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$_{\text{Form}}990$

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

2008

Open to Public Inspection

A Fo	or the 2	2008 cale	endar yea		01-2008 and ending 05-31-20	09	1 5 5	
3 Ch	eck if ap		Please	C Name of organization Cooperative Health Services In	С		D Employer Ider	ntification number
- Ad	dress ch	ange	use IRS label or	•	61-1197638			
– Na	me char	nge i	print or	Doing Business As			E Telephone nu	
– _{Ind}	tıal retur		type. See Specific	Number and street (or P.O. bo	x if mail is not delivered to street add	ress) Room/suite	(270) 688-2	
– Tei	minatio		Instruc- tions.	811 E Parrish Ave	x ii maii is not denvered to street add	ress) Room, saite	G Gross receipts	s \$ 28,600,376
— _{Ат}	nended r			City or town, state or country,	and 7IP + 4		-	
_				Owensboro, KY 42303	and Eli 1 4			
Ар	plication	pending						
			F Nam DrJeffl	ne and address of Principal	O fficer		is a group return	
				st Parrish Avenue		affilia	ites?	ΓYes Γ Nο
				ooro, KY 42303		H(b) Are al	l affiliates include	d?
Та	ıx-exem	pt status	▼ 501(c)	(3) ◀ (insert no))(1) or 527	(If "N	lo," attach a list	See instructions)
W	eb site	e: 🕨 www	omhs org			H(c) Grou	ıp Exemption Nur	nber 🗠
Тур	e of org	anization (Corporati	on trust association oth	er 🕨	L Year of Fo	rmation 1993 M S	State of legal domicile KY
Pa	rt I	Summ	narv					
				e organization's mission or i	most significant activities			
υ		•		-	e sick and improve the health o	of the communi	ty	
₽								
Ĭ								
aoyemidilice	2	Check th	ıs box 🖵	ıf the organızatıon dıscontın	ued its operations or disposed	of more than 2	5% of its assets	
	3	Number	of voting n	nembers of the governing bo	ody (Part VI, line 1a)		3 _	5
5 0	4	Number	ofındepen	dent voting members of the	governing body (Part VI, line 1	1b)	. 4 _	2
٤	5	Total nun	mber of en	nployees (Part V , line 2a)			5 _	0
ACIIVIIIES Q	6	Total nun	mber of vo	lunteers (estimate if neces:		6 _	0	
ť	7a	Total gro	ss unrelat	ted business revenue from f	Part VIII, line 12, column (C)		7a _	0
	b	Net unrel	lated busi	ness taxable income from F	orm 990-T, line 34		7b	
						Pric	or Year	Current Year
_	8	Contribu	utions and	l grants (Part VIII, line 1h)			327,962	259,616
Revenue	9	Program	n service i	revenue (Part VIII, line 2g)		15,859,481	20,669,163	
9/6	10	Investm	nent incon	ne (Part VIII, column (A), lı	•	62,710	2,683	
Ξ.	11		•	art VIII, column (A), lines !		5,011,906	5,122,155	
	12	Total re 12)	venue—ac	dd lines 8 through 11 (must	ne	21,262,059	26,053,617	
	13		and sımıla	r amounts paid (Part IX, co	lumn (A), lines 1-3)		0	231,000
	14	Benefits	paid to o	r for members (Part IX, colu	ımn (A), line 4)		0	0
	15	Salaries	s, other co	mpensation, employee ben	efits (Part IX, column (A), lines	5 –		
8		10)					14,824,265	19,596,588
Egpenses	16a	Profess	ional fund	raising fees (Part IX, colum	n (A), line 11e)		0	0
<u>a</u>	b	(Total fun	ndraising exp	penses, Part IX, column (D), line 2	25 0)			
	17	Othere	xpenses (Part IX, column (A), lines 1	1a-11d, 11f-24f)		10,202,738	10,166,977
	18	Total ex	penses—	add lines 13–17 (must equ	al Part IX, line 25, column (A))		25,027,003	29,994,565
09	19	Revenue	e less exp	enses Subtract line 18 froi	m line 12		-3,764,944	-3,940,948
S Š						Beginn	ing of Year	End of Year
, (<u>#</u>	20	Total as	ssets (Par	t X, line 16)			38,662,022	37,322,450
net Assets ta Fund Balances	21	Total lıa	abilities (P	art X, line 26)			13,850,938	16,953,320
E S	22	Net ass	ets or fun	d balances Subtract line 2:	L from line 20		24,811,084	20,369,130
Pai	rt II	Signa	ture Blo	ock				
					ned this return, including accompanyir of preparer (other than officer) is bas			
Plea	ise	L Deller	, it is true, c	sorrect, and complete becardion	or preparer (other than officer) is but	1		r nas any knowleage
Sigr		Signati	ure of office	r		Date	-04-13	
ler	е	lohn F	Hackbarth C	FO				
			or print nam					
		Preparer's	<u> </u>		Date	Check If	Preparer's PTIN (See Gen Inst)
aid		signature	•		self- empolyed •	,	,	
	arer's	Firm's nam	ne (or yours	ERNST & YOUNG US LLP		empoiyed F		
	Only	ıf self-emp	ployed),)			EIN 🕨	
_	,	address, a	ind ZIP + 4	5451 LAKEVIEW PARKWAY S	DUTH DRIVE		Phone no ▶ (31	.7) 280-3400
				INDIANAPOLIS, IN 46268				<u>, </u>
lav	the IRS	5 discuss	this retui	rn with the preparer shown a	bove? (See instructions) .			┌Yes ┌No

