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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2008Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 09/30, 2009

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

C Name of organization EPHRAIM MCDOWELL HEALTH, INC.
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
217 SOUTH THIRD STREET
 City or town, state or country, and ZIP + 4
DANVILLE, KY 40422

D Employer identification number
61-1324736

E Telephone number
(859) 239-2424

G Gross receipts \$ 1,080,841.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)

F Name and address of principal officer L. CLARK TAYLOR JR, CEO
217 SOUTH THIRD STREET DANVILLE, KY 40422

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

J Website: WWW.EMHEALTH.ORG

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997 **M** State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EPHRIAM MCDOWELL HEALTH IS COMMITTED TO PROVIDING A HEALING ENVIRONMENT IN THE COMMUNITIES WE SERVE, BUILT ON BEST PEOPLE, PRACTICES AND PERFORMANCE.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 17

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16

5 Total number of employees (Part V, line 2a) 5 29

6 Total number of volunteers (estimate if necessary) 6 NONE

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a -2,502.

b Net unrelated business taxable income from Form 990-T, line 34 7b -2,502.

	Prior Year	Current Year
8 Contribution and grants (Part VIII, line 1h)	NONE	NONE
9 Program service revenue (Part VIII, line 2g)	1,537.	-2,502.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,114,458.	936,432.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,347.	146,911.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,183,342.	1,080,841.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	2,672,773.
16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b Total fundraising expenses, Part IX, column (D), line 25	NONE	NONE
17 Other expenses (Part IX, column (A), lines 11d, 11f-24f)	2,151,859.	-1,029,596.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,151,859.	1,643,177.
19 Revenue less expenses. Subtract line 18 from line 12	31,483.	-562,336.
20 Total assets (Part X, line 16)	80,917,284.	76,818,779.
21 Total liabilities (Part X, line 26)	87,028,448.	85,880,138.
22 Net assets or fund balances. Subtract line 21 from line 20.	-6,111,164.	-9,061,359.

Part II Signature Block

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

Sign Here
 Signature of officer William M. Snapp III Date 8/13/10
 Type or print name and title WILLIAM M. SNAPP III CEO

Paid Preparer's Use Only
 Preparer's signature Ca J, CPA Date 8/12/10 Check if self-employed ☐
 Preparer's identifying number (see instructions) P00620344
 Firm's name (or yours if self-employed), address, and ZIP + 4 BRD, LLP EIN 44-0160260
400 E. MAIN ST. STE 200 PO BOX 1196 BOWLING GREEN, KY 42102-1196 Phone no 270-781-0111

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

EPHRIAM MCDOWELL HEALTH IS COMMITTED TO PROVIDING A HEALING
 ENVIRONMENT IN THE COMMUNITIES WE SERVE, BUILT ON BEST PEOPLE,
 PRACTICES AND PERFORMANCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses \$ 1,643,177. including grants of \$ _____) (Revenue \$ -2,502.)
 SEE SCHEDULE O

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 1,643,177. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 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		
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
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		X
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		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
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	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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		X
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		X
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		X
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		X

Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	33
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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.	2a	29
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
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	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

Form 990 (2008)

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

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	17	
1b	Enter the number of voting members that are independent	16	
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
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	X	
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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
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?	X	
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?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA, KY, NC

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization EPHRIAM MCDOWELL HEALTH 217 SOUTH THIRD STREET DANVILLE, KY 40422
859-239-2424

