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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
TROVER CLINIC FOUNDATION INC

Doing Business As
TROVER HEALTH SYSTEM

Number and street (or P O box if mail is not delivered to street address) | Room/suite
900 HOSPITAL DRIVE

City or town, state or country, and ZIP + 4
MADISONVILLE, KY 42431

D Employer identification number
61-0654587

E Telephone number
(270) 825-5201

G Gross receipts $ 231,091,617

F Name and address of principal officer
E BERTON WHITAKER
900 HOSPITAL DRIVE
MADISONVILLE, KY 42431

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW TROVERFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1956 | **M** State of legal domicile KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO OPERATE AN ACUTE CARE HOSPITAL & MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE SERVING RURAL COMMUNITIES IN KENTUCKY OUR MISSION IS TO PROVIDE EXCELLENT CARE, EVERY TIME

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net 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	13
5	Total number of employees (Part V, line 2a)	5	2,231
6	Total number of volunteers (estimate if necessary)	6	13
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	55,493
b	Net unrelated business taxable income from Form 990-T, line 34	7b	46,486

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,656,498	2,972,503
9	Program service revenue (Part VIII, line 2g)	164,683,983	169,558,318
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,353,419	-3,729,144
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,753,207	25,819,223
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,447,107	194,620,900
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	45,056	44,210
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	109,521,503	106,257,579
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	90,594,328	86,870,665
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	200,160,887	193,172,454
19	Revenue less expenses Subtract line 18 from line 12	-4,713,780	1,448,446
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	183,623,784	177,998,415
21	Total liabilities (Part X, line 26)	63,499,758	55,898,697
22	Net assets or fund balances Subtract line 21 from line 20	120,124,026	122,099,718

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

****** | 2010-11-15
Signature of officer | Date

THOMAS MOORE CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
CARA BENNINGFIELD			

Firm's name (or yours if self-employed), address, and ZIP + 4: BKD LLP
400 E MAIN ST STE 200 PO BOX 1196
BOWLING GREEN, KY 421021196

EIN ▶

Phone no ▶ (270) 781-0111

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To operate an acute care hospital & a multi-specialty physician group practice serving rural communities in Kentucky Our mission is to provide excellent care, every time

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 $ 166,223,198 including grants of $ 44,210) (Revenue $ 191,645,436)

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** ▶ $ 166,223,198

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	290		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,231		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 17		
b	Enter the number of voting members that are independent	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ KY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

E BERTON WHITAKER
900 HOSPITAL DRIVE
MADISONVILLE, KY 42431
(270) 825-5201

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(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			
See add'l data										

1b Total . . . . . ▶	4,941,566	0	415,677

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 121

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON HBOC PO BOX 98347 CHICAGO, IL 60693	COMPUTER SERVICES	5,101,958
ARAMARK CTS INC 12483 COLLECTIONS CTR DR CHICAGO, IL 60693	BIOMEDICAL SERVICES	2,256,436
MUTUAL CREDIT SERVICES PO BOX 149 MADISONVILLE, KY 42431	COLLECTION SERVICES	936,667
ASSIA BENHACENE 901 PRINCETON APT 903 MADISONVILLE, KY 42431	PHYSICIAN SERVICES	751,220
COMPHEALTH INC PO BOX 972625 DALLAS, TX 15397	PHYSICIAN SERVICES	667,964
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 50		