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

		<u></u>	(
1	Briefly describe the organization's mi	ssion										
	Cooperative Health Services exists to heal the sick and improve the health of the community											
2	Did the organization undertake the prior Form 990 or 990-E		rvices during the year whi	ch were not listed on	es 🔽 No							
					es No							
_	If "Yes," describe these new											
3	Did the organization cease co	onducting or make significant	changes in now it conduc		es 🗸 No							
	If "Yes," describe these chan	nges on Schedule O			,							
4			o organization's three larg	jest program services by expei	25.05							
				rt the amount of grants and allo								
	others, the total expenses, and revenue, if any, for each program service reported											
4a	, ,	Expenses \$ 27,970,582	including grants of \$	231,000) (Revenue \$	25,770,829)							
	and southern Indiana Our medica	il services are delivered by highly sk	alledphysicians along with a cari	ur regional community, serving11 coui ing and compassionate nursing staff	Cooperative Health							
	Services supports our care teams	withstate-of-the art equipment to p	rovide our patients withadvance	ed medical treatment								
4b	(Code) (E	Expenses \$	including grants of \$) (Revenue \$)							
_												
4c	(Code) (E	Expenses \$	including grants of \$) (Revenue \$)							
4d	Other program services (D	·) (D +	,							
	(Expenses \$	including grants of	· \$) (Revenue \$)							
4e	Total program service expe	nses \$ 27,970,58	2 Must equal Part IX, Line	e 25, column (B).								

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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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 $\sqrt[4]{3}$	10		Νο
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		N o
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
Ь	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		N o
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		Νο
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
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		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		Νο
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
Ь	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		Νο
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		Νο

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			
а	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)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 29			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
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				- 110
-	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Report of Foreign Bank and</i>			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
•	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i>			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
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).			
а	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
q	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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.			
а	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			_
а	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			
11	Section 501(c)(12) organizations Enter			
	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)			
	against amounts due or received from them)			
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.)

	avout	poncies	not rec	quirea vy	une	IIILETIIAI	Revenue	wae.	,
Section	A. Gov	ernina	Body ar	nd Manag	eme	nt	•		

							res	NO	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	desc	ribe th	e cırcui	ms tances	,			
1a	Enter the number of voting members of the governing body	1a				5			
Ь	Enter the number of voting members that are independent	1b				2			
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?								
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? .								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization	5		Νo					
6	Does the organization have members or stockholders?		. 6	Yes					
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
ь	Are any decisions of the governing body subject to approval by members, stockholde	rs, o	r other	perso	ns? .	. 7b	Yes		
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns ur	ndertal	ken dui	ing the				
а	the governing body?					8a	Yes		
Ь	each committee with authority to act on behalf of the governing body?					. 8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?					9a		No	
b	If "Yes," does the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with those of the organization.				. ,	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it w must describe in Schedule O the process, if any, the organization uses to review the					. 10		No	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sch					11		No	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b	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?	16a	Yes	
b	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?	16b	Yes	
		TOD	1 62	ı

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed KY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 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

