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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2008Department of the Treasury
Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2008, or tax year beginning **7/01/08**, and ending **6/30/09**G Check all that apply ☐ Initial return ☐ Final return ☐ Amended return ☐ Address change ☐ Name changeUse the IRS
label.
Otherwise,
print
or type.
See Specific
Instructions

Name of foundation

Andalusia Health Services, Inc.

Number and street (or P O box number if mail is not delivered to street address)

P. O. Box 56

Room/suite

City or town, state, and ZIP code

Andalusia**AL 36420-1200**

A Employer identification number

63-0793474

B Telephone number (see page 10 of the instructions)

334-222-3138C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐

2. Foreign organizations meeting the

85% test, check here and attach computation ☐E If private foundation status was terminated
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end
of year (from Part II, col (c),
line 16) **\$ 2,632,621** J Accounting method ☒ Cash ☐ Accrual
☐ Other (specify)

(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see pg 11 of the instructions))

(a) Revenue and
expenses per
books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable
purposes
(cash basis only)

- 1 Contributions, gifts, grants, etc., received (attach schedule)
- 2 Check ☒ if the foundation is not required to attach Sch B
- 3 Interest on savings and temporary cash investments
- 4 Dividends and interest from securities
- 5a Gross rents
- b Net rental income or (loss)
- 6a Net gain or (loss) from sale of assets not on line 10
- b Gross sales price for all assets on line 6a
- 7 Capital gain net income (from Part IV, line 2)
- 8 Net short-term capital gain
- 9 Income modifications
- 10a Gross sales less returns & allowances
- b Less Cost of goods sold
- c Gross profit or (loss) (attach schedule)
- 11 Other income (attach schedule)
- 12 Total. Add lines 1 through 11

161,427**161,427****161,427**SCANNED MAY 18 2010
Operating and Administrative Expenses

- 13 Compensation of officers, directors, trustees, etc
- 14 Other employee salaries and wages
- 15 Pension plans, employee benefits
- 16a Legal fees (attach schedule)
- b Accounting fees (attach schedule)
- c Other professional fees (attach schedule)
- d Interest
- 17 Taxes (attach schedule) (see page 14 of the instructions)
- 18 Depreciation (attach schedule) and depletion
- 19 Occupancy
- 20 Travel, conferences, and meetings
- 21 Printing and publications
- 22 Other expenses (att sch)
- 23 Total operating and administrative expenses.
- Add lines 13 through 23
- 24 Contributions, gifts, grants paid
- 25 Total expenses and disbursements. Add lines 24 and 25

Stmt 1

Stmt 2

Stmt 3

7,200**3,600****3,600****1,533****9,837****4,485****5,352****18,570****8,085****8,952****141,100****141,100****159,670****8,085****150,052**

27 Subtract line 26 from line 12

1,757

a Excess of revenue over expenses & disbursements

b Net investment income (if negative, enter -0-)

153,342

c Adjusted net income (if negative, enter -0-)

161,427

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2008)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	116,305	56,417	56,417
	3	Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (att. schedule) ▶ Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S. and state government obligations (attach schedule) Stmt 4	967,595	838,218	753,481
	b	Investments—corporate stock (attach schedule) See Stmt 5	807,611	866,510	742,690
	c	Investments—corporate bonds (attach schedule) See Stmt 6	1,020,345	1,172,579	1,078,956
	11	Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch.) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ▶ See Statement 7)		1,077	1,077
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,911,856	2,934,801	2,632,621
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable		2,379	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	2,379	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	2,247,455	2,247,455	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	664,401	684,967	
	30	Total net assets or fund balances (see page 17 of the instructions)	2,911,856	2,932,422	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	2,911,856	2,934,801	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,911,856
2	Enter amount from Part I, line 27a	2	1,757
3	Other increases not included in line 2 (itemize) ▶ See Statement 8	3	21,188
4	Add lines 1, 2, and 3	4	2,934,801
5	Decreases not included in line 2 (itemize) ▶ See Statement 9	5	2,379
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	2,932,422

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a N/A				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	
		3	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 </div>		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2007	103,168	2,602,800	0.039637
2006	82,577	2,575,078	0.032068
2005	112,236	2,546,636	0.044072
2004	142,132	2,558,422	0.055555
2003	135,060	2,532,480	0.053331

