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DLN: 93493132001210

Form **990**

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)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Internal	i levellue	OCIVICO		·		<u> </u>	•	Inspection
			lendar yea	r, or tax year beginning 07-0 C Name of organization	1-2008 and ending 06-30-	2009	D Employer ide	ntification number
_		plicable	Please use IRS	ST CLAIRE REGIONAL MEDICAL	CENTER			
_	tress cha	_	label or	Doing Business As			61-060533 E Telephone nu	
Nar 	me char	nge	print or type. See				(606) 793 4	. E 0.2
Inıt	ial retur	'n	Specific Instruc-	Number and street (or P O box	nddress) Room/suit	(606) 783-6 G Gross receipt		
Ter	mınatıoı	n	tions.	222 MEDICAL CIRCLE			a dross recapt	Ψ 123,217,343
_ Am	ended r	eturn		City or town, state or country, a	and ZIP + 4	l e		
— App	olication	pending		MOREHEAD, KY 40351				
		Ī	F Nar	ne and address of Principal C	Officer	H(a) To t	his a group return	for
			GR Jon	es JR			iates?	「Yes ▼No
				EDICAL CIRCLE HEAD,KY 40351				
r Ta:	x-exem	pt status) (3) ◄ (insert no)	(1) or 527		all affiliates include	
			W ST-CLA				oup Exemption Nu	See instructions) mher 📴
, ,	ed Site	e: - vv vv	W SI-CLA	IRE ORG		11(c)	Tap Examplified III	
К Тур	e of org	anızatıon	Corporat	ion trust association other	er 🍽	L Year of I	Formation 1997 M	State of legal domicile KY
							·	
Pa	rt I	Sumn	nary					
	1	Briefly d	escribe th	e organization's mission or n	nost significant activities			
မှ		THEMIS	SSION IS	TO PROCLAIM GOD'S GOO	DDNESS THROUGH A HEA	LING MINISTR	Y TO THE PEOPL	E OF EASTERN KY
Ĕ								
Governance								
Š	2	Check th	his box 🦵	ıf the organizatıon discontini	ued its operations or dispos	ed of more than	25% of its assets	5
	3	Number	of voting r	nembers of the governing bo	dy (Part VI, line 1a)		. з_	14
io γ	4	Number	of indepen	ident voting members of the	governing body (Part VI, lin	e 1 b)	. 4 _	13
Щ	5	Total nu	mber of en	nployees (Part V , line 2a) .			5 _	1,453
Activities &	6	Total nu	mber of vo	lunteers (estimate if necess	ary)		6 _	15
Ť	7a	Total gro	oss unrela	ted business revenue from P)	7a _	0	
	b	Net unre	lated busi	ness taxable income from Fo		7b	0	
						P	rior Year	Current Year
	8	Contrib	outions and	d grants (Part VIII, line 1h)		1,987,498	1,184,521	
Revenue	9	Progra	m service	revenue (Part VIII, line 2g)			113,570,261	119,436,974
e Ac	10	Invest	ment incor	ne (Part VIII, column (A), lu	nes 3, 4, and 7d)		877,969	1,267,785
±	11	Otherr	evenue (P	art VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)		1,063,076	1,486,976
	12		evenue—a	dd lınes 8 through 11 (must	equal Part VIII, column (A)	, line	117 409 904	122 276 256
	4.5	12)			(A) I 1 2)		117,498,804	123,376,256
	13			ar amounts paid (Part IX, col			54,090	52,593
	14		•	r for members (Part IX, colu	, ,,	_		0
8	15	Salarie 10)	s, other co	ompensation, employee bene	ies 5-	63,552,407	64,826,265	
Expenses	16a	•	sional fund	raising fees (Part IX, columr	ı (A), lıne 11e)			0
÷	ь			penses, Part IX, column (D), line 2.				
ш	17	•	_	[Part IX, column (A), lines 1:		54,974,104	59,390,212	
	18			add lines 13–17 (must equa	·	,,,	118,580,601	124,269,070
	19			penses Subtract line 18 from			-1,081,797	-892,814
<u>8</u>				222 322 322 332 330		Begin	ning of Year	End of Year
Net Assets or Fund Balances	20	Totala	ssete (Da	t X, line 16)			77,685,007	77,336,980
9 TE	21			Part X, line 26)			36,450,011	
9 E			•	•	f			38,227,953
	22			d balances Subtract line 21	Trom line 20		41,234,996	39,109,027
Pai	rt II		ature Blo	DCK :rjury, I declare that I have examin	ed this return, including accoming	aving schedules a:-	1 statements and to t	he heet of my knowledge
				correct, and complete Declaration				
Please Sign		****	**			20:	10-05-12	
		Signa	ture of office	er	Dat	e		
Here	=		ones jr VP /					
		Туре	or print nam	e and title				
		Preparer's	s 🔽		Date	Check if	Preparer's PTIN (See Gen Inst)
Paid		signature		A Merrill CPA		self- empolyed ▶ [-	
	arer's	Firm's na	me (or your	s L Blue & Co LLC		p3i,ca r		
Use (ıf self-em	ployed),	•			_ EIN ▶	
		address, a	and ZIP + 4	One American Square 2200			Phone no ► (3	17) 633-4705
				Indianapolis, IN 46282			Tholle lib F (3	11, 000 7100

May the IRS discuss this return with the preparer shown above? (See instructions) .