JOHN HACKBARTH 811 E PARRISH AVENUE OWENSBORO,KY 42303 (270) 691-8215

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

		Posit	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Ted Smith , Chair	3 0	Х						0	0	0
Gerald Poynter , Vice Chair	3 0	Х						0	0	0
Dr Jeff Barber , President-CEO	3 0	Х		Х				0	570,912	119,870
Greg Strahan , Sr VP of Business Dev & Comm	3 0	Х		Х				0	385,589	77,454
John Hackbarth , Sr VP Finance	3 0	Х		Х				0	310,900	35,207
			<u> </u>	<u> </u>						
				<u> </u>		-				
				<u> </u>						

Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				\sqcup						
			<u> </u>	\vdash			\vdash			
1b Total				<u> </u>		<u> </u>	 		1,267,401	232,531

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization**▶**0

			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	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? If "Yes," complete Schedule J for such individual							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο				

Section B. Independent Contractors

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
VIP IMAGING PSC 2342 INDIAN LAKE DRIVE EVANSVILLE, IN 47725	Medical Imaging Serv	538,833
JUNIOR JANITORIAL SERVICE 1425 TRIPLETT STREET OWENSBORO, KY 42303	Cleaning Service	408,548
Comphealth PO BOX 972651 DALLAS, TX 75397	Physician Service	192,789
BARNEY ELLIOTT 2335 TRIPLE CROWN WAY OWENSBORO, KY 42301	Physician Service	144,055
2 Total number of independent contractors (including those in 1) who re-	ceived more than \$100,000 in compensation	4

Statement of Revenue

					(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
						Exempt Function Revenue	Business Revenue	Excluded from Tax under IRC
	1a	Federated campaig	gns 1a			Revenue		512, 513, or 514
at st	ь	Membership dues						
Contributions, gifts, grants and other similar amounts	c	Fundraising events						
a∰.	d	Related organization	1c ons	259,616				
% E	e	Government grants (co	ontributions) 1e					
ution Yer si	f	All other contributions, similar amounts not inc	gıfts, grants, and cluded above					
皇吉	g	Noncash contribut	1f nons included in					
S E		lines 1a-1f \$			259,616			
	h	Total (Add lines 1a	a-11)	<u> </u>				
<u>9</u>	2a	Patient Service Revenu		Business Code	20,550,452	20,660,462		
re H	b	- Patient Service Revent	<u></u>	621,111	20,669,163	20,669,163		
82	c							
ÄČ.	d	-						
38	e							
<u> </u>	f	All other program s	service revenue					
Program Service Revenue	g	Total. Add lines 2a	ı-2f					
	3	► \$ 20,669,163 Investment income	e (including divid	dends, interest				
		other sımılar amou	-	·	2,683			2,683
	4	Income from investme	nt of tax-exempt be	ond proceeds	0			
	5	Royalties			0			
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	3,063,155					
	ь	Less rental expenses	2,495,064					
	С	Rental income or (loss)	568,091					
	d	Net rental income	or(loss)		568,091	568,091		
) Securities	(II) O ther				
	7a	Gross amount from sales of assets other						
	ь	than inventory Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gain or (loss)		.	0			
	8a	Gross income from	n fundraising	<u> </u>				
		events (not includi \$						
Other Revenue		of contributions re	ported on line					
छ }ः		1c) See Part IV, l Attach Schedule G	f total exceeds					
č		\$15,000						
the	b c	Less direct expen Net income or (los		na events	0			
0	9a							
	Ja	Gross income from activities See part	t IV, line 19					
		Complete Schedule exceeds \$15,000	G if total					
			а					
	Ь	Less direct expen			0			
	С	Net income or (los	s) from gaming a	activities 	0			
	10a	Gross sales of inverse returns and allowa						
	.		a	72,184				
	b c	Less cost of good Net income or (los		51,695 Inventory •	20,489			20,489
		Miscellaneous Re		Business Code	,			<u> </u>
	11a	FITNESS CENTER	REVENUE	624,190	2,560,850	2,560,850		
	b	Health Fair Revenu	ne	624,110	167,608			
	С	All other revenue		624,198	1,805,117	1,805,117		
	d	All other revenue _						
	е	Total. Add lines 11	la-11d	 \$ 4,533,575				
	12	Total Revenue. A d	d lines 1h, 2g, 3		26,053,617	25,770,829		23,172
		8c,						

Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re		plete columns	(B), (C), and (D)	
Do r	ot 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	231,000	231,000		
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	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	16,097,539	14,907,973		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	2,620,571	2,386,006	234,565	
.0	Payroll taxes	878,478	798,202	80,276	
1	Fees for services (non-employees)				
а	Management	1,365,920	1,301,342	64,578	
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,546,641	1,345,074	201,567	
э 2	Advertising and promotion	140,637	140,595	42	
- 3	Office expenses	3,253,171	3,240,990	12,181	
4	Information technology	0	3,210,330	12,101	
5	Royalties	0			
6	Occupancy	1,339,026	1,298,389	40,637	
7	Travel	99,782	84,201	15,581	
8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	04,201	13,301	
9	Conferences, conventions and meetings	0			
0	Interest	29,313	29,313		
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	1,300,231	1,136,387	163,844	
3	Insurance	204,095	204,095		
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)				
а	Bad Debt	627,369	627,369		
b	Misc expenses	260,792	239,646	21,146	
c					
d					
е					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	29,994,565	27,970,582	2,023,983	
26	Joint Costs. Check fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	27,774,303	21,310,302	2,023,703	

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			272,061	1	472,482
	2	Savings and temporary cash investments			237,754	2	693,380
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,569,545	4	2,231,578	
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and		6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			0	8	70,687
2	9	Prepaid expenses and deferred charges			107,224	9	115,124
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	54,142,752			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	20,727,837	35,397,260	10c	33,414,915
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	art VII	of		12	
	13	Investments—program-related See Part IV, line 11 Complete Pof Schedule D.	738,632	13	237,626		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	339,546	15	86,658		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			38,662,022	16	37,322,450
	17	Accounts payable and accrued expenses .			13,053,565	17	601,108
	18	Grants payable		18			
	19	Deferred revenue			245,055	19	132,850
	20	Tax-exempt bond liabilities				20	
<u>, 6</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D	552,318	25	16,219,362		
	26	Total liabilities. Add lines 17 through 25			13,850,938	26	16,953,320
s e s		Organizations that follow SFAS 117, check here ► and comp through 29, and lines 33 and 34.	lete li	nes 27			
Balance	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here ► 🔽 an lines 30 through 34.	plete				
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds		24,811,084	32	20,369,130
Net	33	Total net assets or fund balances			24,811,084	33	20,369,130
	34	Total liabilities and net assets/fund balances			38,662,022	34	37,322,450
Pa	rt XI	Financial Statements and Reporting					

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

					_
			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo	
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		Νο	
b	If "Yes," did the organization undergo the required audit or audits?	3b			

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As Filed Data -

DLN: 93493103002180

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Coope	erative I	Health Services	Inc					6.1	110762	0	
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	hv all or	nanizatio		-119763: Instruct		
				ation because it is (Please					111301 000	.101137	
1	Ē			nurches, or association of ch					(A)(i).		
2		•		tion 170(b)(1)(A)(ii). (Attac							
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)
4		A medical i	research organi	zation operated in conjunction	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						rıbed ın			
		Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Г	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fror	n the gene	eral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	✓	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from c	ontributior	ns, membe	rship fees	s, and gross
		receipts fro	m activities re	lated to its exempt functions	—subject	to certair	nexceptio	ns, and (2) no more	than 331/	′3% of
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)
11	Г	_	=	and operated exclusively for					•	•	
		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									
			ype I b				nally Integ		'' d	Гтуре	III - Other
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	one or moi	re disquali	ified persons
				agers and other than one or	more publ	ıcly supp	orted orga	nızatıons	described	ın sectior	n 509(a)(1) or
f		section 50		d =	tha IDC	. +6-+ .+	5 Tuno I	TunaII.a	. Tuna III		
•		check this		d a written determination fro	iii tile 1K3	tilat it is	а гуре 1,	Type II o	i iype iii	Supportin	ig organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>		,
		following pe									
			•	r indirectly controls, either a		_	tn persons	s describe	a in (ii)		Yes No
				ng body of the the supported	_	tion				11g	
			•	erson described in (i) above		h 2				11g(
L				ty of a person described in (11g(····/
h		Provide the	i lollowing inlori	mation about the organizatio	ns the org	janization	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) ī	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
		orted	(11) 2111	(described on lines 1-9		ation in	` ' '	nızatıon		ation in	support?
		nization		above or IRC section		listed in	ın col (i	i) of your		organized	
				(See Instructions))	your go		supp	oort?	ın the	US?	
						ment?	Vac	No	Vaa	l Na	+
					Yes	No	Yes	No	Yes	No	
											-
										1	