Part VIII Statement of Revenue

61-1324736

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	NONE			
	g	Noncash contributions included in lines 1a-1f \$					
Program Service Revenue	h	Total. Add lines 1a-1f			NONE		
			Business Code				
	2a	PTRNSHIP INCOME FROM PREMIER PURCHASING	541900	-2,502.		-2,502.	
	b						
	c						
	d						
	e						
f	All other program service revenue						
g	Total. Add lines 2a-2f			-2,502.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			936,432.		936,432.
	4	Income from investment of tax-exempt bond proceeds			NONE		
	5	Royalties			NONE		
		(i) Real	(ii) Personal				
	6a	Gross Rents	6,075.				
	b	Less rental expenses					
	c	Rental income or (loss)	6,075.				
	d	Net rental income or (loss)			6,075.		6,075.
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			NONE		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events			NONE		
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities			NONE		
	10a	Gross sales of inventory, less returns and allowances a					
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory.			NONE			
Miscellaneous Revenue				Business Code			
11a	OTHER INCOME	900099	27,619.		27,619.		
b	RCEM, INC. OPERATIONS	621110	113,217.		113,217.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d			140,836.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,080,841.	-2,502.	1,083,343.	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	165,359.	165,359.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	1,762,129.	1,762,129.		
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	116,108.	116,108.		
9 Other employee benefits	534,902.	534,902.		
10 Payroll taxes	94,275.	94,275.		
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	628,436.	628,436.		
c Accounting	205,622.	205,622.		
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	61,851.	61,851.		
g Other	350,434.	350,434.		
12 Advertising and promotion	336,747.	336,747.		
13 Office expenses	346,351.	346,351.		
14 Information technology	24,160.	24,160.		
15 Royalties	NONE			
16 Occupancy	318,988.	318,988.		
17 Travel	37,947.	37,947.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	3,456.	3,456.		
20 Interest	706.	706.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	123,782.	123,782.		
23 Insurance	27,162.	27,162.		
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS-----	17,240.	17,240.		
b SHARED_RESOURCE_ALLOCATION--	-3,651,133.	-3,651,133.		
c MEALS-----	26,438.	26,438.		
d DUES-----	112,217.	112,217.		
e -----				
f All other expenses-----				
25 Total functional expenses. Add lines 1 through 24f	1,643,177.	1,643,177.		
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	443,880.	1	445,881.
	2 Savings and temporary cash investments	50,189,387.	2	49,704,810.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	-46,817.	4	NONE
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	1,449,301.	9	2,458,994.
	10a Land, buildings, and equipment cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b	10c	
	11 Investments - publicly traded securities	23,244,332.	11	21,735,386.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,637,201.	15	2,473,708.
16 Total assets. Add lines 1 through 15 (must equal line 34)	80,917,284.	16	76,818,779.	
Liabilities	17 Accounts payable and accrued expenses	7,482,487.	17	6,949,741.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	77,019,764.	20	74,170,456.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable	33,825.	24	17,120.
	25 Other liabilities. Complete Part X of Schedule D	2,492,372.	25	4,742,821.
	26 Total liabilities. Add lines 17 through 25	87,028,448.	26	85,880,138.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-6,111,164.	27	-9,061,359.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-6,111,164.	33	-9,061,359.
34 Total liabilities and net assets/fund balances	80,917,284.	34	76,818,779.	

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
EMRMC	61-0492356	03	X		X		X		NONE
Total									NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II **Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

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

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ 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 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.[illegible]**Part IX** **Other Assets.** See Form 990, Part X, line 15.[illegible]

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
INT. RATE SWAP AGREEMENT LIAB.	4,742,821.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	4,742,821.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

Part XII		Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
----------	--	--	--

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

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

[illegible]

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) L. CLARK TAYLOR, JR	66,859.	28,615.	3,107.	10,641.	2,987.	112,209.	28,615.
(ii)	601,733.	257,535.	27,961.	95,771.	26,885.	1,009,885.	257,535.
(i) WILLIAM SNAPP	22,454.	4,465.	1,560.	3,716.	2,478.	34,673.	4,465.
(ii)	202,084.	40,186.	14,041.	33,446.	22,306.	312,063.	40,186.
(i) HARRY NICKENS	20,161.	3,015.	2,160.	3,321.	3,113.	31,770.	3,015.
(ii)	114,246.	17,086.	12,241.	18,817.	17,636.	180,026.	17,086.
(i) MARGARET LEVI	150,363.	100.	15,571.	NONE	11,927.	177,961.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) AUDREY POWELL	120,441.	15,969.	29,503.	11,336.	16,967.	194,216.	15,969.
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i)							
(ii)							
(i)							
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(ii)							

Schedule J (Form 990) 2008

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.

Area with horizontal dashed lines for supplemental information.

SCHEDULE J-2
(Form-990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer Identification number

61-1324736

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GREG CAUDILL										
BOARD MEMBER	3.	X						2,100.	NONE	NONE
DENA DEMAREE										
BOARD MEMBER	3.	X						3,150.	NONE	NONE
WALTER GOGGIN										
BOARD MEMBER	3.	X						3,000.	NONE	NONE
JUDY HAMMONS										
BOARD MEMBER	3.	X						3,300.	NONE	NONE
DAVID HOPPER										
BOARD MEMBER	3.	X						2,850.	NONE	NONE
JAMES JACOBUS										
SECRETARY	3.	X		X				3,300.	NONE	NONE
MARK MORGAN										
BOARD MEMBER	3.	X						3,150.	NONE	NONE
KIM RAGLAND										
BOARD MEMBER	3.	X						3,150.	NONE	NONE
SUSAN ROUSH										
BOARD MEMBER	3.	X						3,300.	NONE	NONE
BOB ROWLAND										
TREASURER	3.	X		X				3,300.	NONE	NONE
WILLIAM RUTH III										
BOARD MEMBER	3.	X						3,450.	NONE	NONE
QUENTIN SCHOLTZ										
BOARD MEMBER	3.	X						3,300.	NONE	NONE
ALAN TURBYFILL										
VICE CHAIR	3.	X		X				3,300.	NONE	NONE
DAVID WILLIAMS										
BOARD MEMBER	3.	X						2,400.	NONE	NONE
BART RAMSEY										
CHAIR	3.	X		X				3,450.	NONE	NONE
JOHN RICKER										
BOARD MEMBER	3.	X						3,000.	16,600.	NONE
DON HAMNER										
BOARD MEMBER	3.	X						3,300.	5,605.	NONE
THOMAS SERY										
BOARD MEMBER	3.	X						3,300.	6,450.	NONE
RODNEY BATES										
BOARD MEMBER	3.	X						3,150.	600.	NONE
L. CLARK TAYLOR, JR										
CEO	4.			X				98,581.	887,229.	136,284.
WILLIAM SNAPP										
VP & CFO	4.			X				28,479.	256,311.	61,946.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