1	Briefly describe the organization's mission THE MISSION OF ST CLAIRE REGIONAL MEDICAL CENTER IS TO PROCLAIM GODS GOODNESS THROUGH A HEALING MINISTRY TO THE PEOPLE OF EASTERN KENTUCKY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services?
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
4 a	(Code) (Expenses \$ 83,376,721 including grants of \$ 52,593) (Revenue \$ 93,068,559) St. Claire Regional Medical Center serves as a 159-bed regional referral center and is the largest rural hospital in northeastem Kentucky. Sponsored by the Sisters of Notre Dame in Covington, Kentucky, St. Claire Regional serves as a not-for-profit hospital. With nearly 1,300 employees, St. Claire Regional is the second-largest employer in the region. The Medical Center is an established training site for the University of Kentucky School of Medicines physician residency programs. St. Claire Regional's Medical Staff is comprised of over 100 physicians and surgeons, representing 31 medical and surgical specialties. In addition to providing services at the Medical Center's main campus in Morehead, St. Claire Regional's operations consist of a St. Claire Regional Outpatient Center, Cave Run Surgical Specialists, five comprehensive family medicine clinics as well as a Family Medicine Express, a regional telemedicine system, and an eight-county home care service region comprised of home health, hospice & palliative care, and home medical equipment. Additionally, St. Claire Regional partners with the University of Kentucky Medica Center to offer services through the Kentucky Clinic Morehead Cancer Treatment Centerst. Claire Regional Medical Center's service region serves a population of over 160,000 in Bath, Carter, Eliliott, Fleming, Lewis, Magoffin, Menfee, Montgomery, Morgan, Rowan and Wolfe counties. St. Claire Regional's five family medicine clinics are located in Frenchburg, Morehead, Olive Hill, Owingsville, and Sandy Hook.
4 b	(Code) (Expenses \$ 10,542,922 including grants of \$) (Revenue \$ 10,295,740) Home CareSt Claire HomeCare is a service provided by St Claire Regional Medical Center offening a full range of home care services for patients to recover in their own homes. As one of the largest programs in the state, St Claire HomeCare is a comprehensive in-home service system comprised of home health, hospice, and home medical equipment. Our committed staff includes nurses, therapists and aides working as a team to help meet virtually every home care need. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) accredits both St. Claire Regional Medical Center and St. Claire HomeCare. St. Claire HomeCare is Medicare-certified and licensed in the state of Kentucky.
4c	(Code) (Expenses \$ 7,443,067 including grants of \$) (Revenue \$ 7,026,527) Family MedicineSt Claire Regional Family Medicine is a system of five Family Medicine clinics that provide a full range of preventive and therapeutic healthcare services, from newborn to geriatrics, including obstetrical services. The St. Claire Regional Family Medicine medical staff includes board certified family and internal medicine physicians as well as advanced registered nurse practitioners, certified physician assistants, certified nurse midwives, and family medicine residents affiliated with the University of Kentucky. St. Claire Regional Family Medicine Express provides fast, convenient walk-in treatment for a variety of routine non-urgent medical services including treatment of common illnesses, physical exams, and flu shots.
	(Code) (Expenses \$ 11,735,989 including grants of \$) (Revenue \$ 9,046,148)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 113,098,699 Must equal Part IX, Line 25, column (B).

art IV	Chec	klist 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	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? 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		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 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	Yes	
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		Νο
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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νo
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
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	Yes	
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	Yes	
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		Νο
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	Yes	
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	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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	Yes	
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)

Diving the tay year did any name who is a summer of summer officer divinates through a sulface and such			
During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
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	20-		N
	28a		No
Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
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		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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
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	
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		No
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		No
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,	37		No
	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 IV Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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 IV. 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV. 28b 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. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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 IV 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Iine 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Did the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye
1 4	Statements Regarding Other Inc I migs and Tax compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			110
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 89			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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		Νo
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-ru	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
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).	7-		NI a
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
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			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
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	8		Νο
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		No
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
4.4	Section F01/cV12) organizations. Enter			
	Section 501(c)(12) organizations Enter Gross income from members or shareholders			
đ	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A. Govern	ing Body and Mana	agement		
·		·	·	

			Yes	No					
	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.								
1a	Enter the number of voting members of the governing body 14								
Ь	Enter the number of voting members that are independent 13								
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?	2		Νο					
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's assets?								
6	Does the organization have members or stockholders?								
7a	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, stockholders, or other persons?	7b		Νo					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
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		Νο					
b	b 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?								
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	10	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								

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	
b	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	Yes	
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	Yes	
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		No
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		

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 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

William Barton Director of fiscal s 222 MEDICAL CIRCLE MOREHEAD, KY 40351 (606) 783-6503

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			tion that a		y)				(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
			\vdash	$\vdash\vdash$	\vdash		\vdash			
			<u> </u>	Ш.			 	4,218,157	' (174,521

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►68

			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		Νο
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	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</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Trace Creek Construction 127 Market St SUite 200 Vanceburg, KY 41179	Construction	1,468,498
PROFESSIONAL MEDICAL Billing 7619 W Jefferson Blvd Fort Wayne, IN 46804	Billing Service	561,713
Packs Inc 75 Baldridge Rd Morehead, KY 40351	Construction	528,503
KMSF-Path FAC Services 138 Leader Avenue Lexington, KY 40506	Physician Services	515,502
Morehead Clinic 234 Medical Circle Morehead, KY 40351	Physician Services	478,733
2 Total number of independent contractors (including those in 1) who rec from the organization		16