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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					<u> </u>		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check							
Se	ction A. Public Support							
Cale	ndar 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	2,026,756	1,928,172	2,441,451	327,962		259,616	6,983,957
_	include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services performed, or facilities furnished in any activity that	2,570,056	3,709,673	10,929,879	19,571,551	2	5,202,738	61,983,897
	is related to the organization's tax-	2,010,000	5,,,,,,,,	20,525,015	15,0.1,001		.5,252,.55	01/300/03.
	exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business under							
	section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge	4 505 040	5 627 045	12.271.222	10,000,510		5 462 254	50.057.054
6	Total Add lines 1-5	4,596,812	5,637,845	13,371,330	19,899,513		5,462,354	68,967,854
7a	A mounts included on lines 1, 2, and 3							
	received from disqualified persons							
ь	A mounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of 1% of	0	0	0	0		0	0
	the total of lines 9, 10c, 11, and 12 for	Ĭ	Ĭ	ď	J		Ĭ	O
	the year or \$5,000							
_	Total of lines 7a and 7b	0	0	0	0		0	0
8	Public Support (Substract line 7c from	-	-	-	-			
0	line 6)							68,967,854
To	tal Support	I.	L	l.	l.			-
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
	·							
9	A mounts from line 6	4,596,812	5,637,845	13,3/1,330	19,899,513	2	25,462,354	68,967,854
9 10a	A mounts from line 6 Gross income from interest, dividends	4,596,812	5,637,845	13,371,330	19,899,513	2	25,462,354	68,967,854
9 10a	Gross income from interest, dividends,					2		·
	Gross income from interest, dividends, payments received on securities loans,	2,418,182	5,637,845 2,610,018	2,742,988	2,829,729	2	3,065,838	13,666,755
	Gross income from interest, dividends,					2		·
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar					2		·
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					2		·
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	2,418,182	2,610,018	2,742,988	2,829,729		3,065,838	13,666,755
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses							·
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	2,418,182	2,610,018	2,742,988	2,829,729		3,065,838	13,666,755
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	2,418,182	2,610,018	2,742,988	2,829,729		3,065,838	13,666,755
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	2,418,182	2,610,018	2,742,988	2,829,729		3,065,838	13,666,755
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,418,182	2,610,018	2,742,988	2,829,729		3,065,838	13,666,755
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss	2,418,182	2,610,018	2,742,988 2,742,988	2,829,729		3,065,838	13,666,755
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	2,418,182	2,610,018	2,742,988	2,829,729		3,065,838	13,666,755
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,418,182	2,610,018	2,742,988 2,742,988	2,829,729		3,065,838	13,666,755 13,666,755 1,245,558
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	2,418,182	2,610,018	2,742,988 2,742,988	2,829,729		3,065,838	13,666,755
b c 111	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	2,418,182 2,418,182 156,772	2,610,018 2,610,018 202,770	2,742,988 2,742,988 664,998	2,829,729 2,829,729 148,834		3,065,838	13,666,755 13,666,755 1,245,558 83,880,167
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	2,418,182 2,418,182 156,772	2,610,018 2,610,018 202,770	2,742,988 2,742,988 664,998	2,829,729 2,829,729 148,834		3,065,838	13,666,755 13,666,755 1,245,558 83,880,167
b c 111	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the o	2,418,182 2,418,182 156,772	2,610,018 2,610,018 202,770	2,742,988 2,742,988 664,998	2,829,729 2,829,729 148,834		3,065,838	13,666,755 13,666,755 1,245,558 83,880,167
b c 111 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the o	2,418,182 2,418,182 156,772 rganization's fire	2,610,018 2,610,018 202,770	2,742,988 2,742,988 664,998	2,829,729 2,829,729 148,834		3,065,838	13,666,755 13,666,755 1,245,558 83,880,167
b c 111 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	2,418,182 2,418,182 156,772 rganization's firs	2,610,018 2,610,018 202,770 st, second, third	2,742,988 2,742,988 664,998 , fourth, or fifth	2,829,729 2,829,729 148,834		3,065,838	13,666,755 13,666,755 1,245,558 83,880,167
b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	2,418,182 2,418,182 156,772 rganization's first	2,610,018 2,610,018 202,770 st, second, third ed by line 13 co	2,742,988 2,742,988 664,998 , fourth, or fifth	2,829,729 2,829,729 148,834	01(c)(i	3,065,838	13,666,755 13,666,755 1,245,558 83,880,167 ation,
b c 111 12 13 14 Co 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here Public Support Percentage for 2008 (line 8	2,418,182 2,418,182 156,772 rganization's first	2,610,018 2,610,018 202,770 st, second, third ed by line 13 co	2,742,988 2,742,988 664,998 , fourth, or fifth	2,829,729 2,829,729 148,834	15	3,065,838	13,666,755 13,666,755 1,245,558 83,880,167 ation,
10a b c 111 12 13 14 Co 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here Public Support Percentage for 2008 (line 8	2,418,182 2,418,182 156,772 rganization's first entage column (f) dividule A, Part IV-A	2,610,018 2,610,018 202,770 st, second, third ed by line 13 co	2,742,988 2,742,988 664,998 , fourth, or fifth	2,829,729 2,829,729 148,834	15	3,065,838	13,666,755 13,666,755 1,245,558 83,880,167 ation,
10a b c 111 12 13 14 Co 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here Imputation of Public Support Perceipublic S	2,418,182 2,418,182 2,418,182 156,772 rganization's first	2,610,018 2,610,018 202,770 st, second, third ed by line 13 cc , line 27g	2,742,988 2,742,988 664,998 , fourth, or fifth	2,829,729 2,829,729 148,834 tax year as a 50	15	3,065,838	13,666,755 13,666,755 1,245,558 83,880,167 ation,
10a b c 11 12 13 14 Co 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here Imputation of Public Support Percel Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Schede	2,418,182 2,418,182 2,418,182 156,772 rganization's first entage column (f) dividuale A, Part IV-A Percentage ne 10c column (2,610,018 2,610,018 202,770 st, second, third ed by line 13 co , line 27g	2,742,988 2,742,988 664,998 , fourth, or fifth	2,829,729 2,829,729 148,834 tax year as a 50	15 16	3,065,838	13,666,755 13,666,755 1,245,558 83,880,167 ation,