Part VIII Statement of Revenue

				(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	1,649,154			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,323,349			
	g	Noncash contributions included in lines 1a-1f $ 1,222,131					
	h	**Total.** Add lines 1a-1f		2,972,503			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621,110	154,997,518	154,985,839	11,679	
	b	HOME HEALTH & HOSPICE	621,610	5,382,053	5,382,053		
	c	FAMILY PRACTICE RESIDENCY PROGRAM	611,600	960,133	960,133		
	d	ANESTHESIA PROGRAM	611,600	581,529	581,529		
	e	OTHER	611,600	7,637,085	7,637,085		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		169,558,318			
	3	Investment income (including dividends, interest and other similar amounts)		2,189,530		25,973	2,163,557
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	435,307				
	b	Less rental expenses	106,956				
	c	Rental income or (loss)	328,351				
	d	Net rental income or (loss)			328,351		328,351
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	17,878,280	36,175			
	b	Less cost or other basis and sales expenses	23,802,280	30,849			
	c	Gain or (loss)	-5,924,000	5,326			
	d	Net gain or (loss)			-5,918,674		-5,918,674
Other Revenue	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		0			
	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		0			
	10a	Gross sales of inventory, less returns and allowances	a 34,629,429				
	b	Less cost of goods sold	b 12,530,632				
	c	Net income or (loss) from sales of inventory		22,098,797	22,098,797		
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA SALES	722,210	1,082,598			1,082,598
	b	FITNESS FORMULA	900,099	647,437			647,437
	c	GIFT SHOP	453,220	131,436			131,436
	d	All other revenue		1,530,604		17,841	1,512,763
	e	**Total.** Add lines 11a–11d		3,392,075			
	12	**Total revenue.** See Instructions		194,620,900	191,645,436	55,493	-52,532

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	44,210	44,210		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,182,320	1,443,172	739,148	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	384,046	384,046		
7	Other salaries and wages	88,850,485	75,826,312	13,024,173	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,581,952	2,093,260	488,692	
9	Other employee benefits	6,616,451	5,635,926	980,525	
10	Payroll taxes	5,642,325	4,795,976	846,349	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	525,000		525,000	
c	Accounting	135,000		135,000	
d	Lobbying	28,052		28,052	
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	16,397,931	13,298,722	3,099,209	
12	Advertising and promotion	402,000		402,000	
13	Office expenses	19,818,481	19,778,844	39,637	
14	Information technology	3,849,000	2,694,300	1,154,700	
15	Royalties	0			
16	Occupancy	2,809,010	2,247,208	561,802	
17	Travel	784,000	237,434	546,566	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	295,000	295,000		
20	Interest	1,173,000	1,173,000		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,036,000	11,732,400	1,303,600	
23	Insurance	2,054,000	1,540,500	513,500	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBTS	18,663,000	18,663,000		
b	PROVIDER TAX EXPENSE	2,560,000	2,560,000		
c	MISCELLANEOUS EXPENSE	4,341,191	1,779,888	2,561,303	0
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	193,172,454	166,223,198	26,949,256	0
26	**Joint costs.** Check here ▶ ☐ 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		15,560	1	14,985
	2	Savings and temporary cash investments		12,068,308	2	35,720,459
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		28,643,857	4	24,196,144
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		2,974,866	7	1,580,801
	8	Inventories for sale or use		2,165,251	8	2,122,878
	9	Prepaid expenses and deferred charges		4,352,825	9	4,137,447
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 227,988,678			
	b	Less accumulated depreciation	10b 158,756,545	78,715,916	10c	69,232,133
	11	Investments—publicly traded securities		42,678,448	11	29,779,285
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		197,769	13	197,679
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		11,810,984	15	11,016,604
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		183,623,784	16	177,998,415
Liabilities	17	Accounts payable and accrued expenses		16,070,011	17	12,608,442
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		32,843,266	20	29,200,000
	21	Escrow or custodial 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		1,166,844	23	1,444,068
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		13,419,637	25	12,646,187
	26	**Total liabilities.** Add lines 17 through 25		63,499,758	26	55,898,697
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		120,041,055	27	121,982,558
	28	Temporarily restricted net assets		82,971	28	117,160
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		120,124,026	33	122,099,718
	34	Total liabilities and net assets/fund balances		183,623,784	34	177,998,415

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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 ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 ▶☐

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 ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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 ▶

b **33 1/3% support tests—2008.** 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 ▶

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

Part IV **Supplemental Information.** 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