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
	1a	Federated can	npaigns 1a					, , , , , , , , ,
nts nts	ь	Membership d						
Contributions, gifts, grants and other similar amounts	c	Fundraioina c	1b vents					
#	•	rundraising ev	1c					
<u>#</u> ,_ <u>#</u>	d	Related organ	ızatıons1d					
ž, <u>E</u>	e	Government gran	nts (contributions) 1e	742,190				
er &	f		tions, gifts, grants, and not included above	442,331				
ŧĘ.€		Similar amounts i	1f					
Ęž	g		ributions included in 144,415					
ಏಹ	h	lines 1a-1f \$ Total (Add lin	es 1a-1f)		1,184,521			
	ļ			<u>▶</u>				
<u>a</u>	2-	Not Detropt Conv	D-	Business Code	407 425 020	407 425 020		
nua.	2a	Net Patient Servi		621,110		107,435,039		
죨	Ь	Home Care Reve	nue	621,610	12,001,935	12,001,935		
92	С							
er E	d							
3 E	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
Š	g	Total. Add line	es 2a-2f	·				
		> \$ 119,436,9						
	3		come (including divi	·	2,465,824			2.465.024
			amounts)	▶	2,405,824			2,465,824
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
		-		(II) Personal				
	6a	Gross Rents	220,023					
	ь	Less rental expenses	131,198					
	С	Rental income	88,825					
	d	or (loss) Net rental inc	ome or (loss)		88,825	88,825		
				▶				
	7a	Gross amount	(ı) Securities	(II) O ther 285,402				
	/a	from sales of assets other		200,102				
		than inventory		107.00				
	ь	Less cost or other basis and	1,075,608	407,833				
	С	sales expenses Gain or (loss)	-1,075,608	-122,431				
	d	Net gain or (lo		,	-1,198,039			-1,198,039
				. ►	, ,			
	8a		from fundraising					
		events (not in \$5	60,854					
ĭ.		of contribution	ns reported on line					
क ≥		1c) See Part <i>Attach Schedul</i>	lv,line 18 e G if total exceeds					
æ		\$15,000	a					
<u>ā</u>	ь	Less directe	xpensesb	13,429				
Other Revenue	С	Net income or	(loss) from fundrais	ing events	37,425			37,425
_	9a	Gross income						
			part IV, line 19					
		exceeds \$15,00						
			а					
	ь		xpensesb					
	С	Net income or	· (loss) from gaming a	activities -				
	10a	Gross sales o	f inventory, less					
		returns and al						
	ь	1000 ccs	a a	188,855				
	C	Less cost of	goods sold b ·(loss) from sales of	213,025 Inventory	-24,170			-24,170
	<u> </u>	Miscellaneou		Business Code				
	11a	Cafeteria inco		900,099	647,790			647,790
	ь	Misc Income		900,099	563,243			563,243
	c	Catering		900,099				154,429
				· ·	19,434			19,434
	d	All other reve			,			
	е	rotal. Add line	es 11a-11d	\$ 1,384,896				<u> </u>
	12		. Add lines 1h, 2g, 3		123,376,256	119,525,799	(2,665,936
		8c, 9c. 10c. and 1	l1e	. ▶				
	1	, - O -, and 1						Form 990 (2008)

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 r	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							
2	Grants and other assistance to individuals in the U S See Part IV, line 22	52,593	52,593					
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	1,568,639	1,427,461	141,178				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	51,248,636	46,645,372					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,093,953	1,905,497	188,456				
9	Other employee benefits	6,586,475	5,993,692	592,783				
10	Payroll taxes	3,328,562	3,028,991	299,571				
11	Fees for services (non-employees)							
а	Management							
b	Legal	154,194	140,317	13,877				
c	Accounting	55,803	50,781	5,022				
d	Lobbying							
е	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	7,704,447	7,011,047	693,400				
12	Advertising and promotion	200,881	182,802	18,079				
13	Office expenses	19,167,952	17,442,836	1,725,116				
14	Information technology							
15	Royalties							
16	Occupancy	4,938,310	4,493,863	444,447				
17	Travel	222,128	202,136	19,992				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings	294,670	268,150	26,520				
20	Interest	1,162,721	1,058,076	104,645				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	5,074,555	4,617,845	456,710				
23	Insurance	1,147,820	1,044,516	103,304				
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 Expense	16,222,140	14,762,147	1,459,993				
b	Provider tax	1,467,636	1,335,549	132,087				
c	Recruitment	524,497	477,292	47,205				
d	Licenses & Fees	261,320	237,801	23,519				
f	All other expenses	791,138	719,935	71,203				
25	Total functional expenses. Add lines 1 through 24f	124,269,070	113,098,699	11,170,371	0			
26	Joint Costs. Check if 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	Shoot