JSA

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► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

EPHRAIM MCDOWELL HEALTH, INC.

61-1324736

Part I

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2008

Open to Public
Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A BOYLE COUNTY, KY HOSPITAL REFUNDING REVENUE BONDS	61-6000752	103444BB0	02/15/2003	3,625,000.	REFUNDING SERIES 1991 BONDS		X		X
B CITY OF DANVILLE, KY VAR RATE HOSP REFUND REVENUE	61-6000752	236659BR8	01/01/2005	6,675,000.	REFUNDING SERIES 1994 BONDS		X		X
C BOYLE CO, KY VAR RATE DEMAND HOSP REVENUE BONDS	61-6000752	103444BD6	09/01/2006	50,715,000.	HOSPITAL EXPANSION & CONSTRUCTION		X		X
D									
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3 a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c 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 section 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 section 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?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3 a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4 a Were gross proceeds invested in a GIC?										
b Name of provider										
c 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?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule K (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

PROCESS TO REVIEW FORM 990

FORM 990, PART VI, SECTION A, LINE 10

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD AND COPIES

OF THE RETURN ARE SUBMITTED TO THE FULL BOARD VIA EMAIL PRIOR TO FILING.

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

MONITORING THE CONFLICT OF INTEREST POLICYFORM 990, PART VI, SECTION B, LINE 12B AND 12CTHE GOVERNING BOARD MEMBERS FILL OUT CONFLICT OF INTEREST FORMS ANNUALLY.

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15A AND 15B

THE ORGANIZATION UTILIZES COMPENSATION STUDIES AND AN INDEPENDENT

COMPENSATION CONSULTANT (THE MERCER GROUP) FOR ESTABLISHING REASONABLE

COMPENSATION OF OFFICERS AND KEY EMPLOYEES. THE COMPENSATION IS APPROVED

BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE DECISION AND

PROCESS IS DOCUMENTED BY THE COMMITTEE.

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

MAKING FORMS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

CONSOLIDATED FINANCIAL STATEMENTS

FORM 990, PART XI, LINES 2A - 2C AND PART IV, LINE 12

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED

BASIS. THE ORGANIZATION DOES HAVE AN AUDIT COMMITTEE THAT ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS CONSOLIDATED FINANCIAL

STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE CONSOLIDATED

AUDITED FINANCIAL STATEMENTS ARE PREPARED IN ACCORDANCE WITH GAAP.

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

COMMON PAYMASTER

FORM 990, PART V, LINE 2A

EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER IS THE COMMON PAYMASTER FOR

EPHRAIM MCDOWELL HEALTH, INC. ALL SALARIES AND PAYROLL TAXES ARE REPORTED

ON A CONSOLIDATED FORM 941. THE EIN ON THE FORM 941 IS 61-0492356.

Name of the organization

Employer identification number

EPHRAIM MCDOWELL HEALTH, INC.

61-1324736

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4

THE PRIMARY EXEMPT PURPOSE IS TO PROVIDE SUPPORT AND BENEFIT TO EPHRAIM

MCDOWELL REGIONAL MEDICAL CENTER, EPHRAIM MCDOWELL FORT LOGAN HOSPITAL (A

CAH FACILITY), A FOUNDATION, EIGHT ACUTE CARE CLINICS, ASSISTED LIVING

CENTER, CHILD CARE CENTER, WELLNESS CENTER, FREE CLINIC, MOBILE

MAMMOGRAPHY UNIT AND FOR THE HEALTH RISK SCREENING AND EDUCATION FOR A

POPULATION IN EXCESS OF 140,000 INDIVIDUALS. THE ORGANIZATION

ACCOMPLISHES ITS PURPOSE BY CONSOLIDATING AND/OR COMBINING CERTAIN

ADMINISTRATIVE BUSINESS FUNCTIONS AND FINANCIAL RESOURCES THAT ENHANCE

EFFICIENCIES AND DELIVERY OF COST EFFECTIVE SERVICES. CLINICAL SERVICES

ARE, AS NEEDED, AVAILABLE ON A REDUCED FEE/SLIDING SCALE BASIS BASED ON

OUR CHARITY CARE POLICY.