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

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

►V

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. 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 A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Employer identification number Name of the organization Cooperative Health Services Inc 61-1197638 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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.

- 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
- 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- 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
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	***	Organizations Maintaining Collecti	ons of Art,	His	<u>tori</u>	<u>cal Treası</u>	ires, or Othe	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued)
3		g the organization's accession and other recor s (check all that apply)	ds, check any	of th	e foll	owing that ar	re a sıgnıfıcant u	se of its col	lection	I	
а	Γ	Public exhibition		d	Γ	Loan or exc	hange programs				
b	F :	Scholarly research		e	Γ	Other					
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5		ng the year, did the organization solicit or rece ts to be sold to raise funds rather than to be m						nılar	┌ ,	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial Arran Part IV, line 9, or reported an amount					anızatıon answ	ered "Yes"	to Fo	rm 9'	90,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										
b	If"Y	es," explain why in Part XIV and complete the	following table								
									A mou	nt	
С	Begi	nning balance					1c				
d	Add	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	Endi	ng balance					1f				
2a	Dıd t	he organization include an amount on Form 99	0, Part X, line	21?					Γ,	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	t V	Endowment Funds. Complete if the									
1a	Bogu	nning of year balance	Current Year	(b)	Prior Y	ear (c)Iw	vo Years Back (d)	Three Years Ba	ick (e)	Four Ye	ears Back
ь		tributions									
c		stment earnings or losses									
d		nts or scholarships									
e		er expenditures for facilities									
		programs									
f	Adm	iinistrative expenses									
g	End	of year balance									
2	Prov	ide the estimated percentage of the year end b	alance held as	;							
а	Boar	d designated or quasi-endowment 🕨									
b	Perm	nanent endowment 🕨									
c	Term	n endowment 🕨									
3a		there endowment funds not in the possession o	f the organizat	ion t	hat a	re held and a	admınıstered for	the			
	-	nization by nrelated organizations						Г	3a(i)	Yes	No
		elated organizations		•	•				3a(ii)		
ь	. ,	es" to 3a(II), are the related organizations lists			ched	ule R?		· . · . [3b		
4	Desc	cribe in Part XIV the intended uses of the organ	nızatıon's endo	wme	nt fu	nds		<u>L</u>			
Par	t VI	Investments—Land, Buildings, and	l Equipmen	t. S	ee F	orm 990, P	art X, line 10.				
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprecia	tion	(d) Boo	ok value
1 a l	and						797,116				797,116
b E	Buildii	ngs					47,745,014	17,188	3,883	30	0,556,131
c l	ease	hold improvements									
d E	quipi	ment					5,445,416	3,538	3,954	:	1,906,462
e (Other						155,206				155,206