					(A) Beginning of year		(E End of	
	1	Cash—non-interest-bearing			Beginning of year	1	Ella o	гуеаг
	2	Savings and temporary cash investments	•		11,296,010			6,081,514
	3	Pledges and grants receivable, net		11,200,010	3		40,992	
	4	Accounts receivable, net			14,366,985	-	1	3,580,836
	5	Receivables from current and former officers, directors, trustee			14,555,555	+		
		other related parties Complete Part II of Schedule L		•		5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of				6		
	7	Notes and loans receivable, net			507,015	7		1,168,391
	8	Inventories for sale or use			2,606,730	8		2,593,479
÷	9	Prepaid expenses and deferred charges			1,676,471	9		352,464
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	101,387,264				
	ь	Less accumulated depreciation Complete Part VI of	100	, ,				
		Schedule D	10ь	68,832,664	32,834,593	10c	3	2,554,600
	11	Investments—publicly traded securities			13,211,766	11	1	7,275,648
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VII	of	183,906	12		
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .	I		13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	1,001,531			3,689,056		
		D			77.005.007	15		7 222 222
	16	Total assets. Add lines 1 through 15 (must equal line 34)			77,685,007	16		7,336,980
	17	Accounts payable and accrued expenses .	11,235,695			3,444,899		
	18	Grants payable		18				
	19	Deferred revenue	10 212 520	19		C 400 274		
Ø.	20	Tax-exempt bond liabilities		18,213,529	20	l	6,498,374	
Eg	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						
Ξ		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties	s .	•	1,117,491	23		1,053,397
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			5,883,296	25		7,231,283
	26	Total liabilities. Add lines 17 through 25			36,450,011	26	3	8,227,953
ý		Organizations that follow SFAS 117, check here ► ✓ and comply through 29, and lines 33 and 34.	plete li	nes 27				
Balance	27	Unrestricted net assets			41,234,996	27	3	9,109,027
<u>ක</u> න	28	Temporarily restricted net assets				28		
Ē	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here	nd com	plete				
		lines 30 through 34.						
8	30	Capital stock or trust principal, or current funds				30		
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other f	unds			32		
ĕŧ	33	Total net assets or fund balances			41,234,996	33	3	9,109,027
_	34	Total liabilities and net assets/fund balances			77,685,007	34	7	7,336,980
Pa	rt XI	Financial Statements and Reporting						
		p					Yes	No

ParitXI	Financial	Statements	and Reporting

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

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.

2008

Open to Public
Inspection

ST CL	AIRE RE	EGIONAL MEDIC	CAL CENTER									
								61	61-0605336			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organi	zatıon ıs not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))			_	
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	▽	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Г	A medical i	research organi	zation operated in conjuncti	on with a l	hospital d	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the	
			name, city, and			•				. ,. ,		
5	Г	•			universit	v owned o	r operated	by a gove	rnmental	unit desc	ribed in	
	•	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	Г			overnment or governmental	unit descr	ihed in Se	ction 170	(b)(1)(A)	(v).			
7	, _	•	· -	ally receives a substantial p						n the dene	ral nublic	
•	'			o)(1)(A)(vi) (Complete Par		зарроге по	Jili a gove	illine ilear e	01 11011	ir the gene	Tal pablic	
8	\vdash		-	ed in Section 170(b)(1)(A)	•	nlata Par	+ TT \					
9	<u>'</u>		•	ally receives (1) more than		•	•	ntrihiitior	is mamha	rchin faac	and aross	
•	,	-		ated to its exempt functions					•		· -	
		•		estment income and unrelate	-		•	,	•			
			-	on after June 30, 1975 See			•			() HOIH bu	511165565	
10	_			and operated exclusively to						o inctruc	tions \	
11	<u>'</u>	_	=	and operated exclusively to	-		-					
11	,			orted organizations describe								
				type of supporting organiza							(-)(-)	
		а Г⊤	ype I b	Type II c	Type III	- Function	nally Integ	rated	d	ГТуре	III - Other	
e	Γ			rtıfy that the organızatıon ıs							•	
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (described	ın sectior	1509(a)(1) or	
f		section 50		d a written determination fro	m the IRS	Sthatitie	a Tyne I	TypeIIo	r Tyna III	sunnortir	ia organization	
•		check this		a a written determination no	in the Inc	, that it is	u Type I,	1 y pc 11 0	i i ype iii	Supportin		
g		Since Augu	ıst 17, 2006, h	as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>		·	
		following pe										
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes No	
			· -	ng body of the the supported	_	tion?				11g		
		• • • • • • • • • • • • • • • • • • • •	•	erson described in (i) above						11g(
		. ,		ty of a person described in (11g(iii)	
h		Provide the	following inform	mation about the organizatio	ns the org	janization	supports					
				T			T				T	
	(i) Name of (ii) EIN (iii) Type of organization (iv) Is the (v) Did yo Supported (described on lines 1-9 organization in the organ		· ·		s the	(vii) A mount of						
		nization		described on lines 1-9 above or IRC section	_	listed in		nızatıon) of your	_	ation in rganized	support?	
	,			(See Instructions))		verning	supp			υs?		
					docur	ment?						
					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.)

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					1		
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, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	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	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	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						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ction 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (P zations_complete Part III	roxy Tax)		
Naı	me of the organization CLAIRE REGIONAL MEDICAL CENTER	,		Employer ider 61-0605336	itification number
Par		y all organizations exempt e the instructions for Schedule			527
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	ivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	To be completed b for Schedule C for d	y all organizations exempt etails.)	under section	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization ur	ider section 4955		\$
2	Enter the amount of any excise	n 4955	\$		
3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	?	┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under section	1 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	rganızatıon's ınternal funds contribu	ited to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made Enter the amount political contributions received	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po	ı organization's own interna Hitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		soo the instructions for Form 000	Cat No E	20046 51 11 51	Form 000 or 000 E7\ 2005

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures						
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1				
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		6,312
j	Total lines 1c through			6,312
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Dar	+ TII-A. To be completed by all organizations exempt under section $E(1/c)/A$.	setion	E01/6	\/E\ or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
1	Activities	Pay membership dues to trade organizations of which a portion of the dues are used for lobby expenses by the trade organizations

1 \$

Part IV Supplemental I	Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

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.