Additional Data

Software ID:
Software Version:
EIN: 61-0654587
Name: TROVER CLINIC FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JANET BERRY DIRECTOR	1.0	X						0	0	0
G RUFFIN CHANDLER DIRECTOR	1.0	X						0	0	0
C MORRIS COFFMAN DIRECTOR	1.0	X						0	0	0
WILLIAM CORUM DIRECTOR	1.0	X						0	0	0
STEVE COX DIRECTOR	1.0	X						0	0	0
WILLIAM DONAN DIRECTOR	1.0	X						0	0	0
MARK E EASTIN III DIRECTOR	1.0	X						0	0	0
DIANNA GOODALE MD DIRECTOR/PHYSICIAN	40.0	X						265,626	0	19,337
MARK J FITZMAURICE MD DIRECTOR/PHYSICIAN	40.0	X						341,941	0	47,747
JACK L HAMMAN MD DIR/VICE CHAIRMAN/PHYSICIAN	40.0	X		X				126,260	0	24,811
DAN MARTIN MD DIRECTOR	1.0	X						0	0	0
JAMES MINER JR DIRECTOR/CHAIRMAN	1.0	X		X				0	0	0
JUDITH L RHOADS ED D DIRECTOR	1.0	X						0	0	0
ALLEN RUDD DIRECTOR/vp	1.0	X		X				0	0	0
BHASKARAN SREEKUMAR MD DIRECTOR	1.0	X						0	0	0
RODERICK TOMPKINS DIRECTOR	1.0	X						0	0	0
BERTON WHITAKER DIRECTOR/CEO/PRESIDENT/SEC	40.0	X		X				358,020	0	47,399
C THOMAS MOORE CFO/TREASURER	40.0			X				281,495	0	52,234
ROBERT GROVES MD CHIEF MEDICAL OFFICER	40.0				X			214,913	0	40,574
STACEY BEAVEN VP NURSING	40.0				X			151,750	0	15,897
DAVID LANG VP HUMAN RESOURCES	40.0				X			163,234	0	31,081
KAVITA ERICKSON MD PHYSICIAN	40.0					X		685,111	0	48,000
FRANK YACKOVICH MD PHYSICIAN	40.0					X		591,393	0	23,693
CRAIG LUNDQUIST MD PHYSICIAN	40.0					X		571,428	0	40,881
JOHN HUBBARD MD PHYSICIAN	40.0					X		600,380	0	330

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JOHN DACOSTA MD PHYSICIAN	40 0					X	590,015	0	23,693

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT SERVICE REVENUE	621,110	154,997,518	154,985,839	11,679	
HOME HEALTH & HOSPICE	621,610	5,382,053	5,382,053		
FAMILY PRACTICE RESIDENCY PROGRAM	611,600	960,133	960,133		
ANESTHESIA PROGRAM	611,600	581,529	581,529		
OTHER	611,600	7,637,085	7,637,085		

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
TROVER CLINIC FOUNDATION INC	61-0654587

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		23,052
j	Total lines 1c through 1i			28,052
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
LOBBYING EXPENSES	SCH C, PART II-B, LINE 1I	The Foundation contributed $6,000 to participate in the rural referrral center sole community hospital coalition in 2009 This coalition works through legal and legislative advisory services to advance legislation which positively impacts rural referral centers and sole community hospitals The Foundation also contributed $15,000 to participate in the hospital geographic fairness coalition in 2009 This coalition was formed in response to a proposal by the Centers for Medicare and Medicaid Services to revise the criteria for hospitals seeking wage index reclassification which would negatively impact hospitals located in rural areas The Foundation and certain Foundation employees are members of various associations which attribute a portion of dues to lobbying expenses The Foundation has disclosed a lobbying allocation of $2,052 per Form 990 These associations include the American Hospital Association, American Medical Association, Kentucky Medical Association, as well as various others

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

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? ☐ Yes ☐ 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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

b If "Yes," explain 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	82,971	61,949			
b Contributions	100,841	35,600			
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	67,230	14,578			
f Administrative expenses					
g End of year balance	116,582	82,971			

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ 100 000 % %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,194,277		3,194,277
b Buildings		64,890,170	34,460,047	30,430,123
c Leasehold improvements				
d Equipment		152,045,894	121,031,214	31,014,680
e Other		7,858,337	3,265,284	4,593,053
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				69,232,133

