State of legal domicile KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The corporate mission is to support the healthcare mission of the Bowling Green Warren County Community Hospital Corporation

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 18

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

5 Total number of employees (Part V, line 2a) 5 480

6 Total number of volunteers (estimate if necessary) 6 0

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 3,813,704

7b Net unrelated business taxable income from Form 990-T, line 34 7b 324,950

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 52,655 733,203

9 Program service revenue (Part VIII, line 2g) 9 28,595,866 50,208,953

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,865,660 2,813,445

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 20,414,045 778,083

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 51,928,226 54,533,684

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 64,742 62,530

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 29,916,584 33,819,970

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

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 17 17,122,570 15,340,605

18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) 18 47,103,896 49,223,105

19 Revenue less expenses Subtract line 18 from line 12 19 4,824,330 5,310,579

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 34,058,204 41,281,172

21 Total liabilities (Part X, line 26) 21 10,794,672 12,589,124

22 Net assets or fund balances Subtract line 21 from line 20 22 23,263,532 28,692,048

Part II Signature Block

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 Ronald G Sowell Executive Vice President

Date 2010-01-22

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Phone no

ERNST & YOUNG US LLP 1100 HUNTINGTON CENTER 41 S HIGH ST COLUMBUS, OH 43215 (614) 224-5678

Part IIISTatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
The corporate mission is to support the healthcare mission of the Bowling Green Warren County Community Hospital Corporation

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

YesNo

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 14,693,766 including grants of \$ 62,530) (Revenue \$ 23,231,239)

The Corporation promotes healthcare in southcentral Kentucky through its support of the Bowling Green Warren County Community Hospital Corporation dba The Medical Center (the Hospital), a general acute care hospital licensed for 330 beds in Bowling Green, Kentucky. In addition, the Hospital owns and operates an ambulance service serving Warren County, Kentucky, a retail pharmacy in Bowling Green, Kentucky, and a 25-bed critical access hospital (The Medical Center at Scottsville) and 110-bed nursing care unit in Scottsville, Kentucky. In addition, the Corporation promotes healthcare through its support of The Medical Center at Franklin, Inc., a 25-bed critical access hospital in Franklin, Kentucky, and Commonwealth Regional Specialty Hospital, Inc., a 28-bed long-term acute care hospital located within The Medical Center. Other services supported by the Corporation include the Commonwealth Health Free Clinic, Inc. and the Commonwealth Health Foundation. Please see schedule O for more information.

4b

(Code) (Expenses \$ 17,103,830 including grants of \$) (Revenue \$ 17,179,587)

The Corporation promotes healthcare in southcentral Kentucky by owning and managing physician practices and immediate care clinics. The physician practices cover a wide range of medical specialties, including vascular, cardiothoracic surgery, neurology, hospitalists, obstetrics, gynecology, radiology, psychiatry and general medicine.

4c

(Code) (Expenses \$ 5,270,273 including grants of \$) (Revenue \$ 5,984,423)

The Corporation promotes healthcare in southcentral Kentucky by operating a comprehensive rehabilitation facility which offers physical, occupational and speech therapy. In addition, the Corporation provides staffing for therapy services in a related home health agency, two critical access hospitals, and one nursing care facility.

4d

Other program services (Describe in Schedule O)

















(Expenses \$ 4,440,333 including grants of \$) (Revenue \$)

4e









Total program service expenses \$ 41,508,202 Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a228		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a480		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	Yes	
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization?	Yes	
	Describe the process in Schedule O		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u> KY </u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JAMES LARRY VAUGHN 800 PARK STREET Bowling Green, KY 421029876 (270) 745-1500