2 Total of line 1, column (d)	2	0.224663
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.044933
4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	4	2,446,599
5 Multiply line 4 by line 3	5	109,933
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,533
7 Add lines 5 and 6	7	111,466
8 Enter qualifying distributions from Part XII, line 4	8	150,052

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling letter (attach copy of ruling letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1,533
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	1,533
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,533
6	Credits/Payments		
a	2008 estimated tax payments and 2007 overpayment credited to 2008	6a	3,125
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	3,125
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,592
11	Enter the amount of line 10 to be Credited to 2009 estimated tax 1,592 Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) AL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► None	13	X	
14	The books are in care of ► Jones & Associates, P. C. 218 S Three Notch St. Located at ► Andalusia, AL	Telephone no ► 334-222-3138 ZIP+4 ► 36420		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	15		► <input type="checkbox"/>

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A ► <input type="checkbox"/>	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008?	N/A	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? If "Yes," list the years ► 20 07 , 20 , 20 , 20	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 , 20 , 20 , 20	N/A	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008)	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A		5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If you answered "Yes" to 6a, also file Form 8870			6b
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 10				

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).
If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	2,413,768
b	Average of monthly cash balances	1b	70,089
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,483,857
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,483,857
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	37,258
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,446,599
6	Minimum investment return. Enter 5% of line 5	6	122,330

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	122,330
2a	Tax on investment income for 2008 from Part VI, line 5	2a	1,533
b	Income tax for 2008 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,533
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	120,797
4	Recoveries of amounts treated as qualifying distributions	4	20,570
5	Add lines 3 and 4	5	141,367
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	141,367

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	150,052
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	150,052
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1,533
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	148,519

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7				141,367
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			152,431	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2008				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e				
4 Qualifying distributions for 2008 from Part XII, line 4 ▶ \$ 150,052				
a Applied to 2007, but not more than line 2a			150,052	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2008 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e Undistributed income for 2007 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			2,379	
f Undistributed income for 2008 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2009				141,367
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed
Gwen Ryland 334-222-2030
P.O. Box 56 Andalusia AL 36420

b The form in which applications should be submitted and information and materials they should include
See attached scholarship application

c Any submission deadlines
See attached copy of Letter to Applicants

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
See attached copy of Letter to Applicants

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Andalusia Lions Club 109 O'Neal Court Andalusia AL 36420	None	Tax Exempt Alabama Sight Conservation		3,000
South Central Mental Heal AL Hwy 55S Andalusia AL 36420	None	Quasi St Age Intensive Outpatient Program		7,500
South Central Mental Heal AL Hwy 55 S Andalusia AL 36420	None	Quasi St Age Programs for Mental Health		7,500
Covington County Health D 23989 AL Hwy 55 Andalusia AL 36420	None	Govt Agency Support Health Services for Citizens		15,000
American Red Cross-Cov Cn 234 Hillcrest Drive Andalusia AL 36420	None	Tax Exempt Disasters, Fires, Training		15,000
Cov County United Fund P.O. Box 667 Andalusia AL 36420	None	Tax Exempt Services by Agencies for Human Care		9,000
United Methodist Children 1515 Dr. MLK Expy Andalusia AL 36420	None	Tax Exempt Foster Care Children		2,000
Meredith's Miracles P.O. Box 643 Andalusia AL 36420	None	Tax Exempt Supplemental Medical Care		5,000
9 Educational Institution SEE STATEMENT 14 Andalusia AL 36420	None	Scholarships for Medical Education		77,100
Total			3a	141,100
b Approved for future payment N/A				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	681	
4	Dividends and interest from securities			14	160,746	
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18		
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)		0		161,427	0
13	Total. Add line 12, columns (b), (d), and (e)				13	161,427

(See worksheet in line 13 instructions on page 28 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
 - a Transfers from the reporting foundation to a noncharitable exempt organization of
 - (1) Cash
 - (2) Other assets
 - b Other transactions
 - (1) Sales of assets to a noncharitable exempt organization
 - (2) Purchases of assets from a noncharitable exempt organization
 - (3) Rental of facilities, equipment, or other assets
 - (4) Reimbursement arrangements
 - (5) Loans or loan guarantees
 - (6) Performance of services or membership or fundraising solicitations
 - c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
 - d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

- b** If "Yes," complete the following schedule

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

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

Sign Here

Signature of officer or trustee

5-12-10
Date

President
Title

**Paid
Preparer's
Use Only**

Preparer's
signature

Phillip G. Jones, P.A., E.A.