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		
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.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEBT SERVICE RESERVES	4,234,381
CAPITAL PROJECTS	71,496
HELD BY TRUSTEE-BOND INDENTURE	6,594,124
TEMP RESTRICTED BY DONOR	116,582
SPECIAL PROJECT CONTRA	21
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	11,016,604

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
AMOUNTS PAYABLE TO MEDICARE	374,966
ACCRUED INTEREST ON BONDS	298,424
SPECIAL PROJECTS CONTRA	21
ACCRUED SELF-INSURANCE LIABILITY	6,710,000
BOND SWAP LIABILITY	2,585,483
OTHER LIABILITIES	2,677,293
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,646,187

2. Fin 48 Footnote 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	Other losses	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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
UNCERTAIN TAX POSITIONS	SCH D, PART X, LINE 2	FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE FOUNDATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECOGNIZED FOR 2009 OR 2008
INTENDED USE OF ENDOWMENT FUNDS	SCH D, PART V, LINE 4	PATIENT CARE, HOSPICE BEREAVEMENT CAMP, MAHR CANCER CENTER, AND OTHER PATIENT CARE RELATED INITIATIVES

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			6,988,466	690,953	6,297,513	3 610 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			20,254,807	10,616,375	9,638,432	5 520 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			27,243,273	11,307,328	15,935,945	9 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			404,882		404,882	0 230 %
f Health professions education (from Worksheet 5)			52,075	833,325		
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,118,717		1,118,717	0 640 %
j **Total** Other Benefits			1,575,674	833,325	1,523,599	0 870 %
k **Total.** Add lines 7d and 7j			28,818,947	12,140,653	17,459,544	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			91,320	91,321	-1	
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			1,250		1,250	
9	Other						
10	**Total**			92,570	91,321	1,249	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	7,152,485		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	59,653,497
6	Enter Medicare allowable costs of care relating to payments on line 5	6	54,744,924
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	4,908,573
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
REGIONAL MEDICAL CENTER 900 HOSPITAL DRIVE MADISONVILLE, KY 42431	X			X			X		
REGIONAL MEDICAL CENTER HHA 107 EAST MAIN STREET EARLINGTON, KY 42410									HOME HEALTH AGENCY
GREEN RIVER HOSPICE 418 NORTH SCOTT STREET MADISONVILLE, KY 42431									HOSPICE
REGIONAL MEDICAL CENTER OF HOPKINS COUNT 900 HOSPITAL DRIVE MADISONVILLE, KY 42431									SKILLED NURSING FAC
THE SPORTS MEDICINE REHABILITATION GROUP 500 CLINIC DRIVE HOPKINSVILLE, KY 42440									REHAB SERVICES

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

PROFILING THE POPULATION TO DETERMINE KEY HEALTH RISK FACTORS THROUGH THE USE OF STATISTICAL DATA AND ANALYSIS OF EMPLOYMENT AND OCCUPATIONAL DISEASE

BAD DEBTS INCLUDED IN PART IX, LINE 25 TOTALED $18,663,000 THIS AMOUNT HAS BEEN REMOVED FROM TOTAL EXPENSES CALCULATED IN COLUMN F ON SCHEDULE H, PART II

THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE WHICH DESCRIBES BAD DEBT A COST-TO-CHARGE RATIO IS USED AS THE COSTING METHODOLOGY IN CALCULATING THE AMOUNTS REPORTED IN LINES 2 AND 3

ONCE A PATIENT HAS BEEN DETERMINED TO QUALIFY FOR CHARITY CARE, THE PATIENT IS CLASSIFIED AS SUCH FOR THREE MONTHS IF THE PATIENT RETURNS FOR SERVICES WITHIN THREE MONTHS, THEY ARE AUTOMATICALLY QUALIFIED FOR CHARITY CARE, WHICH IMPROVES THEIR ACCESS TO HEALTHCARE SERVICES

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

THE ORGANIZATION ASSESSES THE HEALTH CARE NEED OF THE COMMUNITY BY PROFILING THE POPULATION TO DETERMINE KEY HEALTH RISK FACTORS THROUGH THE USE OF STATISTICAL DATA AND ANALYSIS OF EMPLOYMENT AND OCCUPATIONAL DISEASE