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 31-1118087

Name: Commonwealth Health Corporation

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jerry E Baker , Director	2 0	X						0	0	0
John Blackburn MD , Director	2 0	X						12,000	0	0
Doug Gorman , Director	2 0	X						0	0	0
Judge Michael Buchanon , Director	2 0	X						0	0	0
Cathy Bishop , Director	2 0	X						0	0	0
Mark Yurchisin MD , Director	2 0	X						1,380	0	0
Floyd H Ellis , CHAIRMAN	2 0	X						0	0	0
Tom Hart , Vice Chairman	2 0	X						0	0	0
Beverly Boren , Director	2 0	X						0	0	0
Bob Hovious , Director	2 0	X						0	0	0
Joe Natcher , Secretary	2 0	X						0	0	0
Herbert Oldham , Director	2 0	X						0	0	0
Jim Secrest Sr , Director	2 0	X						0	0	0
Tommy Holderfield , Director	2 0	X						0	0	0
Eli Jackson III DMD , Director	2 0	X						0	0	0
Judge William Fuqua , Director	2 0	X						0	0	0
John C Desmarais , President/CEO	40 0	X		X				523,466	0	130,018
Connie D Smith , CHIEF OPERATING OFFICER	40 0	X		X				406,285	0	23,842
Ronald G Sowell , CFO/Executive Vice President	40 0			X				364,790	0	36,184
Jean Cherry , CIO/Executive Vice President	40 0			X				353,073	0	33,283
SARAH MOORE , EXECUTIVE VICE PRESIDENT	40 0			X				42,822	123,561	41,835
BETSY KULLMAN , EXECUTIVE VICE PRESIDENT	40 0			X				46,636	145,345	53,595
WALLACE R CARTER , MD, CARDIOVASCULAR SURGEON	40 0					X		691,809	0	40,215
PAUL M MOORE , MD, CARDIOVASCULAR SURGEON	40 0					X		691,239	0	36,922
BETH A COOPER , PHYSICIAN	40 0					X		558,149	0	31,648
MICHAEL P BYRNE , MD, CARDIOVASCULAR SURGEON	40 0					X		559,704	0	36,795
ZIAD AL-AMIRI , PHYSICIAN	40 0					X		525,348	0	30,830

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
1b Total									4,776,701	268,906	495,167

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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

(A) Name and business address	(B) Description of services	(C) Compensation
HOY P HODGES ATTORNEY 319 E TENTH AVENUE BOWLING GREEN, KY 421021865	ATTORNEY SERVICES	767,058
FLORIDA RADIOLOGY SERVICES PA PO BOX 369 HAWTHORNE, FL 326400369	RADIOLOGIST SERVICES	508,520
VIRTUAL RADIOLOGIC CORPORATION DEPARTMENT 7065 CAROL STREAM, IL 601227065	RADIOLOGIST SERVICES	432,036
RUSSELLVILLE RADIOLOGY CONSULTANTS PO BOX 6 RUSSELLVILLE, KY 42276	RADIOLOGIST SERVICES	428,351
DANIEL AND YEAGER INC PO BOX 635715 CINCINNATI, OH 452635715	RADIOLOGIST SERVICES	382,934