Employer identification number Name of the organization ST CLAIRE REGIONAL MEDICAL CENTER 61-0605336 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

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.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

- 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

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- \$

- 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

► \$

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Part	***	Organizations Maintaining Colle	ections of Art,	His	<u>tori</u>	<u>cal Treası</u>	ires, or Othe	r Similar <i>F</i>	\sse	ts (co	ntınued)
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)										
а	Γ	Public exhibition		d	Γ	Loan or exc	hange programs				
b	Γ	Scholarly research		e	Γ	Other					
С	Γ	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 i						nılar	Γ.	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo					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? Yes No										
b	If"Y	es," explain why in Part XIV and complete	the following table)							
									mou	nt	
С	Begi	inning balance					1c				
d	Add	itions during the year					1d				
е	Dıst	ributions during the year					1e				
f	Endi	ing balance					1f				
2a	Dıd t	the organization include an amount on Forn	n 990, Part X, line	21?					Γ,	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete if t									
1a	Rogi	nning of year balance	(a)Current Year	(b)	Prior \	rear (c) I w	o Years Back (d)	Three Years Bac	k (e)	Four Ye	ears Back
ь		tributions									
c		estment earnings or losses									
d		nts or scholarships									
e		er expenditures for facilities									
-		programs									
f	Adm	ninistrative expenses									
g	End	of year balance									
2	Prov	ıde the estimated percentage of the year e	end balance held as	5							
а	Boar	d designated or quasi-endowment 🕨									
b	Perm	nanent endowment 🕨									
С	Term	n endowment 🕨									
3a		there endowment funds not in the possessi	ion of the organizat	tion t	hat a	re held and a	admınıstered for	the			
	_	nization by						Гэ	-/:\	Yes	No
		nrelated organizations			•				a(i) a(ii)		
ь		elated organizations			ched	ule R?			3b		
4		cribe in Part XIV the intended uses of the o	•					· · · <u></u>			
Par	t VI	Investments—Land, Buildings,	and Equipmen	t. S	ee F	orm 990, P	art X, line 10.				
		Description of investment	-			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciati	on	(d) Boo	ok value
1 a l	and						952,373		\top		952,373
Ь	Buildii	ngs		ı			42,673,636	23,707,	108	18	8,966,528
c l	_ease	hold improvements					447,043	440,	482		6,561
d E	Equip	ment					57,314,212	44,685,	074	12	2,629,138
				i							

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b) Book value		l of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
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	13.	
(a) Description of investment type	(b) Book value		l of valuation year market value
		COSE OF CHA 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		1	(1) P
(a) Descri	ption		(b) Book value
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	1		
Federal Income Taxes	(b) A mount		
Estimated Settlements Payable	3,652,755		
Prof Liab Claims Reserve	2,911,493		
Deferred Compensation	667,035		
Deletted Compensation	007,035		
		i	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	123,376,256
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	124,269,070
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-892,814
4	Net unrealized gains (losses) on investments	4	-1,233,155
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	-1,233,155
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,125,969
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	oer R	
1	Total revenue, gains, and other support per audited financial		122,487,324
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-1,233,155
3	Subtract line 2e from line 1	3	123,720,479
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)		
С	Add lines 4a and 4b	4c	-344,223
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	123,376,256
-	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements		124,613,293
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
a	Other (Describe in Part XIV)	30	0
e	-	2e	
3	Subtract line 2e from line 1	3	124,613,293
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV)		
b		1-	244 222
C E	Add lines 4a and 4b	4c	-344,223
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	124,269,070

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

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	FOOTNOTE #2 From THE ORGANIZATION'S FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 The Financial Accounting Standards Board ("FASB") has issued Interpretation No 48 ("FIN 48"), which clarifies generally accepted accounting principles for recognition, measurement, presentation, and disclosure relating to uncertain tax positions FIN 48 applies to business enterprises, not-for-profit entities, and pass-through entities, such as S corporations and limited liability companies. The Medical Center evaluates uncertain tax positions in accordance with FIN 48 and makes such accruals and disclosures as might be required thereunder.
Part XII, Line 4b - O ther A djustments		Rental expenses -131198 Cost of goods sold -213025
Part XIII, Line 4b - Other Adjustments		Rental expenses -131198 Cost of goods sold -213025

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As Filed Data -

DLN: 93493132001210

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities: Check all that apply a Mail solicitations b Email solicitations c Phone solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table	Internal Neverlae Cervice						Inspection			
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (ii) Name of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? (iv) A mount paid to (or retained by) fundraiser listed in col (ii) organization	Name of the organization ST CLAIRE REGIONAL M	EDICAL CENTER				Employer ider	Employer identification number			
Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations						61-0605336				
a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) (vi) A mount paid to (or retained by) organization	Part I Fundraisin	g Activities. Complete	e if the or	ganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.			
b Email solicitations f Solicitation of government grants Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) A mount paid to (or retained by) organization organization	1 Indicate whether the	organization raised funds	through ar	ny of the	following activities Che	eck all that apply				
b			J	,						
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? The person solicitations The person solicitations are not required to correct size or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? The person solicitations are not required to correct size or entities? The person solicitations are not required to complete the stable or entity (fundraiser listed in control of contributions? The person solicitations are not required to complete this table or entity (fundraiser) The person solicitations are not required to complete this table or entity (fundraiser) The person solicitation is professional fundraising activities? The person solicitation is professional fundraisi	b Email solicitation	าร			· · · · · · · · · · · · · · · · · · ·	-				
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? The professional fundraising activities for the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (ii) Name of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) (vi) A mount paid to (or retained by) fundraiser listed in organization	c	ns			g Special fundrais	sing events				
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (ii) Name of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in coll (i) (vi) Amount paid to (or retained by) fundraiser listed in organization	d In-person solicit	ations								
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) (v) A mount paid to (or retained by) fundraiser listed in col (i)	3	3		•	, ,	, ,	Г _{Yes} Г _{No}			
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in coll (i) (vi) Amount paid to (or retained by) fundraiser listed in coll (i)										
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (or retained by) fundraiser listed in contributions? (vi) Amount paid (or retained by) fundraiser listed in contributions?										
or entity (fundraiser) (II) Activity control of from activity fundraiser listed in organization organization	(i) Name of individua	I (III) A ctivity	custody or		(iv) Gross receipts		(vi) A mount paid to			
contributions? col (1)	. ,				1	1 ,	1			
Yes No				itions?		col (i)	organization			
			Yes	No						
Total				<u> </u>						
Total •	iotai									