THE TOP PRIORITIES FOR EPHRAIM MCDOWELL HEALTH COMMUNITY SERVICE HAVE

BEEN BASED ON THE 2008 COMMUNITY HEALTH ASSESSMENT CONDUCTED BY

PROFESSIONAL RESEARCH CONSULTANTS OF OMAHA, NEBRASKA. THESE INCLUDE:

1. CARDIOVASCULAR DISEASE AND RELATED RISK FACTORS

2. CANCER AND RELATED RISK FACTORS

3. CHILDHOOD OBESITY AND RELATED RISK FACTORS.

TARGET POPULATIONS WERE THE UNINSURED, UNDERINSURED AND AT-RISK GROUPS

BASED ON AGE, GENDER, ETHNICITY OR SOCIO-ECONOMIC FACTORS. ALL SCREENINGS

WERE FREE OF CHARGE TO THE CLIENT. A LOGIC CHAIN MODEL WAS USED TO PLAN

EVENTS WITH OUR COMMUNITY PARTNERS AND TO EVALUATE THE EFFECTIVENESS OF

EACH EVENT. ALL TOTAL DURING FY 2009, EMH CONDUCTED 282 COMMUNITY-HEALTH

EVENTS AT 114 SITES, SERVING 6,799 PERSONS.

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

COMMUNITY HEALTH EDUCATION

INDIVIDUAL RN CONSULTS WERE CONDUCTED WITH 1,918 CLIENTS IN 114 COMMUNITY SETTINGS (CHURCHES, SCHOOLS, STOCKYARDS, LUMBERYARDS, ETC.) TO DEVELOP ACTION PLANS THAT REDUCE ONE OR MORE MODIFIABLE HEALTH RISK FACTORS.

EDUCATION FOCUSED ON:

*NUTRITION TOPICS SUCH AS LOW FAT, HIGH FIBER, MODERATE SODIUM,

USE OF THE GLYCEMIC INDEX, AND HOW TO EAT COLORFUL

(KENTUCKY PROUD).

*WHAT IS OSTEO? HOW TO PREVENT OSTEO.

*WHAT IS BMI?

*WHY IS MY BLOOD SUGAR HIGH? AND DIABETIC LEG EXERCISE.

*HOW TO TAKE GOOD CARE OF YOUR LUNGS.

*WAYS TO BEAT INSOMNIA, STRESS BUSTERS AND USING THE

WALKING JOURNAL.

*EXERCISE AND YOUR HEART; LIPID VALUES; WOMEN AND HEART DISEASE;

AND MENOPAUSE.

*REDUCED-FEE CLINIC PROGRAM.

*SUNSCREEN.

COMMUNITY HEALTH EDUCATION - SELF HELP

TOBACCO/SMOKING CESSATION WAS ASSESSED AT ALL ADULT SCREENINGS BECAUSE TOBACCO USE AND CARDIOVASCULAR DISEASE ARE LINKED TO SEVERAL TYPES OF CANCER; AND OUR REGION EXCEEDS NATIONAL AVERAGES AND HEALTHY PEOPLE 2010 GOALS IN TERMS OF TOBACCO USE. SCREENING FOR TOBACCO USE WAS CONDUCTED AT 35 SITES IN SIX COUNTIES. PARTICIPANTS WERE GIVEN EDUCATIONAL MATERIALS RELATED TO CARE OF THE LUNGS, AND REFERRALS OFFERED. ONE

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EPHRAIM MCDOWELL HEALTH, INC.

61-1324736

HUNDRED NINETY-NINE (199) PERSONS WERE REFERRED TO LOCAL HEALTH

DEPARTMENTS FOR ASSISTANCE WITH SMOKING CESSATION.

STRESS VULNERABILITY SCALE WAS USED TO SELF-REPORT COPING EFFECTIVENESS.

DUE TO THE STRONG LINK BETWEEN HIGH STRESS LEVELS AND CARDIOVASCULAR

EVENTS WITH INCREASED MORTALITY RATES FOR WOMEN, THIS TOOL WAS USED AT 20

SITES FOR 643 INDIVIDUALS. THERE APPEARS TO BE DECREASED STRESS LEVELS

IN INDIVIDUALS WHO ARE CONNECTED TO A FAITH COMMUNITY. SO EMH CONTINUES

TO WORK WITH HEALTH-MINISTRIES PROGRAMS IN THE AREA AS WELL AS WITH

INDIVIDUAL EDUCATION RELATED TO COPING OPTIONS AND SELF-CARE.

COMMUNITY HEALTH EDUCATION - SUPPORT GROUPS

AN ALZHEIMER'S SUPPORT GROUP FOR THE REGION WAS CONDUCTED MONTHLY AT THE

MCDOWELL PLACE. IT WAS OPEN TO PATIENTS, FAMILIES AND CARE-GIVERS. THERE

WERE NINE MEETINGS WITH 108 IN ATTENDANCE DURING THE YEAR.