Date _____

5/11/10

Check if
self-employed ▶ ☐

Preparer's identifying
number (see **Signature** on
page 30 of the instructions)
P00924516

Firm's name (or yours if self-employed), address, and ZIP code

Jones & Associates, P. C.
P O Box 990
Andalusia, AL 36420

EIN ▶ 63-0990430

Phone no **334-222-3138**

Form **990-PF** (2008)

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
Money Market Earnings	\$ 681		14	AL
Total	<u>\$ 681</u>			

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
Dividends and Interest	\$			AL
Schedule Attached	160,746		14	AL
Total	<u>\$ 160,746</u>			

Federal Statements

Form 990-PF, Part I, Line 6a - Sale of Assets

Whom Sold	Description	Date Acquired	Date Sold	How Received		Cost	Expense	Depreciation	Net Gain / Loss
				Sale Price	Purchase				
100M FNMA 6.25%		3/01/02	4/06/09	\$ 100,000	Purchase	100,000	\$	\$	\$
Govt Securities-Redemptions		Various	6/30/09	33,000	Purchase	33,000			
Investment Trusts-Return of Prin		Various	6/30/09	1,006	Purchase	1,006			
Govt Securities-Return of Prin		Various	6/30/09	20,069	Purchase	20,069			
Total				\$ 154,075	\$ 154,075	\$ 154,075	0	0	0

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Accounting and Tax Services	\$ 7,200	\$ 3,600	\$	\$ 3,600
Total	\$ 7,200	\$ 3,600	0	\$ 3,600

Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Federal Excise Tax	\$ 1,533	\$	\$	\$
Total	\$ 1,533	0	0	0

Federal Statements

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses	\$	\$	\$	\$
Clerical Services	6,200	3,100		3,100
Postage and Office Supplies	562	225		337
Advertising	688			688
Bank Service Charges	35	18		17
Insurance	638	319		319
Telephone	871	436		435
Internet Access Charge	348	139		209
Dues	495	248		247
Allocation of expenses, detailed above, between investment and charitable activities, is based upon the amount paid on each activity.				
Total	\$ 9,837	\$ 4,485	\$ 0	\$ 5,352

Federal Statements

Statement 4 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Government Securities	\$ 967,595	\$ 838,218	Cost	\$ 753,481
Total	<u>\$ 967,595</u>	<u>\$ 838,218</u>		<u>\$ 753,481</u>

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Investment Grade/Insured Trusts	\$ 807,611	\$ 866,510	Cost	\$ 742,690
Total	<u>\$ 807,611</u>	<u>\$ 866,510</u>		<u>\$ 742,690</u>

Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Corporate Bonds	\$ 1,020,345	\$ 1,172,579	Cost	\$ 1,078,956
Total	<u>\$ 1,020,345</u>	<u>\$ 1,172,579</u>		<u>\$ 1,078,956</u>

Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	End of Year	Fair Market Value
Purchased Interest	\$	585	\$ 585
Prepaid Excise Tax		492	492
Total	<u>\$ 0</u>	<u>\$ 1,077</u>	<u>\$ 1,077</u>

Statement 8 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
Recovery of prior years' scholarships	\$ 20,570
Reimbursement of Penalty	440
Reimbursement of Interest	178
Total	<u>\$ 21,188</u>

ANDALUSIA HEALTH SERVICES, INC.
Book Value/Fair Market Value of Assets
End of Year June 30, 2009