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

			(a) Event #1	(b) Event #2	(c) O ther Events	(Add co	otal Evo	hrough	
			2009 Annual Charity Golf Outing	2009 Signature event	(total number)		ol (c))		
			(event type)	(event type)	(**************************************				
ĒΦ	1	Gross receipts	35,051	15,803			5	50,854	
Revenue	2	Less Charitable							
~	3	Gross revenue (line 1 minus line 2)	35,051	15,803			5	50,854	
	4	Cash Prizes							
Ses	5	Non-cash Prizes							
Expenses	6	Rent/Facility costs						L 3 , 4 2 9	
ញ ក្	7	Other direct expenses	8,333	8,333 5,096					
Direct	8	Direct expense summary Add line	-	• •	$\mathbf{r}_{-1}, \mathbf{r}_{-1}, \mathbf{r}_{-1}, \mathbf{r}_{-1} \leftarrow \mathbf{r}_{-1}$			13,429	
	9	Net income summary Combine lir			<u> </u>			37,425	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mo	ore tha	n	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		al gamıng through c		
	1	Gross revenue							
<u>စ</u>	2	Cash prizes							
pens	3	Non-cash prizes							
Direct Expenses	4	Rent/facility costs							
<u>0</u>	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes				
	7	Direct expense summary Add lines	s 2 through 5 in column (d)					
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌				
9	Ente	er the state(s) in which the organiza	tion operates gaming act	rivities			Yes	No	
а		he organization licensed to operate		<u> </u>		. 9	.		
b	If"I	No," Explain					-		
l0a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	10	a		
		es the organization operate gaming a				1:			

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493132001210

OMB No 1545-0047

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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Employer identification number

Name of the organization ST CLAIRE REGIONAL MEDICAL CENTER 61-0605336 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a 1a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 200% Other **b** Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Зh
 □ 250%
 □ 300%
 □ 350%
 □ 400%
 □ 0ther
 %
 c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a **b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? 5c **6a** Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public? 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting (e) Net community benefit activities or (c) Total community (f) Percent of served benefit expense total expense **Means-Tested Programs** programs revenue expense (optional) (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8)

j Total Other Benefits . . . k Total (line 7d and 7j) . . .

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			-		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	((b) Description of primary activity of entity			anizatio % or sto ership %	ck	employees' profit profi		e) Physicians' ofit % or stock wnership %	
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
St Claire Regional Medical Center 222 Medical Circle Drive Morehead, KY 40391	х			х					

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493132001210

Schedule I (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
ST CLAIRE REGIONAL MEDI	CAL CENTER					61-0605336	
Part I General Infor	mation on Gra	nts and Assistance	е			•	
2 Describe in Part IV the	ed to award the gra organization's proc	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part Part IV and Sch	IV, line 21 for ai nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the of the of the office of the of	eived more than \$5,	
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
2 Enter total number of se organizations					<u> </u>		0
3 Enter total number of oth	ner organizations .				<u> </u>		<u>0</u>

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) 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
Scholarships	15	52,593			

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
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Hospital makes scholarships available to eligible persons to further healthcare in the community

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DLN: 93493132001210

OMB No 1545-0047

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

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

ST CLAIRE REGIONAL MEDICAL CENTER

Employer identification number

61-0605336

Pa	Title Questions Regarding Compensation	n						
					Yes	Νo		
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II							
	First class or charter travel	Γ	Housing allowance or residence for personal use					
	Travel for companions	Γ	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees					
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)					
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b				
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?							
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t							
	▼ Compensation committee	I✓	Written employment contract					
	✓ Independent compensation consultant	고	Compensation survey or study					
	Form 990 of other organizations	⊽	Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a					
а	Receive a severance payment or change of control	payment	t?	4a		Νο		
b	Participate in, or receive payment from, a suppleme	ental non	iqualified retirement plan?	4b		Νο		
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο		
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III					
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.					
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any					
а	The organization?			5a	l	Νo		
b	Any related organization?			5b		Νο		
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any					
а	The organization?			6a		Νo		
b	Any related organization?			6b		Νο		
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o		

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)(1)-(111) 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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
Mark Neff	(ı) (ıı)	283,929		15,500		11,964	311,393		
Sonny Jones	(I) (II)	150,552				6,480	157,032		
Travis Bailey	(ı) (ıı)	139,938				15,780	155,718		
Dr Kım Williams	(ı) (ıı)	201,117		16,038		2,724	219,879		
Dr Will Melahn	(ı) (ıı)	191,799				14,443	206,242		
Dr William Lewis	(ı) (ıı)	601,397		16,038		13,876	631,311		
Dr Craig Butler	(I) (II)	592,320		16,038		19,331	627,689		
Dr Stephen Williams	(ı) (ıı)	469,165		63,152		12,016	544,333		
Dr Charles Crouse	(ı) (ıı)	441,360		40,000		15,295	496,655		
Dr Mircea Lipovan	(ı) (ıı)	455,864		15,808		6,501	478,173		
	(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
-		
	·	