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d		733,203				
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f						
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total (Add lines 1a-1f)		733,203				
	Program Service Revenue	2a	PHYSICIAN SERVICES	Business Code 900,099	17,179,587	17,179,587		
b		REHABILITATIVE SERVICES	900,099	5,984,423	5,984,423			
c		ADMINISTRATIVE PROGRAMS	561,000	27,044,943	23,231,239	3,813,704		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f \$ 50,208,953						
Other Revenue		3	Investment income (including dividends, interest other similar amounts)					
		4	Income from investment of tax-exempt bond proceeds		2,807,780			2,807,780
	5	Royalties		0				
	6a	Gross Rents	(i) Real 355,304	(ii) Personal				
	b	Less rental expenses	316,032					
	c	Rental income or (loss)	39,272					
	d	Net rental income or (loss)		39,272			39,272	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 916,635	(ii) Other 66,194				
	b	Less cost or other basis and sales expenses	977,164					
	c	Gain or (loss)	-60,529	66,194				
	d	Net gain or (loss)		5,665			5,665	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events		0				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
	b	Less direct expenses b						
	c	Net income or (loss) from gaming activities		0				
	10a	Gross sales of inventory, less returns and allowances a						
	b	Less cost of goods sold b						
	c	Net income or (loss) from sales of inventory		0				
		Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS REVENUE	900,099	396,260			396,260		
b	CONTRACT LABOR	900,099	342,551			342,551		
c								
d	All other revenue							
e	Total. Add lines 11a-11d \$ 738,811							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			54,533,684	46,395,249	3,813,704	3,591,528	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	62,530	62,530		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,146,003	1,672,431	473,572	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	338,293	283,354	54,939	
7	Other salaries and wages	25,117,365	21,038,283	54,939	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,334,629	534,216	800,413	
9	Other employee benefits	3,242,129	2,159,305	1,082,824	
10	Payroll taxes	1,641,551	1,270,932	370,619	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	111,217	96,874	14,343	
c	Accounting	135,986	129,905	6,081	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	8,153,030	7,619,895	533,135	
12	Advertising and promotion	124,775	107,129	17,646	
13	Office expenses	2,070,606	1,916,936	153,670	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	833,578	817,525	16,053	
17	Travel	477,454	427,483	49,971	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	29,975	29,975		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	692,508	647,137	45,371	
23	Insurance	576,550	576,550		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBTS	1,848,989	1,848,989		
b	TAXES AND LICENSES	179,982	178,930	1,052	
c	DUES	66,095	62,877	3,218	
d	MISCELLANEOUS	39,860	26,946	12,914	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	49,223,105	41,508,202	7,714,903	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	2,026,288	1	2,531,471	
	2	Savings and temporary cash investments	9,710,619	2	13,105,010	
	3	Pledges and grants receivable, net	25,935	3	658,153	
	4	Accounts receivable, net	1,433,778	4	1,791,289	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	50,871	8	37,607	
	9	Prepaid expenses and deferred charges	419,537	9	312,673	
	10a	Land, buildings, and equipment cost basis				
		10a	15,915,412			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>				
		10b	10,639,748	4,384,478	10c	5,275,664
	11	Investments—publicly traded securities	161,453	11	0	
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12		
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	12,626,734	13	14,669,999	
14	Intangible assets		14			
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	3,218,511	15	2,899,306		
16	Total assets. Add lines 1 through 15 (must equal line 34)	34,058,204	16	41,281,172		
Liabilities	17	Accounts payable and accrued expenses	8,380,515	17	10,180,803	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21		
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22		
	23	Secured mortgages and notes payable to unrelated third parties	1,716,555	23	1,692,867	
	24	Unsecured notes and loans payable		24		
	25	Other liabilities <i>Complete Part X of Schedule D</i>	697,602	25	715,454	
	26	Total liabilities. Add lines 17 through 25	10,794,672	26	12,589,124	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	23,263,532	27	28,692,048	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	23,263,532	33	28,692,048	
	34	Total liabilities and net assets/fund balances	34,058,204	34	41,281,172	

Part XI **Financial Statements and Reporting**

			Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Commonwealth Health Corporation	Employer identification number 31-1118087
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	0	0	0	52,655	733,203	785,858
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	34,015,143	39,736,750	41,475,092	45,168,157	50,908,723	211,303,865
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	34,015,143	39,736,750	41,475,092	45,220,812	51,641,926	212,089,723
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	13,031,915	13,796,679	14,431,586	15,639,810	15,756,875	72,656,865
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b	13,031,915	13,796,679	14,431,586	15,639,810	15,756,875	72,656,865
8 Public Support (Subtract line 7c from line 6)						139,432,858

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	34,015,143	39,736,750	41,475,092	45,220,812	51,641,926	212,089,723
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,803,148	3,932,144	3,520,572	3,241,024	3,141,596	16,638,484
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	184,644	67,272	244,385	354,649	238,657	1,089,607
c Add lines 10a and 10b	2,987,792	3,999,416	3,764,957	3,595,673	3,380,253	17,728,091
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13 Total Support (Add lines 9, 10c, 11 and 12)						229,817,814
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Computation of Public Support Percentage		
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	60 671 %
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	58 44 %

Computation of Investment Income Percentage		
17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	7 714 %
18 Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	7 16 %
19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Commonwealth Health Corporation	Employer identification number 31-1118087
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶											
4	Number of states where property subject to conservation easement is located ▶											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

3a(ii)

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,657,069		2,657,069
b Buildings		2,721,344	1,184,838	1,536,506
c Leasehold improvements		0	0	
d Equipment		10,536,999	9,454,910	1,082,089
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				5,275,664

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN AFFILIATES	14,669,999	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	14,669,999	

(a) Description	(b) Book value
MISCELLANEOUS RECEIVABLES	492,506
INTERCOMPANY RECEIVABLES	2,406,800
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	2,899,306

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PROPERTY TAXES PAYABLE	22,980
INTERCOMPANY PAYABLES	692,474
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	715,454