EIN 63-0793474

	<u>Book Value</u>	<u>Fair Market Value</u>
CASH AND TEMPORARY CASH INVESTMENTS		
Edward Jones - Cash & Money Market	<u>56,416.97</u>	<u>56,416.97</u>
TOTALS	56,416.97	56,416.97
GOVERNMENT SECURITIES		
7M FNMA Remic 6.85% 7/25/25		7,700.00
37M FNMA 6.25% 1/25/32	37,000.00	40,011.80
125M GNMA (461091) Pass Thru 7% 12/15/12	6,437.49	3,676.86
200M GNMA (474015) Pass Thru 7.5% 4/15/28	11,698.58	3,629.78
200M GNMA (336960) Pass Thru 7.5% 5/15/23	8,301.18	2,825.80
50M GNMA (495499) Pass Thru 7% 1/15/29	6,717.53	4,747.66
100M FNMA (486478) Pass Thru 7% 2/1/29	7,940.98	4,724.48
50M GNMA II POOL #3389	18,478.05	18,091.10
100M Mastr Asset Securitization 5.25% 5/25/35	100,750.00	78,358.00
50M CWMBS Mtg 2004-8 5.5% 7/25/34	51,500.00	41,814.00
100M GNMA (532749) Pass Thru 8.0% 8/15/30	5,040.08	1,373.97
50M GNMA II (2699) Pass Thru 6% 1/20/29	3,187.30	3,346.69
100M GNMA Series 2005-056 5.00% 7/20/35	100,000.00	103,446.00
93M GNMA (457921) Pass Thru 5.5% 12/15/28	11,116.21	11,573.41
65M FNMA (252340) Pass Thru 6% 4/01/29	7,142.46	5,291.62
50M GNMA II (3171) Pass Thru 5.5% 12/20/31	10,979.04	9,770.53
23M FHLN 6% 7/15/32	23,703.82	24,563.08
50M CWMBS 5.25% 10/25/33	50,000.00	42,856.50
100M GNMA II Pool #3513	47,138.37	47,845.48
100M Citicorp Mtg Secs 5% 3/25/34	100,231.37	74,847.00
50 CWMBS 5.25% 5/25/34	49,800.00	45,665.50
24M Residential 2002-A12 A4 5.75% 11/25/32	24,878.12	21,936.00
50M GNMA II Pool #3556	21,625.41	21,784.94
75M FHLN Med Term Note 6.0% 7/15/26	75,000.00	76,121.25
50M FHLN 5% 4/15/24	50,000.00	48,912.00
9M Residential 2002-A12 A4 5.65% 1/25/33	<u>9,552.34</u>	<u>8,567.55</u>
TOTALS	838,218.33	753,481.00
CORPORATE BONDS		
100M Oneok Inc. 6.4% 2/01/19	100,000.00	99,274.00
100M US Western Communication 6.875% 9/15/33	100,000.00	74,368.00
50M Idaho Power Co 5.5% 4/01/33	50,499.99	46,535.50
50M Alabama Gas Corp 5.7% 01/15/35	50,000.00	44,556.00
100M Piedmont Nat Gas 6.25% 06/01/2036	100,000.00	99,465.00
100M Bear Stearns Cos Inc 6.0% 5/15/37	100,000.00	80,781.00
100M Georgia Power Co 5.65% 12/15/40	100,000.00	97,298.00
75M AL Power Co. 5.75% JAJ0 1/15/36	75,000.00	73,696.50
100M Florida Public Util 6.85% 10/01/31	100,000.00	81,036.00
50M Protective Life Ins 6.1% 1/15/29	50,000.00	43,315.00
50M AL Power Co 6.00% 10/15/37	50,000.00	50,563.00
50M Vectren Utility 6.25% 4/1/39	50,000.00	47,404.50
100M Citigroup Inc. 5.875% 5/29/37	94,844.95	77,858.00
25M Commonwealth Edison 5.95% 8/15/16	22,767.45	26,021.00
25M Home Depot Inc. 4.625% 8/15/10	23,917.45	25,485.75
50M Ohio Edison Co., 6.4% 7/15/16	48,909.95	51,121.50
60M Consolidated Edison NY 5.875% 4/1	<u>56,638.95</u>	<u>60,177.00</u>
TOTALS	1,172,578.74	1,078,955.75

ANDALUSIA HEALTH SERVICES, INC.
Book Value/Fair Market Value of Assets
End of Year June 30, 2009