COMMUNITY-BASED CLINICAL SERVICES - HEALTH SCREENINGS

GIVEN LIFESTYLE RISK FACTORS IN OUR REGION, THIS WAS EMH'S MAJOR AREA OF

FOCUS IN FY 2009. RELATED TO CARDIOVASCULAR DISEASE, OUR SCREENINGS

INCLUDED BLOOD PRESSURE, BODY MASS INDEX, GLUCOSE, SLEEP DISTURBANCE, THE

BECK DEPRESSION SCALE, STRESS VULNERABILITY, AND EDUCATION ON HOW TO

REDUCE INDIVIDUAL RISK BEHAVIORS.

BLOOD PRESSURE SCREENINGS WERE CONDUCTED AT 38 SITES WITH 1,918 PERSONS

BEING SERVED. OF THESE, 63 PERCENT WERE ABNORMAL AND RECEIVED

INFORMATION ABOUT LIFE-STYLE CHANGES TO DECREASE THEIR RISK FACTORS AND

WERE REFERRED TO A PRIMARY CARE PROVIDER (PCP) FOR FURTHER INTERVENTION.

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

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61-1324736

PARTNERS INCLUDED HEALTH MINISTRIES IN CHURCHES, HEALTH DEPARTMENTS AND STOCKYARDS.

CHOLESTEROL TESTING SCREENINGS WERE CONDUCTED AT 282 SITES WITH 862

PERSONS BEING SERVED. OF THOSE 66 PERCENT (567) WERE RECOMMENDED FOR

FOLLOW-UP DUE TO ELEVATED CHOLESTEROL LEVELS.

BODY MASS INDEX WAS CONDUCTED ON MIDDLE SCHOOL CHILDREN DUE TO THE

PREDICTIVE VALUE FOR ADULT OBESITY, DIABETES AND CARDIOVASCULAR DISEASE

AMONG THIS POPULATION IN TWO COUNTIES. ADULTS WERE SERVED AT CHURCHES

AND SCHOOLS. A TOTAL OF 1,839 INDIVIDUALS WERE SCREENED AT 38 SITES IN

SIX COUNTIES. FIFTY-FIVE PERCENT (1,013) WERE ABOVE THE RECOMMENDED

RANGE. LESS THAN ONE PERCENT WAS BELOW THE RECOMMENDED LIMITS. THIS

REFLECTS THE OBESITY EPIDEMIC THAT HAS BEEN REPORTED AT THE STATE AND

NATIONAL LEVELS.

DIABETES SCREENING - BOTH FASTING AND NON-FASTING GLUCOSE SCREENINGS WERE

OFFERED AT 25 SITES SERVING 778 INDIVIDUALS. OF THESE, 40 PERCENT (314)

WERE ABNORMAL AND REFERRED TO THEIR PRIMARY CARE PROVIDER (PCP) FOR

FOLLOW-UP. TWO WERE SENT TO THE LOCAL EMERGENCY DEPARTMENT FOR IMMEDIATE

INTERVENTION.

STROKE SCREENING - IN ADDITION TO THE LINKS BETWEEN STROKE AND

HYPERTENSION, AND BETWEEN HIGH CHOLESTEROL AND DIABETES, WE ALSO SCREEN

FOR SLEEP DISTURBANCE. SIX HUNDRED TWENTY-TWO (622) INDIVIDUALS COMPLETED

THE SELF-ASSESSMENT SCREENING TOOL AND REVIEWED THEIR RESULTS WITH AN RN

AT 19 SITES IN OUR SERVICE AREA. OF THESE, 51 PERCENT (318) WERE REFERRED

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

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FOR FURTHER DIAGNOSTIC FOLLOW-UP. THESE FINDINGS WERE CONSISTENT WITH OUR
BMI FINDINGS.

MENTAL HEALTH/DEPRESSION SCREENING - THE BECK DEPRESSION SCALE WAS USED
FOR DEPRESSION SCREENINGS, BEGINNING LATE IN THE FISCAL YEAR. GIVEN THE
LINK BETWEEN DEPRESSION AND CAUCASIAN MALES OVER AGE 65 (KENTUCKY HAS A
DISPROPORTIONATE NUMBER) AS WELL AS THE INCREASED MORTALITY FROM
CARDIOVASCULAR EVENTS, THIS WAS ADDED AT SITES WHERE WE ANTICIPATED A
NUMBER OF CLIENTS IN THIS CATEGORY.