Schedule D (Form 990) 2008

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X	IN JUNE 2006, THE FINANCIAL STATEMENTS ACCOUNTING STANDARDS BOARD (FASB) ISSUED INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109, (FIN 48) FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES GUIDANCE ON DESCRIPTION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THE CORPORATION ADOPTED FIN 48 ON APRIL 1, 2007 THE ADOPTION OF FIN 48 HAD NO EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS THE CORPORATION'S PRACTICE IS TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Commonwealth Health Corporation

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
31-1118087

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE HEIGHTS FOUNDATION1906 COLLEGE HEIGHTS BLVD BOWLING GREEN,TX 42101	61-0459494	501(C)(3)	7,330				PROGRAM SUPPORT
101ST AIRBORNE DIVISION SUPPORT FUND PO BOX 929 2703 MICHIGAN AVE FORT CAMPBELL,KY 42223	75-1094916	501(C)(3)	55,000				PROGRAM SUPPORT

- 2

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

2
- 3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	SCHEDULE I, PART I, LINE 2	Scholarships are presented to individuals attending Western Kentucky University, Bowling Green, Kentucky, who meet specific criteria and who are identified and selected with the assistance of university representatives Commonwealth Health Corporation, Inc is frequently asked to contribute to a variety of organizations and fund raising projects Because Commonwealth Health Corporation, Inc was established to support the healthcare mission of the non-profit Bowling Green Warren County Community Hospital Corporation and other non-profit affiliates of Commonwealth Health Corporation, it is the Corporations goal to be a supportive citizen and, when practical and possible, to make reasonable contributions which are beneficial to the community and parallel to our exempt purpose which focuses on the communitys healthcare needs

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Commonwealth Health Corporation

Employer identification number
31-1118087

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John C Desmarais	(i)	412,683	0	110,783	125,206	4,812	653,484	0
	(ii)	0	0	0	0	0	0	0
Connie D Smith	(i)	333,244	0	73,041	16,016	7,826	430,127	0
	(ii)	0	0	0	0	0	0	0
Ronald G Sowell	(i)	301,399	0	63,391	25,603	10,581	400,974	0
	(ii)	0	0	0	0	0	0	0
Jean Cherry	(i)	299,836	0	53,237	21,238	12,045	386,356	0
	(ii)	0	0	0	0	0	0	0
SARAH MOORE	(i)	39,063	0	3,759	36,169	4,469	83,460	0
	(ii)	112,422	0	11,139	0	1,197	124,758	0
BETSY KULLMAN	(i)	45,786	0	850	42,804	8,529	97,969	0
	(ii)	143,492	0	1,853	0	2,262	147,607	0
WALLACE R CARTER	(i)	673,531	0	18,278	22,759	17,456	732,024	0
	(ii)	0	0	0	0	0	0	0
PAUL M MOORE	(i)	673,489	0	17,750	19,424	17,498	728,161	0
	(ii)	0	0	0	0	0	0	0
BETH A COOPER	(i)	540,399	0	17,750	15,484	16,164	589,797	0
	(ii)	0	0	0	0	0	0	0
MICHAEL P BYRNE	(i)	535,106	0	24,598	25,987	10,808	596,499	0
	(ii)	0	0	0	0	0	0	0
ZIAD AL-AMIRI	(i)	522,570	0	2,778	20,363	10,467	556,178	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Software ID:
Software Version:
EIN: 31-1118087
Name: Commonwealth Health Corporation