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or cateory	(b) Book value		d of valuation
(including name of security)		Cost or ena-or-	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)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
	. ,	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descri			(b) Book value
Tell City MOB Leased Equipment			86,658
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Intercompany Payables	15,737,546		
Security Deposit - MOB	20,245		
CAPITAL LEASE PAYABLE	461,571		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	16,219,362		

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	
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	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	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	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		
а	Donated services and use of facilities	1	
b	Prior year adjustments	<u> </u>	
C	Losses reported on Form 990, Part IX, line 25		
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:		
а	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	
Par	t XIV Supplemental Information		
C 0 n	onlete this part to provide the descriptions required for Dart II lines 2. F. and O. Dart III, lines 15 and 4. De	-+ VIV	lines 1 h and 2 h

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

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

Ident if ier	Return Reference	Explanation
Supplemental Information		FIN 48 FOOTNOTE On June 1, 2007, the system adopted financial accounting standards board (FASB) Interpretation No 48 (fin 48), Accounting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No 109 FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN ACCORDANCE WITH FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUE OF THESE POSITIONS ARE DETERMINED THERE WAS NO IMPACT ON THE Cooperative Health Service'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48

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Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public

Name of the organization	Employer identif	Employer identification number					
Cooperative Health Services In	С					61-1197638	
•		ts and Assistance					
Form 990, Part I	d to award the grants ganization's proced ner Assistance t V, line 21 for any	s or assistance? ures for monitoring the to Governments a r recipient that recei	use of grant funds in th	e United States n the United State		ganization answered	
	edule I-1 ıf addıtıd	•				▶ □	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVIESS CO BOARD OF EDUCATIONP O BOX 21510 1622 SOUTHEASTERN BLVD OWENSBORO,KY 42304	61-6001338		138,000				Provide Nurses for local schools
OWENSBORO PUBLIC SCHOOLSP O BOX 249 1335 W 11TH STREET OWENSBORO,KY 42302	61-6001339		93,000				Provide Nurses for local schools
2 Enter total number of sect	tion 501(c)(3) and c	lovernment		l			2
organizations							

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, P	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) A mount of cash grant	(d)A mount 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

Ident if ier	Return Reference	Explanation
		As part of Cooperative Health Services Communtiy Support nurses are provide to assure that local schools provide care needed to maintain a healthy student population

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DLN: 93493103002180

OMB No 1545-0047

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.

2008

Open to Public Inspection

•	· · · · · · · · · · · · · · · · · · ·	
Name of the organization		Employer identification number
Cooperative Health Services Inc		
		61-1197638

Pa	art I Questions Regarding Compensation				
			Yes	Νo	
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Fe 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these in				
	First class or charter travel Housing allowance or residence for personal	ıse			
	Travel for companions Payments for business use of personal residence.	nce			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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	1ь			
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			
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				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation comp	littee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a				
а	a Receive a severance payment or change of control payment?				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	c Participate in, or receive payment from, an equity-based compensation arrangement?				
	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				
а	The organization?	5a		Νo	
ь	Any related organization?	5b		Νo	
	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				
а	The organization?	6a		Νo	
b	Any related organization?	6b		Νo	
	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 accured 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	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Dr Jeff Barber	(ı) (ıı)	0 475,637	0 72,104	_	0 107,968	0 11,902	0 690,782	0 53,342	
Greg Strahan	(ı) (ıı)	0 320,678	0 46,649	0 18,262	0 62,622	0 14,832	0 463,043	0 50,137	
John Hackbarth	(ı) (ıı)	0 184,254	0 9,037	0 117,609	0 25,591	0 9,616	0 346,107	0 0	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Supplemental Information		Schedule J, Part I, Line 4b 457F Plan to executives (nontaxable) Jeffrey Barber, \$69,859, Greg Strahan, \$37,706, John Hackbarth, Jr \$22,506

Schedule J (Form 990) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Cooperative Health Services Inc Employer identification number