RELATED TO EARLY DETECTION OF CANCER, WE CONDUCTED PROSTATE AND
SKIN-CANCER SCREENINGS (BOTH VISUAL INSPECTION AND DERMAVIEW), AND WE
DISTRIBUTED COLORECTAL SCREENING KITS. THE CENTRAL KENTUCKY CANCER
PROGRAM AWARDED A GRANT OF \$ 7,500 FOR THE EDUCATIONAL MATERIALS,
SCREENING SUPPLIES AND EQUIPMENT NEEDED FOR EARLY DETECTION.

COLORECTAL SCREENING WAS DONE USING MAIL-IN KITS. THREE HUNDRED
SIXTY-THREE (363) KITS WERE DISTRIBUTED AT 28 SITES TO INDIVIDUALS WHO
WERE OVER AGE 55, OR WHO HAD FAMILY RISK FACTORS AND HAD NOT BEEN
SCREENED IN THE PAST 12 MONTHS. ONE HUNDRED AND SIXTY-NINE (169) KITS
WERE RETURNED, AND EIGHT OF THESE INDIVIDUALS WERE REFERRED FOR
DIAGNOSTIC FOLLOW-UP.

SKIN CANCER SCREENING - A LICENSED INDEPENDENT PRACTITIONER (LIP)
CONDUCTED VISUAL SKIN CHECKS FOR 94 INDIVIDUALS AT EIGHT LOCATIONS.
SIXTY-FIVE (65) WERE REFERRED FOR FOLLOW-UP.

Name of the organization

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EPHRAIM MCDOWELL HEALTH, INC.

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DERMA SCAN FOR SUN DAMAGE WAS CONDUCTED AT SIX SITES AND 135 INDIVIDUALS
WERE SEEN. REFERRAL RATES FOR FOLLOW-UP VARIED BY SITE FROM 30 TO 40
PERCENT.

PROSTATE SCREENING CONSISTED OF BOTH PSA AND DIGITAL RECTAL EXAMS BY AN
LIP. THREE SCREENINGS WERE CONDUCTED WITH 138 MEN OVER AGE 40 BEING SEEN.
TWENTY-THREE (23) HAD ABNORMAL VALUES THAT GENERATED FOLLOW-UP.

ASTHMA SCREENING WAS OFFERED USING LUNG CAPACITY AS A SCREENING TOOL.
GIVEN THE KNOWN USE OF TOBACCO AND THE IMPACT OF SECOND-HAND SMOKE IN OUR
REGION, WE WERE AT 22 SITES AND SCREENED 721 INDIVIDUALS. SIXTY-TWO (62)
PERCENT (449) HAD LUNG CAPACITY VALUES LESS THAN 80 PERCENT OF THE
PREDICTIVE VALUE FOR THEIR GENDER AND AGE. THEY WERE GIVEN EDUCATION
REGARDING CARE OF THEIR LUNGS AND A RECOMMENDATION FOR FOLLOW-UP WITH
THEIR PCP.

WOMEN'S HEALTH SCREENING - THE MAJORITY OF PARTICIPANTS AT OUR SCREENING
EVENTS ARE FEMALE, AND A DISPROPORTIONATE NUMBER OF KENTUCKIANS ARE ON
DISABILITY, SO OUR OB/GYN MEDICAL STAFF RECOMMENDED THAT WE OFFER
SCREENINGS FOR OSTEOPOROSIS. WE WERE AT 20 SITES AND SAW 467 WOMEN.
THEIR HIGH INTAKE OF CAFFEINE IN PRODUCTS SUCH AS MOUNTAIN DEW AND ALE-8
MAY CONTRIBUTE TO 86 PERCENT BEING OUTSIDE THE NORMAL RANGE. WE PROVIDED
THEM WITH DIET RECOMMENDATIONS AND WEIGHT-BEARING EXERCISE INSTRUCTION.
THE HIGH-RISK INDIVIDUALS WERE REFERRED FOR DIAGNOSTIC FOLLOW-UP.

HRSA OUTREACH GRANT WOMAN-TO-WOMAN PROGRAM COLLABORATED WITH SIX AREA
HEALTH DEPARTMENTS TO OFFER: PAP SMEARS, MAMMOGRAMS, BLOOD PRESSURE, BMI,

Name of the organization

Employer identification number

EPHRAIM MCDOWELL HEALTH, INC.

61-1324736

LUNG CAPACITY, GLUCOSE, CHOLESTEROL, DERMA SCAN, OSTEO, STRESS
 VULNERABILITY, SLEEP DISTURBANCE, KIDNEY HEALTH AND COUNSELING BY A
 REGISTERED NURSE. SIXTY-FIVE (65) MAMMOGRAMS WERE PROVIDED, WITH 12
 EVENTS CONDUCTED AT SIX SITES. A TOTAL OF 455 UNDERINSURED AND UNINSURED
 WOMEN WERE SERVED.