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

THE FOUNDATION IDENTIFIES UNINSURED PATIENTS BY REQUESTING INSURANCE INFORMATION AT THE TIME OF THE APPOINTMENT REQUEST IF THE PATIENT HAS NO INSURANCE BENEFITS, APPOINTMENT SCHEDULING STAFF WILL INFORM THE PATIENT OF THE TROVER SELF-PAY POLICY NEW PATIENTS WHO ARE UNABLE TO PAY AT THE TIME OF SERVICE MUST BE REFERRED TO FINANCIAL COUNSELING BEFORE AN APPOINTMENT CAN BE SCHEDULED DURING FINANCIAL COUNSELING, PATIENTS WILL BE INFORMED OF THE KENTUCKY PHYSICIANS CARE PROGRAM (KPC) IN COORDINATION WITH THE DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM THEY WILL ALSO BE COUNSELED ON POTENTIAL ELIGIBILITY FOR MEDICAID AND DISABILITY PROGRAMS PATIENTS WILL BE ALSO BE ADVISED OF THE TROVER FINANCIAL ASSISTANCE POLICY AND APPLICATION PROCESS AT THE PATIENTS REQUEST, A FINANCIAL ASSISTANCE APPLICATION WILL BE PROVIDED

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

THE ORGANIZATION IS BASED IN MADISONVILLE, KENTUCKY, SERVES NUMEROUS RURAL COMMUNITIES AND OFFERS A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES WE SERVE SIX COUNTY MARKETS WITH POPULATION OF 72,623

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

FOR YEARS, THS HAS SPONSORED NUMEROUS HEALTH FAIRS AND SCREENINGS AIMED AT IMPROVING THE OVERALL GENERAL HEALTH OF OUR COMMUNITY WE HAVE RECOGNIZED THAT THE LACK OF PHYSICAL ACTIVITY CONSTITUTES A MAJOR HEALTH RELATED ISSUE FACING OUR RESIDENTS IN ORDER TO ADDRESS THIS CONCERN, THS RECENTLY PURCHASED AN APPROXIMATE 9 ACRE SITE ADJOINING OUR CAMPUS FOR THE PURPOSE OF CREATING A WELLNESS TRAIL THE WELLNESS TRAIL WILL BE A COMMUNITY ASSET, AVAILABLE TO PROVIDE THE GENERAL PUBLIC WITH THE OPPORTUNITY FOR SAFE, HEALTHY OUTDOOR EXERCISE AND RELAXATION AT NO CHARGE THE TRAIL WILL BE INTERSPERSED WITH TWENTY INDIVIDUAL FITNESS STATIONS, MILE WALKING TRAIL, PICNIC AREA, PAVILION, AND RESTROOM FACILITIES THE WELLNESS TRAIL FURTHER DEMONSTRATES TROVER HEALTH SYSTEMS COMMITMENT TO PROMOTE THE HEALTH OF OUR COMMUNITY

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

THS PROMOTES THE HEALTH OF THE COMMUNITY THROUGH OPEN MEDICAL STAFF, SERVICE ON COMMUNITY BOARDS, 24 HOUR EMERGENCY DEPARTMENT, OCCUMED PROGRAM, FREE ATHLETIC PHYSICALS, HEALTH FAIRS AND SCREENINGS, COURTESY MEMBERSHIP TO FITNESS FOR ATHLETES, POLICE OFFICERS AND FIRE DEPARTMENT, EDUCATIONAL PROGRAMS, ATHLETIC TRAINERS AT SCHOOL EVENTS, AND A CENTERING PREGNANCY PROGRAM

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

NOT APPLICABLE

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS114 NORTH MAIN ST MADISONVILLE,KY 42431	616001690	501(C)(3)	8,435				GENERAL SUPPORT
HOPKINS COUNTY COMMUNITY CLINICPO BOX 1794 MADISONVILLE,KY 42431	611710391	501(C)(3)	6,115				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 2