61-1197638

ldentifier	Return Reference	Explanation
Supplemental		Form990, Part VI, Question 6 Members or Stockholders The sole member of Cooperative Health Services, Inc is Owensboro Medical Health System, Inc., as the sole member, has the right to normante, appoint and elect the directors of Cooperative Health Services, Inc. in accordance with the by-laws. Form990, Part VI, Question 78 Decisions of the Governing Body subject to Approval The following acts require the approval of the sole member, Covensboro Medical Health System, Inc. (1) the admission of any member to the corporation, (2) a merger, consolidation, corporate restricture or other similar action, (3) the dissoliution of the corporation, (4) any engage of name of the corporation, and (5) any matter concerning which kentucky statutes specifically allow for members with voting rights to vote. Form980, Part VI, Question 10 Describe the Process used by Management 80rd Governing Body to Review 990. The IRETURN IS REVIEWEB BY THE CONTROLLER. ACCOUNTING MANAGER, AND BY THE CFO BEFORE ITS SIGNIBO Form990, Part VI, Question 12c Monitor and enforce compliance with the conflict of interest policy. Under our Conflict of Interest Policy (#100-214), each board director, orficer and member of a committee with board-delegated powers is required annually to complete the following (1) Confidentially Statement (2) Disclosure Certificate and (3) independence and Related Party Questionnaire. These disclosures are reviewed and retained by the Chief Legal Officer in a searchable database (through Mediract) Similarly, as soon as we implement the additional revised policy addressing Conflict of Interest for Employees (currently in draft), each department director, manager, or other employee with authority to influence discisions regarding the purchase of goods or services by Office. Sidnib and additional conflict of interest for Employees (currently in draft), each department director, manager, or other employee with authority to influence discisions regarding the purchase of goods or services by Office. Sidnib Processing Conflict of In

DLN: 93493103002180

OMB No 1545-0047

2008

Open to Public

SCHEDULE R (Form 990)

Department of the Treasury

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

Related Organizations and Unrelated Partnerships

See separate instructions. Inspection Internal Revenue Service **Employer identification number** Name of the organization Cooperative Health Services Inc. 61-1197638 **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (C) Legal domicile (state Name, address, and EIN of related organization Primary activity Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Owensboro Medical Health System na 3 811 East Parrish Avenue healthcare ΚY 501(c)(3) Owensboro, KY42303 61-1286361 FOUNDATION FOR HEALTH INC na 811 East PARRISH AVENUE ΚY 501(c)(3) healthcare owensboro, KY42303 61-1251763

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	unocat	prtionate ations?	(I) Code V—UBI amount on Box 20 of K-1	Geno mar par	(J) neral or inaging artner?
	'						Yes	No	1	Yes	s No
Owensboro Am Sr Fac 1000 brkrg Owensboro, KY42303 75-2184992	surgery center	КҮ	na	n/a				No			No

(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
med laboratory	кү	na	c corp	3,383,178	565,730	100 %
	Primary activity	Primary activity Legal domicile (state or foreign country)	(state or entity foreign country)	(state or foreign country) (c corp, S corp, or trust)	(state or foreign country) (c corp, S corp, or trust)	(state or foreign country) (State or foreign country) (C corp, S corp, or trust) or trust) end-of-year assets

(5)

(6)

Part V	Transactions with Related Organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	Yes				
b	Gift, grant, or capital contribution to other organization(s)			1b		No			
c	Gift, grant, or capital contribution from other organization(s)			1 c	Yes				
d	Loans or loan guarantees to or for other organization(s)			1d		No			
e	Loans or loan guarantees by other organization(s)			1e		No			
f	Sale of assets to other organization(s)			1f		No			
g	Purchase of assets from other organization(s)			1g		No			
h	Exchange of assets			1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No			
k	Performance of services or membership or fundraising solicitations for other organizat	cion(s)		1k		No			
ı	Performance of services or membership or fundraising solicitations by other organization	on(s)		11		No			
m Sharing of facilities, equipment, mailing lists, or other assets									
n	Sharing of paid employees			1n		No			
0	Reimbursement paid to other organization for expenses			10		No			
P	Reimbursement paid by other organization for expenses			1р	Yes				
q	Other transfer of cash or property to other organization(s)			1 q	Yes				
r	O ther transfer of cash or property from other organization(s)			1r		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who i	must complete this line, including covered relationships	and transaction thresholds						
	(A)	(B) Transaction	(C)						
	Name of other organization(s)	type(a-r)	Amount Involved						
(1)	(1) foundation for health inc								
(2)									
(3)					_	_			
(4)									

Part VI Unrelated Organizations Taxable as a Partnership

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

									_											
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No										
			•	•		•		Cabadul	D / Form											