Return to Form

Software ID: Software Version:

EIN: 61-0605336

Name: ST CLAIRE REGIONAL MEDICAL CENTER

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

Torm 950, Schedule 3, Fart II - Officers, Directors, Trustees, key Employees, and Ingliest compensated Employees							
(A) Name	(B) Breakdown	of W-2 and/or 1099-MI	.SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	I incentive I i		compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
	(ı) 283,929 (ıı))	15,500		11,964	311,393	
	(ı) 150,552 (ı)	2			6,480	157,032	
	(ı) 139,938 (ıı)	3			15,780	155,718	
l .	(ı) 201,117 (ı)	7	16,038		2,724	219,879	
l .	(ı) 191,799 (ıı))			14,443	206,242	
	(ı) 601,397 (ıı)	,	16,038		13,876	631,311	
I .	(ı) 592,320 (ıı))	16,038		19,331	627,689	
	(I) 469,165	5	63,152		12,016	544,333	
	(ı) 441,360 (ıı))	40,000		15,295	496,655	
	(ı) (ı) 455,864	†	15,808		6,501	478,173	
							!

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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspection

	ne of the organization CLAIRE REGIONAL MEDICAL CEN'	TED								Employer	identifica	tion numl	ber	
51	CLAIRE REGIONAL MEDICAL CEN	IEK								61-060	5336			
P	art I Bond Issues (Required	d for 2008)								•	_			
	(a) Issuer Name (b) Issuer EIN (c)		(c) CUSIP #	(d) Date	Issued	(e) Issue Price		(f) Description of Purpose			(g) Defeased		(h) On Behalf o Issuer	
											Yes	No	Yes	No
Α_	Rowan County Kentucky	61-6000882		06-30-	2006	5,0	nnn nnn	Health care furnishings	equipment	and		х		Х
Pä	art III Proceeds (Optional for	2008)		-						Г				
1	1 Total Proceeds of Issue				4	E	3	•	2)	+	E	
2	Gross Proceeds in Reserve Funds	5												
3	Proceeds in Refunding or Defeasa	ance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	m Proceeds												
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>: </u>	No
9	Were the bonds issued as part of	a current refunding iss	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain acfinal allocation of proceeds?	dequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008))			<u> </u>				· -				
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>E</u>	No
1	Was the organization a partner in which owned property financed by		mber of an LLC,	165	140	165	140	i es	140	1 es	NO	1 65		140
2	Are there any lease arrangements which may result in private busing		nanced property											
For	Paperwork Reduction Act Notice, see th	ne Instructions for Form	1 990.			Cat No 501	.93E			s	chedule K	(Form 99	0) 2008	3

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493132001210

Schedule L Tran

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2008

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Name of the organization ST CLAIRE REGIONAL MEDICAL CENTER					En	nploye	r ide	nt if icat	ion r	umber	
Part I Excess Benefit Transaction					organiz		s on	ly).			
To be completed by organizations		vered "Yes 	" on Form 990, Part IV	, line 25	a or 25b	, or Fo	rm 9	90-EZ,		V, line c) Corr	
1 (a) Name of disqualified p	erson		(b) Description of t			ction				Yes	No
		,									
2 Enter the amount of tax imposed on the	organiza	tion manac	ners or disqualified ners	ons duri	na the v	earun	der				
section 4958							• 9	-			
3 Enter the amount of tax, If any, on line						•	• 9				
Part II Loans to and/or From In To be completed by organization				IV line :	26 or Fo	rm 99	0-F7	' Part \	v/lın	e 38a	
To be completed by organization	(b) Loan			1 , 1110 .	20,0110	1111 33	0 12	, u (f		1	
(a) Name of interested person and purpose	from t organiza	he	(c)O riginal principal amount	(d)Balance due		1		(e) In Approduction default? by boat communication default?		agree	ritten ment?
	То	From				Yes	No	Yes	No	Yes	No
Dr Stephen Williams signing/educational loan bonus		×	120,000		82,377		Νo	Yes		Yes	
Dr Charles Crouse										1	
signing/educational loan bonus		Х	40,000		6,667	No		Yes		Yes	
			k .		22.244						
Total	efitting	 Interes	sted Persons		89,044						
To be completed by organiz				90, Par	t IV, lın	e 27.					
(a) Name of interested person	(b) Re		between interested pe the organization	rson	(c) A m	ount o	fgrar	t or typ	oe of	assista	nce
Part IV Business Transactions In		Interes	stad Parsons								
To be completed by organiz				90, Par	t IV, lın	e 28a	, 28	b, or 2	.8c		
(a) Name of interested person	betwee	elationship n intereste on and the		(0	d) Descr	ıptıon	of tra	nsactio		(e) Sha organıza reven	ation's
	•	anization	transaction							Yes	No
									\Box		
									\dashv		
									\dashv		

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization ST CLAIRE REGIONAL MEDICAL CENTER Employer identification number

61-0605336

Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	nıng	
1	Art—Works of art	аррисавіс		- 9				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .	X	1	65,785	FMV			
16	Real estate—Commercial			,				
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .	X	7	78,630	FMV			
	Taxidermy			/				
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received	bv the ora	anization during the tax vea	ar for contributions for				
	which the organization complete		-		29			
	Acknowledgement		•					
							Yes	No
30a	During the year, did the organization hold for at					 		
	least three years from the date of		contribution, and which is	not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangem			_				
31	Does the organization have a gif	tacceptano	ce policy that requires the i	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
b	If "Yes", describe in Part II							
33	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	ı) ıs			
	checked, describe in Part II							