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John C Desmarais	(i)	412,683	0	110,783	125,206	4,812	653,484	0
	(ii)	0	0	0	0	0	0	0
Connie D Smith	(i)	333,244	0	73,041	16,016	7,826	430,127	0
	(ii)	0	0	0	0	0	0	0
Ronald G Sowell	(i)	301,399	0	63,391	25,603	10,581	400,974	0
	(ii)	0	0	0	0	0	0	0
Jean Cherry	(i)	299,836	0	53,237	21,238	12,045	386,356	0
	(ii)	0	0	0	0	0	0	0
SARAH MOORE	(i)	39,063	0	3,759	36,169	4,469	83,460	0
	(ii)	112,422	0	11,139	0	1,197	124,758	0
BETSY KULLMAN	(i)	45,786	0	850	42,804	8,529	97,969	0
	(ii)	143,492	0	1,853	0	2,262	147,607	0
WALLACE R CARTER	(i)	673,531	0	18,278	22,759	17,456	732,024	0
	(ii)	0	0	0	0	0	0	0
PAUL M MOORE	(i)	673,489	0	17,750	19,424	17,498	728,161	0
	(ii)	0	0	0	0	0	0	0
BETH A COOPER	(i)	540,399	0	17,750	15,484	16,164	589,797	0
	(ii)	0	0	0	0	0	0	0
MICHAEL P BYRNE	(i)	535,106	0	24,598	25,987	10,808	596,499	0
	(ii)	0	0	0	0	0	0	0
ZIAD AL-AMIRI	(i)	522,570	0	2,778	20,363	10,467	556,178	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization Commonwealth Health Corporation	Employer identification number 31-1118087
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
jennnifer napier	See Schedule O	20,329	COMPensation OF STEP-DAUGHTER		No
chris desmarais	See Schedule O	191,207	COMP OF WIFE - SEE SCHD O		No
erin desmarais	See Schedule O	25,988	COMP OF DAUGHTER- SEE SCHD O		No
ronnie moore	husband of sarah moore	72,870	COMPENSATION OF HUSBAND		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Commonwealth Health Corporation

Employer identification number
31-1118087

Identifier	Return Reference	Explanation
program service accomplishments	Form 990, Part III	<p>Description of the Organization's Activities Commonwealth Health Corporation ("CHC") promotes health care in Western and South Central Kentucky through its support of The Medical Center at Bowling Green and Scottsville ("The Medical Center"), The Medical Center at Franklin, Commonwealth Regional Specialty Hospital, and other affiliated tax-exempt organizations and programs. In fulfilling its mission, CHC directly or indirectly sponsors or participates in the following activities:</p> <p>OVERVIEW OF SPECIFIC AREAS</p> <p>The Commonwealth Health Free Clinic, Inc. ("Free Clinic") is a Section 501(c)(3) organization that provides completely free basic medical and dental diagnostic and treatment services for those qualifying individuals with no insurance and no ability to pay. Elderly individuals also qualify for prescriptions. Many physicians and dentists donate their time and CHC provides a full-time administrator. Furthermore, pharmaceutical companies, their representatives, other medical suppliers, and physicians also provide free prescription drugs and other needed items for distribution to patients. During calendar year 2008, the Free Clinic has provided patients assistance through more than 3,238 patient visits, 9,459 prescriptions, 1,272 diagnostic procedures, and 2,638 volunteer hours. From the beginning, CHC and The Medical Center made a commitment to be not only an excellent medical facility but also the preeminent resource for health care information in Western and South Central Kentucky. This philosophy gave birth to the The Medical Center's Community Wellness Program. This program provides free educational programs to the community and work sites on prevention, wellness, health, lifestyle and disease management. CHC and The Medical Center sponsor the Health and Wellness Center ("Center") in the Greenwood Mall in Bowling Green, Kentucky. The Center provides free health education services to the community and is staffed by registered nurses who answer questions, assist with free health screenings and coordinate other activities. Each month the Center features a different free screening such as cholesterol, glucose, depression, hearing, or pulmonary function. Presentations and programs are provided during the week by a variety of healthcare providers. Support groups also meet at the Center. Annually, CHC and its corporate affiliates promote participation in the American Cancer Society's Relay for Life program and the American Heart Association's Heart Walk. In addition, CHC and The Medical Center encourage physical activity by sponsoring The Medical Center 10K Classic and Children's Classic, events which combine separate activities for those who want to walk or run competitively. Annually, over 2,000 individuals participate in the 10K and Children's Classic events. Annually, CHC and The Medical Center sponsor a community-wide Health and Wellness Expo at a local convention center. This event provides various health screenings and offers citizens concentrated access to both information regarding many community healthcare resources and to the staff who work with these community healthcare agencies. The January, 2009 event was the twelfth annual community Health and Wellness Expo. The corporation and its affiliates had sponsored CHC and The Medical Center's Senior Health Care Network provide free weekly exercise programs to meet the specific needs of people over 55. The classes are offered in various locations. A personal advisor assists senior citizens in filling out Medicare and other insurance forms. Free health screenings checking blood pressure, blood sugar levels, cholesterol and more are provided twice per month in Bowling Green and surrounding Counties. CHC and the Medical Center sponsor the Women's Center which provides for the special needs of women including healthcare services, personal education on self-examinations, exercise and nutrition, a luncheon service on women's health and professional concerns, and a newsletter. In addition, CHC and the Medical Center sponsor the Men's Health Alliance which offers members a variety of health-related benefits including annual health screenings. With the support of CHC, The Medical Center is well equipped for the most common cardiac problems including the ability to perform cardiac catheterizations, open heart surgery and to provide cardiac rehabilitation. The hospital also offers chemotherapy and diagnostic radiography for cancer screening and treatment. Other services that can be provided on an outpatient basis include EEG/EMG, EKG, endoscopy, IV therapy, digital mammography, nuclear medicine, physical therapy, radiology (CT, ultrasound) respiratory therapy and vascular studies.</p> <p>CHC'S CONTRIBUTION TO OUR COMMUNITIES</p> <p>Displayed below is a detailed list of how over \$56.9 million in benefits were provided directly to the community by Commonwealth Health Corporation and its affiliates including The Medical Center, The Medical Center at Franklin, The Medical Center at Scottsville, Commonwealth Health Free Clinic, and Commonwealth Regional Specialty Hospital.</p> <p>Charity Care (free or discounted care for uninsured people whose incomes met certain poverty guidelines) \$10,722,717 Unpaid cost of Medicaid \$5,611,314 Health Professional Education (scholarships and funding for education) \$3,200,105 Community Health Services (includes the Commonwealth Free Clinic, free community fairs, screenings, patient education classes and health and wellness projects) \$4,403,469 Subsidized Health Services (includes emergency care and behavioral health services for which reimbursements do not cover the full cost and Kentucky Provider Tax to fund care) \$9,062,030 Financial and In-Kind Donations \$164,393 Unpaid cost of Medicare \$16,956,363 Bad Debt (services provided in which payment is expected, but never received, stated at cost) \$6,688,799 Community Economic Development \$150,488 TOTAL CHC COMMUNITY BENEFIT \$56,959,678</p>