3 Enter total number of other organizations . . . ▶ 0

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS	SCH D, PART I, LINE 2	THERE IS ONE STAFF MEMBER WHO IS RESPONSIBLE FOR APPROVING ALL DONATIONS THEY SELECT THE ORGANIZATION BASED ON NONPROFIT CRITERIA AN ANNUAL BUDGET IS ESTABLISHED TO DETERMINE THE TOTAL AMOUNT OF FUNDS TO BE DISTRIBUTED EACH YEAR

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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				
KAVITA ERICKSON MD	(i)	668,591	0	16,520	33,810	14,190	733,111	
	(ii)	0	0	0	0	0	0	
FRANK YACKOVICH MD	(i)	591,373	0	20	6,900	16,793	615,086	
	(ii)	0	0	0	0	0	0	
CRAIG LUNDQUIST MD	(i)	570,425	0	1,003	33,810	7,071	612,309	
	(ii)	0	0	0	0	0	0	
JOHN HUBBARD MD	(i)	600,360	0	20	0	330	600,710	
	(ii)	0	0	0	0	0	0	
JOHN DACOSTA MD	(i)	492,939	97,042	34	6,900	16,793	613,708	
	(ii)	0	0	0	0	0	0	
DIANNA GOODALE MD	(i)	163,818	100,792	1,016	6,900	12,437	284,963	
	(ii)	0	0	0	0	0	0	
MARK J FITZMAURICE MD	(i)	198,338	126,087	17,516	33,810	13,937	389,688	
	(ii)	0	0	0	0	0	0	
JACK L HAMMAN MD	(i)	126,144	0	116	17,743	7,068	151,071	
	(ii)	0	0	0	0	0	0	
BERTON WHITAKER	(i)	341,500	0	16,520	39,002	8,397	405,419	
	(ii)	0	0	0	0	0	0	
C THOMAS MOORE	(i)	220,093	14,000	47,402	33,306	18,928	333,729	
	(ii)	0	0	0	0	0	0	
ROBERT GROVES MD	(i)	189,412	0	25,501	29,955	10,619	255,487	
	(ii)	0	0	0	0	0	0	
STACEY BEAVEN	(i)	129,062	0	22,688	7,013	8,884	167,647	
	(ii)	0	0	0	0	0	0	
DAVID LANG	(i)	145,954	0	17,280	21,188	9,893	194,315	
	(ii)	0	0	0	0	0	0	

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

Identifier	Return Reference	Explanation
BENEFITS PROVIDED TO CEO	SCH J, PART I, LINE 1A	THE FOUNDATION PAYS COUNRTY CLUB & ROTARY CLUB DUES FOR BERTON WHITAKER, DIRECTOR/CEO/PRESIDENT ONLY THE CEO IS ELIGIBLE FOR THIS BENEFIT USE OF THE COUNTRY CLUB MEMBERSHIP IS EXCLUSIVELY FOR BUSINESS PURPOSES
NON-FIXED PAYMENTS	SCH J, PART I, LINE 7	SEVERAL FOUNDATION PHYSICIANS ARE COMPENSATED BASED UPON AN INCENTIVE COMPENSATION PLAN THE INCENTIVE COMPENSATION PAYMENTS ARE NOT CONTINGENT UPON THE GROSS REVENUES OR NET EARNINGS OF THE ORGANIZATION, BUT ARE BASED UPON THE PHYSICIAN'S INDIVIDUAL PRODUCTIVITY AND QUALITY MEASURES

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	CITY OF MADISONVILLE KENTUCKY	61-6001864	558656AA2	11-01-2006	77,000,000	DEFEASE CERTAIN SERIES 1998 BONDS		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	77,000,000				
2	Gross proceeds in reserve funds	2,901,300				
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	71,497				
5	Issuance costs from proceeds	2,571,014				
6	Working capital expenditures from proceeds	66,650,180				
7	Capital expenditures from proceeds	4,806,009				
8	Year of substantial completion	2009				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	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?	X									
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 ▶		0 %								
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 ▶		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E 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?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider	lehmman brothers									
c	Term of hedge		30								
4a	Were gross proceeds invested in a GIC?	X									
b	Name of provider	aegeon									
c	Term of GIC		10								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