EIN 63-0793474

	Book Value	Fair Market Value
TRUSTS		
150 L/T Invt Grd Tr Ser #9	148,581.00	133,474.50
60 L/T Invt Grd Tr Ser #10	59,610.00	51,870.60
100 L/T Invt Grd Tr Ser #12	98,413.00	78,741.00
73 VK Insured Income Tr Ser #93	76,459.86	66,494.24
50 L/T Invt Grd Tr Ser #14	50,572.00	40,467.50
50 VK Insured Income Tr Ser #72	47,750.00	41,525.00
25 VK Insured Income Tr #114	26,311.75	19,430.50
100 L/T Invt Grd Tr Ser #17	102,022.00	85,379.00
100 VK Insured Income Tr Ser #113	98,296.00	78,365.00
50 L/T Invt Grd Tr Ser #19	50,083.50	42,574.00
60 VK L/T INV Grade Ser #50	59,904.00	61,548.60
50 L/T Invt Grd Tr Ser #21	<u>48,506.50</u>	<u>42,820.50</u>
TOTALS	<u>866,509.61</u>	<u>742,690.44</u>
PART II, BALANCE SHEETS, COLUMNS (b) & (c)	<u>2,933,723.65</u>	<u>2,631,544.16</u>

Statement 9 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount
Distribution to "correct" Undistributed Income for 2007	\$ 2,379
Total	\$ 2,379

Federal Statements

Statement 10 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,
Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
John S. Merrill P. O. Box 56 Andalusia AL 36420	President	2.0	0	0	0
E. E. Anthony P. O. Box 56 Andalusia AL 36420	Sec/Treas	.33	0	0	0
Ivan Bishop P. O. Box 56 Andalusia AL 36420	V President	.33	0	0	0
Wilson H. Parker P. O. Box 56 Andalusia AL 36420	Director	.33	0	0	0
Jim Krudop P. O. Box 56 Andalusia AL 36420	Director	.25	0	0	0
Charles H. Roland P. O. Box 56 Andalusia AL 36420	Director	.25	0	0	0
Cathy Alexander P. O. Box 56 Andalusia AL 36420	Director	.25	0	0	0
Harmon Proctor P. O. Box 56 Andalusia AL 36420	Director	.25	0	0	0

ANDALUSIA HEALTH SERVICES, INC.

Scholarships

June 30, 2009

Tax Year - 2008

63-0793474

UNIVERSITY OF SOUTH ALABAMA

Ryan Mitchell	\$ 8,400.00	
Ashlan Glisson	3,600.00	
Tonya Pelham	<u>5,000.00</u>	
		\$ 17,000.00

TROY UNIVERSITY

Christyl Lawrence	3,100.00	
Sara Russell	3,100.00	
Allison Youngblood	<u>1,550.00</u>	
		7,750.00

LBW COMMUNITY COLLEGE - ANDALUSIA CAMPUS

Kimberly Daniel	3,600.00	
Kimberly Hornsby	3,600.00	
Keri Ireland	3,600.00	
Aaron O'Connell	2,100.00	
Tracy Scofield	950.00	
Phillip McCollough	1,200.00	
Jarred Martin	<u>1,200.00</u>	
		16,250.00

UNIVERSITY OF ALABAMA - BIRMINGHAM

Jonathan Parker	<u>1,250.00</u>	
		1,250.00

AUBURN UNIVERSITY MONTGOMERY

Abbigail Reynolds	4,650.00	
Jody Williams	<u>3,750.00</u>	
		8,400.00

**BAPTIST MEDICAL CENTER SCHOOL
FOR RADIOLOGY**

Erica Fowler	<u>3,600.00</u>	
		3,600.00

JEFF DAVIS COMMUNITY COLLEGE

Micalyn Kelley	<u>3,600.00</u>	
		3,600.00

WALLACE COMMUNITY COLLEGE

Jessica Armstrong	3,600.00	
Meghan Foshee	2,400.00	
Wendy Wallace	2,400.00	
Alicia Riley	<u>2,400.00</u>	
		10,800.00

SAMFORD UNIVERSITY

Julie Gay	7,500.00	
Jessica Cravey	<u>950.00</u>	
		<u>8,450.00</u>

STATEMENT 11 - PART XV, SUPPLEMENTARY INFORMATION, LINE 3a **\$ 77,100.00**

Federal Statements**Form 990-PF, Part XV, Line 2b - Application Format and Required Contents**Description