COMMUNITY-BASED CLINICAL SERVICES - IMMUNIZATIONS

FLU SHOTS WERE OFFERED AT THE LOCAL STOCKYARDS, GIVEN THAT THE AVERAGE
 FAMILY FARM IN KENTUCKY IS LESS THAN 200 ACRES AND THIS POPULATION OFTEN
 DOES NOT RECEIVE PREVENTIVE CARE. OF THE 41 INDIVIDUALS IMMUNIZED, NONE
 REPORTED TO THE LOCAL EMERGENCY ROOM WITH FLU-LIKE SYMPTOMS OR PNEUMONIA.
 VACCINES WERE OFFERED AT FIVE CLINICS.

COMMUNITY-BASED CLINICAL SERVICES-NON-BILLED/REDUCED-FEE CLINIC

HOPE CLINIC IS A DEPARTMENT OF THE HOSPITAL THAT PARTNERS WITH HEART OF
 KENTUCKY UNITED WAY, THE SALVATION ARMY AND BOYLE COUNTY HEALTH
 DEPARTMENT TO SERVE THE UNINSURED WITH HYPERTENSION, DIABETES, OBESITY
 AND GERDS. THE EPHRAIM MCDOWELL HEALTH CARE FOUNDATION PROVIDED A GRANT
 OF \$50,000. THE PROVIDER IS AN ARNP. THERE WERE 610 CLIENT VISITS AND
 3,522 PRESCRIPTIONS IN 2009.

COMMUNITY-BUILDING ACTIVITIES

COMMUNITY HEALTH IMPROVEMENT ADVOCACY - SUN-SAFETY AWARENESS, WHICH
 INCLUDED DISTRIBUTION OF LITERATURE, SUNSCREEN LOTION, LIP BALM AND TIPS
 ON EYE PROTECTION, WAS CONDUCTED WITH 1,481 INDIVIDUALS. THESE AWARENESS
 PROJECTS WERE CONDUCTED AT 4-H CAMP, PARKS AND RECREATION ACTIVITIES IN
 BOYLE AND MERCER COUNTIES, THE TOBACCO-CUTTING FESTIVAL IN GARRARD COUNTY

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

AND AG DAY-FOR A TOTAL OF EIGHT SITES. THE SUN-SAFETY PROGRAM INCLUDES
ALL AGE GROUPS.

SCHOOL-BASED PROGRAMS

EMH'S CHILDREN'S PROGRAM FOCUSES ON DIET EXERCISE, RISK-BEHAVIOR
ASSESSMENTS AND SELF-ESTEEM PROGRAMS. WE SEPARATE OUR CHILDREN'S
PROGRAMMING BECAUSE THEY COMPRISE AN AT-RISK POPULATION AS THE RESULT OF
VULNERABILITY, AGE, POVERTY AND THE EPIDEMIC OF OBESITY IN KENTUCKY.

OUR SCHOOL-BASED PROGRAM CONDUCTED THE PERKINS RISK ASSESSMENT FOR 764
MIDDLE SCHOOL CHILDREN IN A SCHOOL SYSTEM WITH APPROXIMATELY A 30-PERCENT
REFERRAL RATE TO A SCHOOL-BASED COUNSELOR. TWO HUNDRED THIRTY-TWO (232)
SEVENTH GRADERS PARTICIPATED IN A HEALTH FAIR.

OUR HIGH SCHOOL ARTIST PROJECT WAS BASED UPON ROSENBERG'S SELF-ESTEEM
MODEL. TWO AREA HIGH SCHOOLS PARTICIPATED WITH THIRTY-NINE (39) STUDENTS
JOINING THE PROJECT.

THREE HUNDRED (300) MERCER COUNTY STUDENTS PARTICIPATED IN HEALTHY KIDS
DAY. PARTNERS INCLUDED THE SCHOOL SYSTEM, EMH AND YMCA.

OUR VERB SUMMER SCORE CARD ENROLLED 337 CHILDREN, 9- TO 13-YEARS-OLD, IN
A SUMMER-LONG ACTIVITY PROGRAM. WE COLLABORATED WITH THE UNIVERSITY OF
SOUTH FLORIDA, BOYLE COUNTY HEALTH DEPARTMENT, MERCER COUNTY HEALTH
DEPARTMENT, BOYLE COUNTY 4-H, FAYETTE COUNTY HEALTH DEPARTMENT, WAL-MART,
INTERCOUNTY ENERGY AND MCDOWELL WELLNESS CENTER.

Name of the organization

EPHRAIM MCDOWELL HEALTH, INC.

Employer identification number

61-1324736

OTHER COMMUNITY HEALTH EDUCATION

SPEAKER BUREAU (HEALTH TOPICS) - OUR STAFF MADE PRESENTATIONS AT DOZENS OF SITES INCLUDING DAUGHTERS OF THE AMERICAN REVOLUTION, ROTARY, KIWANIS, KENTUCKY HOSPITAL ASSOCIATION VOLUNTEERS SEMI-ANNUAL MEETING, AND 24 AREA CHURCHES.