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Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Total . . . . . ▶ $

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
BEVERLY HAMMAN	FAMILY MEMBER - DIRECTOR	17,692	EMPLOYEE COMPENSATION		No
AMANDA ROBINSON	FAMILY MEMBER - CHAIRMAN	66,555	EMPLOYEE COMPENSATION		No
CARROL STEINFIELD	FAMILY MEMBER - DIRECTOR	274,444	EMPLOYEE COMPENSATION		No
C THOMAS MOORE	WKMMS - OFFICER	333,305	CONTRACT SERVICES		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MEMBERSHIP & EQUITY INTERESTS IN MCC, LLC)	X	6	1,154,721	APPRAISAL
26	Other ▶ (MATERIALS)	X	1	14,205	0
27	Other ▶ (TREE REMOVAL)	X	1	5,000	0
28	Other ▶ (LAND GRADING)	X	1	32,430	0
	Other ▶ (MISCELLANEOUS)	X	1	15,775	0

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 6

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

Identifier	Return Reference	Explanation
CHANGE IN PROGRAM SERVICES	FORM 990, PART III, LINE 2	Trover Clinic Foundation, Inc and Western Kentucky Medical Management Services, Inc purchased all of the membership interests of Muhlenberg Medical Center, LLC and its wholly owned subsidiary, MS Community Health, LLC Muhlenberg Medical Center, LLC is a holding company and the sole member of MS Community Health, LLC MS Community Health provides health care services in and about Muhlenberg County, Kentucky, including services as a licensed and Medicare/Medicaid certified rural health clinic, a provider of other professional and diagnostic services and master tenant/sublessor of space occupied by other health professionals and supporting services
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	* Regional Medical Center is an acute care hospital serving numerous rural communities and offering a broad range of inpatient and outpatient services Regional Medical Center provides a substantial amount of charity care as detailed below in the Community Service section Regional Medical Center provided care for 10,614 inpatient adult, pediatric, and nursery admissions during 2009 Patient days for 2009 totaled 46,363 There were 852 live births, of which almost 63% were Medicaid births Surgery visits totaled 12,275 for the year Regional Medical Center's Mahr Cancer Center is approved by the American College of Surgeons' Commission on Cancer, receiving the No 1 overall rating The Mahr Center provided services to over 21,170 patient visits during 2009, and is affiliated with the James Graham Brown Cancer Center at the University of Louisville * Trover Clinic is a multi-specialty physician group practice with approximately 100 providers offering a broad range of medical services including specialty and subspecialty services Trover Clinic operated seven satellite Clinics in rural communities bringing healthcare to medically underserved areas Trover Clinic provided a total of 368,047 patient encounters during 2009 * Trover Foundation Residency Program is an educational program in which Foundation physicians instruct and work with Residents The Residency Program is affiliated with the University Of Louisville School Of Medicine Eighteen residents were involved in the Residency Program during 2009 * Trover Foundation Education Division provides numerous educational programs that benefit the communities of western Kentucky In addition to the Family Practice Residency Program, the Foundation collaborates with Murray State University to offer a graduate degree in nurse anesthesia The program is dedicated to graduating nurse anesthetists of the highest professional competence who are committed to returning to rural areas to practice Regional Medical Center serves as the primary clinical site The Foundation also coordinates the West Area Health Education Center (AHEC) program, connecting the academic health centers at the University of Kentucky and University of Louisville with medically underserved communities throughout the state, in an effort to address Kentucky health care access problems The Foundation is a regional campus for the University Of Louisville School Of Medicine through the Foundation's Off-Campus Teaching Center The Center provides individualized clinical training in a small-town environment, with a goal towards increasing the number of physicians in rural areas The Foundation is a location for the University of Kentucky's Center for Rural Health, created to improve the health status of the rural population of the state The Education Division sponsors the Delta Project for 20 counties in the state of Kentucky The goal of the Delta Project is to improve the health status and health care system in each county served During 2009, 23,146 students were contacted in at least 58 different schools * Green River Hospice is a program assisting terminally ill patients and their families through the death and bereavement process The Hospice provided service for 13,978 hospice days during 2009 2009 COMMUNITY SERVICE Community Service Detail Hours No of Events Contacts Educational Events 8,944 250 18,076 Community Events 1,174 25 4,233 Health Fairs/Screenings 275 21 3,182 Donations/Support 12,997 3,139 53,376 Support Groups 3,239 51 842 Total 26,629 3,486 79,709 Total Events 3,486 Total Employee Hours 26,629 Total Community Contacts 79,709 Volunteer Hours 14,959