See attached scholarship application

Form 990-PF, Part XV, Line 2c - Submission DeadlinesDescription

See attached copy of Letter to Applicants

Form 990-PF, Part XV, Line 2d - Award Restrictions or LimitationsDescription

See attached copy of Letter to Applicants

ANDALUSIA HEALTH SERVICES, INC.
Scholarship Selection Committee
Post Office Box 56
Andalusia, AL 36420
334-488-5990
healthservices@andycable.com

To 2008 Applicants:

Andalusia Health Services, Inc. was formed for the purpose of promoting and improving health care services in Covington County, Alabama. To enhance this purpose a limited number of scholarships have been made available for Covington County Citizens who will be enrolled in an institution of higher learning during all or part of the 2008-2009 school year and who expect to pursue a health career in Covington County

Each applicant must have at least a "C" average. Scholastic standing, character, leadership qualities and the health care needs in Covington County will be considered in making awards. In no event shall sex, race, color, national origin, disability, creed, religion, age, or political affiliation be a factor in making awards.

A limited number of scholarship awards are available in the following areas:

Field of Study	Amount	Maximum # of Checks
Medicine	\$10,500/Yearly	4
Nursing – Practitioner	\$2,500/Semester	5
Registered	*\$1,200/1,550 Semester	6
Licensed Practical	\$1,200/Semester	3
LBW RN Mobility Program	\$1,200/Semester	3
Lab Technician	*\$1,200/1,550 Semester	6
Emergency Medicine – Basic	\$1,200/Semester	1
Paramedic	\$1,200/Semester	4
Occupational Therapy	\$1,550/Semester	6
Occupational Therapy Assistant	\$1,200/Semester	4
Physical Therapy	\$1,550/Semester	6
Physical Therapy Assistant	\$1,200/Semester	5
Radiology Technician/Imaging	*1,200/1,550 Semester	6
Speech Pathology (Masters)	\$1,800/Semester	4
Surgical Technology	\$1,200/Semester	3

Scholarship recipients must prove they have been admitted to a school in one of the named fields and must sign a contract agreeing to return to work in Covington County prior to receiving any scholarship monies. Those who will not be attending a school in one of the named areas prior to Summer Term 2009 need not apply. No Scholarship monies are available for preliminary course work.

Completed applications with all required paper work must be received by March 31, 2008. Applications must be mailed to: **Scholarship Selection Committee, Andalusia Health Services, Inc., P. O. Box 56, Andalusia, AL 36420**. For additional information, Please call 334-488-5990 after 5:00 pm

*Associate Degree/BS

ANDALUSIA HEALTH SERVICES, INC.
P. O. BOX 56 - ANDALUSIA, AL 36420
334-488-5990 – healthservices@andycable.com
2008 SCHOLARSHIP APPLICATION

1. Full Name _____
2. Complete Home Address _____

3. Home Phone Number _____ Work Phone Number _____
4. Social Security Number _____
5. High School(s) Attended and Graduation Date _____
6. College (s) Attended _____
7. Check appropriate field of study Medicine ____, Nursing Practitioner ____,
Registered Nursing ____, Lab Tech ____, Licensed Practical Nursing ____, Occupational Therapy ____,
Occupational Therapy Assistant ____, Paramedic ____, EMS Basic ____, Physical Therapy ____, Physical
Therapy Assistant ____, Radiology Technician/Imaging ____, Speech Pathology (Masters) ____, Surgical
Technician ____, RN Mobility SU 08 ____
8. College/University you will attend in 2008 _____
9. Have you been admitted to the program indicated? ____ If yes, include proof with your application
If no, when will you be notified? _____
10. Semester for scholarship to begin. Fall 08____, Spring 2009 ____
11. Final Semester and year for scholarship. ____; Total number of semesters ____
12. TRANSCRIPTS: Applicants must submit high school and college transcripts.
13. NARRATIVE: Applicants must write a brief narrative indicating the reason(s) for applying for a
scholarship, career plans, and previous accomplishments and honors.
14. EVALUATIONS: Applicants must have two (2) evaluations submitted following the instructions
on the evaluation sheet.
15. Completed applications, transcripts, narratives, and evaluations, must be received by March 31,
2008, at P. O. Box 56, Andalusia, AL 36420 By April 7, you should be informed that your
application was received. You may verify that your completed application was received by calling
334-488-5990 after 5:00 pm
16. Your signature below indicates that you are a Covington County resident and that the information
provided is accurate to the best of your knowledge. It further indicates that if awarded a
scholarship and you do not complete your degree and return to Covington County and work in the
health field in which you were approved for a scholarship, you will repay the funds received plus
8% simple interest. In addition, it indicates that you agree for your evaluation forms to remain
confidential and unavailable for review by yourself or any other party.