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Explanation Third Party Use Part I, Line 32b The St Claire Foundation shall reserve the right to accept or reject all gift offers. The final decision shall be made by the Vice President for Development in consultation with the President of the St Claire Regional Medical Center, when appropriate He may also refer a proposed gift to the Foundations Executive Committee for their recommendation

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 ST CLAIRE REGIONAL MEDICAL CENTER **Employer identification number**

61-0605336

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Physician Services St. Claire Regional offers a comprehensive array of Physician Services. Specialties employed by St. Claire include Radiology, Emergency Medicine, Oncology, Nephrology, General Surgery, and Orthopedic Surgery. Expenses \$ 11735989. including grants of \$ 0. Revenue \$ 9046148.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The organization is organized as a nonprofit corporation with a board of directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		the President of the Sisters of Notre Dame of Covington, KY is the person who appoints all the directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The process of reviewing the Form 990 entails a detailed review of the Form 990 by CFO and by the accounting department. The governing body reviews and approves the Form 990 and the final Form 990 including requested schedules, as ultimately filed with the IRS, are provided to each voting member of the organization's governing body prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Members of the board of directors, board committees, and medical center leadership sign a conflict of interest statement on initial appointment or employment and annually thereafter

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The written conflict of interest policy is regularly and consistently monitored and compliance enforced by the department head of board/administration. The scope of this policy includes board of directors, board committees, administrative staff, employees, and medical staff. The policy is in place to avoid conflicts of interest or the appearance of conflicts between personal interests and one's official responsibilities and performance of duties on behalf of the medical center. The covered persons are to avoid being placed in a position for personal profit, either through money, goods, or influence from the conducting of medical center responsibilities. A self disclosure from covered persons to the integrity officer is required on any potential conflicts of interest. The covered persons are to refuse from participating in any deliberation or decisions on such transactions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization does not make the governing documents, conflict of interest policy, or financial statements available to the public

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization ST CLAIRE REGIONAL MEDICAL CENTER	Employer identification number 61-0605336				
Part I Identification of Disregarded Entities				01-0005330	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(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 star (if section 501(c))	tus Direct controlling (3)) entity
SISTERS OF Notre Dame of Covington Kentucky Inc					
1601 Dixie Highway Covington, KY41011	Religious Order	кү	501c3	n/a	N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5 Y		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prin	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related investment, unrelated)	d, Shai	(F) ire of total income	(G) Share of end-of- year assets	(H Disprop allocat	I) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana parti	agıng
									Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	or Trust	•							
(A) Name, address, and EIN of related org		(B) Primary activity		(C) Legal domicile (state or foreign country)	Direct o	D) ontrolling itity	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) Share of d-of-yea assets	(H) Percentage r ownership		

(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		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c		No
d	Loans or loan guarantees to or for other organization(s)			1d		No
е	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)			1 g		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 organization	ion(s)		1k		No
1	Performance of services or membership or fundraising solicitations by other organization	on(s)		11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n		No
0	Reimbursement paid to other organization for expenses			10		No
р	Reimbursement paid by other organization for expenses			1р		No
q	O ther transfer of cash or property to other organization(s)			1q		No
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 r	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)	Sisters of Notre Dame of Covington Kentucky inc	L			171,62	5
(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?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

EIN: 61-0605336

Name: ST CLAIRE REGIONAL MEDICAL CENTER

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all								
		that apply)							/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)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Sister Maria Monahan , Board Chair	2 00	Х						0	0	0
Sister Mary Luann Bender , Vice Chair	2 00	X						0	0	0
Garren Colvin , Board Treasurer	2 00	Х						0	0	0
Bob Albert , Secretary	2 00	Х						0	0	0
Beth Patrick , Member	2 00	Х						0	0	0
Ewell Scott , Member	2 00	Х						0	0	0
Dan Markwell , Member	2 00	Х						0	0	0
Robert Stevens , Member	2 00	Х						0	0	0
sister mary kay Kramer , Member	2 00	Х						0	0	0
Sıster Mary Joell Overma , Member	2 00	X						0	0	0
Sıster Mary Evelynn Reın , Member	2 00	X						0	0	0
Samuel Matheny MD , Member	2 00	X						0	0	0
Mıchael Burton MD , Member	2 00	Х						0	0	0
Mark Neff , CEO	50 00	Х		Х				299,429	0	11,964
Sonny Jones , VP Financial Services, C	50 00			Х				150,552	0	6,480
Travis Bailey , VP, Administration	50 00			Х				139,938	0	15,780
Randy McCleese , VP, Information Services	50 00			x				96,324	0	7,646
Joan Wells , VP, Nursing Services	50 00			Х				131,442	0	6,696
Greg Bausch , VP, Regional Services	50 00			Х				113,530	0	17,877
Roger Russell , VP, Development	50 00			Х				76,191	0	10,027
Lında Fultz , VP, Q ualıty and resource	50 00			Х				90,655	0	13,865
Dr Kım Wıllıams , Vp, Special Projects	50 00			Х				217,155	0	2,724
Dr Will Melahn , VP, Medical Director	50 00			Х				191,799	0	14,443
Dr William Lewis , Radiologist	40 00					Х		617,435	0	13,876
Dr Craig Butler , Radiologist	40 00					Х		608,358	0	19,331
Dr Stephen Williams , Radiologist	40 00					Х		532,317	0	12,016
Dr Charles Crouse , Orthopedic Surgeon	40 00					Х		481,360	0	15,295
Dr Mircea Lipovan , Radiologist	40 00					Х		471,672	0	6,501