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	Form 990, Part IV, Question 12	The financial statements of Commonwealth Health Corporation are audited on a consolidated basis by an independent accounting firm. Upon conclusion of the audit, a report is prepared and published in accordance with GAAP.

Identifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 10	Form 990 is placed electronically on a company website used to share information with Board members. Each board member is provided access to this website and is asked to review Form 990 prior to a designated date on which the return will be filed. At least two weeks of advance notice is given to board members so they may review the return.

Identifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	The Commonwealth Health Corporation (CHC) (applicable to the corporation and/or its affiliates) Code of Conduct explicitly states members of the board, administration, the medical staff and all employees are expected to avoid conflicts of interest. Further, it requires disclosure of any potential conflicts of interest in a timely manner. All individuals sign an acknowledgement upon employment that they have received a copy of the Code of Conduct, are familiar with its content and understand their responsibilities to avoid non-compliant activity. CHC's Regulatory Compliance Committee (RCC) reviews and approves all contracts for CHC and/or its affiliates. The review is designed to identify potential conflicts of interest by board members and/or officers. RCC members are prohibited from taking part in decisions regarding transactions with which he/she has a conflict of interest. Annually, written inquiry is made - by questionnaire - of board members and officers seeking disclosure of conflicts of interest or information that relates to family members. Transactions arising are reviewed by management as they occur.

Identifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a AND 15B	Compensation for the Chief Executive Officer is set by the Regulatory Compliance Committee (RCC) of the Board of Directors. Compensation for officers of the corporation is reviewed by the same committee. The RCC retains an independent consultant to conduct an annual survey of compensation for similar positions in the healthcare industry and uses its report in its compensation decision.

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Strmts to Gen Public	Form 990, Part VI, Question 19	Documents are made available if required and in the manner required by the governing agency or bond authority.

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, COLUMN B	THE FOLLOWING FULL-TIME KEY EMPLOYEES RECEIVED A PORTION OF THEIR TOTAL SALARY FROM BOWLING GREEN WARREN COUNTY COMMUNITY HOSPITAL CORPORATION, A TAX-EXEMPT AFFILIATE OF COMMONWEALTH HEALTH CORPORATION: SARAH MOORE, BETSY KULLMAN.