Signature _____ Date _____

Andalusia Health Services, Inc.
Scholarship Selection Committee
Post Office Box 56 – Andalusia, AL 36420
2008 EVALUATION FORM

Full Name of Applicant _____

INSTRUCTIONS TO APPLICANT: These forms are to be given to two persons you wish to use as references. Evaluators should be mature persons who know you personally and can give adequate information about you. Please do not include relatives or neighbors. At least one of these references should be a former teacher/instructor or counselor. One reference may be from a present or former employer. Applicants should provide each evaluator with a pre-addressed, stamped envelope to be used in submitting the form directly to the Scholarship Selection Committee, Andalusia Health Service, Inc. Post Office Box 56, Andalusia, AL 36420

INSTRUCTIONS TO PERSON COMPLETING EVALUATION FORM: Please rate the above-named applicant in comparison to other persons of like age. Place a mark (X) in the appropriate blank for each descriptive statement. Include any additional comments you feel are pertinent. Evaluation forms are confidential and will be used only by the Scholarship Selection Committee. They are unavailable for review by applicant or any other party. Submit the completed form directly to the Scholarship Selection Committee prior to **March 31, 2008**.

	Excellent	Good	Fair	Poor	Not Observed
CHARACTER: Integrity, dependability, sense of responsibility					
INTELLECTUAL ABILITY: Ability to communicate ideas effectively, both orally and in writing					
INITIATIVE: Self-motivation, diligence in study and/or work habits					
SOCIAL MATURITY: Judgment, emotional stability, reliability					
PERSONALITY: Adaptability, understanding of human nature, ability to work well with others					
PHYSICAL VITALITY: Free of physical problems which cause excessive or habitual absenteeism					
EMOTIONAL STABILITY: Ability to cope with stress, ability to work in the health care field					
POTENTIAL FOR SUCCESS: Potential for success in chosen health field					

Name and position of person completing evaluation: _____

Business/Institution Name _____ Phone _____

Address _____

How long and in what capacity have you known the applicant? _____

Signature of Evaluator _____ Date _____

Andalusia Health Services, Inc.

P.O. Box 56 · Andalusia, Alabama 36420-1213

Phone: 334-488-5990 · Email: healthservices@andycable.com

April 3, 2008

Ms. Dana Cross
P. O. Box 1977
Andalusia, AL 36420

Dear Ms. Cross:

This is to inform you that we have received your completed application for an Andalusia Health Services scholarship. However, we will need proof of admission to your program by August 1, 2008, should the committee choose to award you a scholarship.

Our Scholarship Selection Committee will meet April 13, 2008, and you will be contacted shortly thereafter regarding the committee's decision.

Thank you for your interest in Andalusia Health Services.

Sincerely,

Gwen Ryland
Scholarship Coordinator

Andalusia Health Services, Inc.

P.O. Box 56 · Andalusia, Alabama 36420-1213

Phone: 334-488-5990 · Email: healthservices@andycable.com

April 17, 2008

Mr. Justin Wiggins
19019 Horn Hill Road
Opp, AL 36467

Dear Mr. Wiggins:

Congratulations! Andalusia Health Services Scholarship Selection Committee has selected you to receive a scholarship to attend LBW Community College – MacArthur Campus to major in Licensed Practical Nursing. This award is for \$1,200 per semester beginning Fall Semester 2008. A check will be remitted to LBW August 2008.

A contract signing ceremony is scheduled for the week of May 1. You will receive a letter/invitation stating the date and time. Your attendance is required.

If your plans change, or if you have any questions, please call 334-488-5990.

Again, congratulations on your selection.

Sincerely,

Wayne Bennett, Chair
Scholarship Selection Committee