HEALTH PROFESSIONALS EDUCATION

CONTINUING HEALTH PROFESSIONS EDUCATION - EMH CONDUCTS QUARTERLY CEU PROGRAMS FOR FAITH COMMUNITY NURSES (FCNS) IN THIS REGION. THE BASIC FAITH COMMUNITY NURSING/PARISH NURSING COURSE WAS OFFERED IN PARTNERSHIP WITH EASTERN KENTUCKY UNIVERSITY (EKU), AND WE AWARDED 45.9 CEUS. NINETEEN (19) RNS COMPLETED THE COURSE. SCHOLARSHIPS WERE PROVIDED BY THE EPHRAIM MCDOWELL HEALTH CARE FOUNDATION (\$5,000) AND THE STOECKINGER FOUNDATION (\$2,500). AN ADVANCED FCN MODULE WAS OFFERED WITH 8 ATTENDEES AND 6.0 CEUS AWARDED. WE HAVE HAD 39 REGISTERED NURSES COMPLETE THE BASIC FCN COURSE IN TWO YEARS, AND THEY RESIDE IN 23 SOUTH-CENTRAL KENTUCKY COUNTIES.

Part V Transactions With Related Organizations

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

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

	Yes	No
a Receipt of (i) interest (iii) royalties (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		
r Other transfer of cash or property from other organization(s)		
1r	X	X

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

(A) Name of other organization(s)	(B) Transaction type (a-i)	(C) Amount involved
--------------------------------------	----------------------------------	------------------------

(1) SEE SCHEDULE R-1

(2)

(3)

(4)

(5)

(6)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-f)	(C) Amount involved
(7) EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	Q	58,970,889.
(8) EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	O	46,301,849.
(9) EMHFL, INC.	Q	5,202,112.
(10) EMHFL, INC.	O	6,323,053.
(11) EPHRAIM MCDOWELL HEALTH RESOURCE, INC.	Q	3,640,671.
(12) EPHRAIM MCDOWELL HEALTH RESOURCE, INC.	O	5,880,573.
(13) EPHRAIM MCDOWELL HEALTH CARE FOUNDATION	Q	111,156.
(14) EPHRAIM MCDOWELL HEALTH CARE FOUNDATION	O	109,409.
(15) JOHN HILL BAILEY CHILDREN'S LEARNING CENTER	Q	253,553.
(16) JOHN HILL BAILEY CHILDREN'S LEARNING CENTER	O	552,773.
(17) COOPERATIVECARE, INC.	Q	26,075.
(18) EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	R	104,239,005.
(19) EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	K	30,763.
(20) EMHFL, INC.	R	10,816,016.
(21) EMHFL, INC.	K	836,420.
(22) EPHRAIM MCDOWELL HEALTH RESOURCE, INC.	R	131,085.
(23) EPHRAIM MCDOWELL HEALTH RESOURCE, INC.	K	353,791.
(24) EPHRAIM MCDOWELL HEALTH CARE FOUNDATION	R	37,543.

Schedule R-1 (Form 990) 2008

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-f)	(C) Amount involved
(7) EPHRIAM MCDOWELL HEALTH CARE FOUNDATION	K	37,543.
(8) JOHN HILL BAILEY CHILDREN'S LEARNING CENTER	R	475,242.
(9) JOHN HILL BAILEY CHILDREN'S LEARNING CENTER	K	202,823.
(10) COOPERATIVECARE, INC.	R	178,166.
(11) BLUEGRASS IMMEDIATE CARE, LLC	0	392,737.
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2008

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization EPHRAIM MCDOWELL HEALTH, INC.		Employer identification number 61-1324736
	Number, street, and room or suite no. If a P.O. box, see instructions. 217 SOUTH THIRD STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANVILLE, KY 40422		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► COMPANY NAME

Telephone No. ► 859 239-2472 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ☐ calendar year _____ or
 - ☒ tax year beginning 10/01, 2008, and ending 09/30, 2009.

- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization EPHRAIM MCDOWELL HEALTH, INC.	Employer identification number 61-1324736
	Number, street, and room or suite no. If a P.O. box, see instructions. 217 SOUTH THIRD STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANVILLE, KY 40422	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ **COMPANY NAME**
Telephone No ☒ **859 239-2472** FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **08/15/2010**
- 5 For calendar year **10/01/2008**, or other tax year beginning **10/01/2008**, and ending **09/30/2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ **C. A. J. J.** Title ☒ **CRA** Date ☒ **5/10/10**

BKD, LLP
400 E. MAIN ST. STE 200 PO BOX 1196
BOWLING GREEN, KY 42102-1196

Form **8868** (Rev 4-2009)