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	John Desmarais serves as President and CEO of Commonwealth Health Corporation. Mr. Desmarais' wife, Chris Desmarais, is employed by CHC as Senior Vice President of Quality. Mr. Desmarais' daughter, Erin Desmarais, is employed as a Human Resources Assistant. A director of CHC, Tom Hart, has a stepdaughter, Jennifer Napier, who is employed by CHC. A key employee of CHC, Sarah Moore, has a husband, Ronnie Moore, who is employed at CHC.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Commonwealth Health Corporation

Employer identification number
31-1118087

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
BLUEGRASS OUTPATIENT CTR OF BOWLING GRN 800 PARK STREET BOWLING GREEN, KY 42101 26-3564003	OUTPATIENT	KY	1,161,110	2,602,371	

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BOWLING GREEN WARREN CTY COMM HOSP CORP 800 PARK STREET BOWLING GREEN, KY42101 61-0920842	HOSPITAL	KY	501(C)(3)	3	
THE MEDICAL CENTER AT FRANKLIN 800 PARK STREET BOWLING GREEN, KY42101 61-1362001	HOSPITAL	KY	501(c)(3)	3	
COMMONWEALTH REGIONAL SPECIALTY HOSPITAL 800 PARK STREET BOWLING GREEN, KY42101 54-2142034	HOSPITAL	KY	501(c)(3)	3	
COMMONWEALTH HEALTH FREE CLINIC INC 800 PARK STREET BOWLING GREEN, KY42101 61-1292739	HEALTHCARE	KY	501(c)(3)	3	
COMMONWEALTH HEALTH FOUNDATION INC 800 PARK STREET BOWLING GREEN, KY42101 61-1362000	SUPPORT	KY	501(c)(3)	7	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
URGENTCARE PROPERTIES 800 PK ST BOWLING GREEN, KY42101 61-1197268	REAL ESTATE	KY	N/A	UNRELATED	56,907	1,228,584		No	0		No
MEDICAL PLAZA PARTNERS LTD 800 PARK STREET BOWLING GREEN, KY42101 61-1080340	REAL ESTATE	KY	BGWCCHC	N/A							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
URGENTCARE OF BOWLING GREEN INC 800 PARK STREET BOWLING GREEN, KY42101 61-1035393	HEALTHCARE	KY	NA	C CORP	3,361,009	1,270,941	100 %
BLUEGRASS OUTPATIENT CENTER 800 PARK STREET BOWLING GREEN, KY42101 61-1136686	HEALTHCARE	KY	NA	C CORP	2,835,316	2,600,707	100 %

Part V

Transactions with Related Organizations

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

Yes

No

Yes

No

No

Yes

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:

Software Version:

EIN: 31-1118087

Name: Commonwealth Health Corporation

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1) BLUEGRASS OUTPATIENT CENTER	A	1,776
(2) COMMONWEALTH REGIONAL SPECIALTY HOSPITAL	A	54,940
(3) COMMONWEALTH HEALTH FOUNDATION	C	733,203
(4) BOWLING GREEN WARREN COUNTY COMMUNITY HOSP	I	431,018
(5) BOWLING GREEN WARREN COUNTY COMMUNITY HOSP	J	923,818
(6) URGENTCARE PROPERTIES	J	111,828
(7) COMMONWEALTH HEALTH FOUNDATION	L	288,769
(8) COMMONWEALTH HEALTH FREE CLINIC	L	499,992
(9) BOWLING GREEN WARREN COUNTY COMMUNITY HOSP	O	895,170
(10) BLUEGRASS OUTPATIENT CENTER	O	57,384
(11) BLUEGRASS OUTPATIENT CENTER	P	824,129
(12) COMMONWEALTH HEALTH FOUNDATION	P	202,444
(13) COMMONWEALTH HEALTH FREE CLINIC	P	467,577
(14) COMMONWEALTH REGIONAL SPECIALTY HOSPITAL	P	178,369
(15) THE MEDICAL CENTER AT FRANKLIN	P	1,646,153
(16) BOWLING GREEN WARREN COUNTY COMMUNITY HOSP	P	54,456,088
(17) COMMONWEALTH REGIONAL SPECIALTY HOSPITAL	A	31,560
(18) THE MEDICAL CENTER AT FRANKLIN	A	3,056

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment
Sequence No **67**

Name(s) shown on return Commonwealth Health Corporation	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 31-1118087
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	118,442
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	118,442
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	