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONT)		CHARITY AND COMMUNITY BENEFIT CARE Trover Foundation provides care to patients who meet guidelines established in the Foundation's charity care policy at no charge or at charges less than established rates Other uncompensated care relates principally to contractual allowances for government payors, discounts taken by commercial payors and bad debts The Foundation provided uncompensated care, based on established rates, for the year ended December 31, 2009 in the amount of $232,364,000 This represents approximately 56% of total revenue determined from Foundation's established rates in 2009 The following summary quantifies additional community benefit expense in terms of uncompensated care, services to the indigent and benefits to the broader community during 2009 Uncompensated care Bad debt expense (at cost) $ 7,153,000 Benefits for the poor Traditional charity care $ 4,469,000 Unpaid costs of Medicaid 4,229,000 Total quantifiable benefits for the poor $ 8,698,000 Benefits for the broader community Educational Events $ 240,000 Community Events 71,000 Health Fairs/Screenings/Clinical Studies 42,000 Donations/Support 1,638,000 Support Groups 106,000 Total quantifiable benefits for the broader community $ 2,097,000 Total quantifiable community benefits $ 17,948,000 Community benefits expense represents approximately 9% of total Foundation expense for the year ended December 31, 2009 In addition to the above, the Foundation provides a wide range of community benefits including coordination of charitable activities by Foundation staff EDUCATIONAL EVENTS Trover's mission is excellent care every time In order to support this mission, Trover Foundation strives to be involved in numerous educational programs The Family Practice Residency Program completed training for six Family Practice physicians Total number of residents in training during 2009 was 18 The Certified Registered Nurse Anesthesia Program trained 50 nurses to become CRNAs The University of Louisville/ Trover Foundation Medical Campus provided training for 18 3rd and 4th year medical students It provided educational activities for high school students interested in a medical career, including shadowing and enhancement classes Centering Pregnancy Smiles is a partnership between UK, the Foundation, the Hopkins County Health Department, the national CenteringPregnancy initiative and other federal, state, and local leaders The alliance, established to end the cycle of preterm births, low birth weight, and poor oral health in Kentucky, has already saved Kentucky $1 5 million in medical procedures needed by those babies at birth The program assisted over 225 local mothers during 2009 During 2009, Trover, Pennyrile Area Cyclists, and Medical Center Ambulance Service teamed up for the first "Biketoberfest", a free bicycle safety event for children Each child received a free helmet, and several bicycles were given away In 250 different events, the Foundation offered everything from tours to seminars to participation in community educational events Thousand of students in western Kentucky benefited in some way from the Foundation's efforts Nearly 9,000 hours were dedicated to educational events involving over 18,000 individuals throughout the service area In June 2009, 109 coaches, athletic trainers, and physicians attended the 24th annual Sports Medicine Symposium to learn more about effective management and prevention of sports injuries The interactive sports seminar puts coaches in direct contact with certified athletic trainers, physicians and other professionals Foundation physicians also participated in a Women's Health Forum sponsored in part by the Foundation Physicians gave presentations on women's health issues There were also exhibits about women's health This event attracted over 85 participants The Foundation also participates in the World's Greatest Baby Showers throughout the service area, with almost 350 participants These events are held to help educate expectant mothers about their pregnancy and about taking care of their babies An OB/GYN, a Family Practice physician, or pediatrician typically participate Trover Foundation sponsors an annual Asthma Camp, a week-long day camp for children ages 6 to 12 who have documented asthma A variety of supervised activities are planned for children whose asthma might prevent them from attending summer camp Asthma education is an important component of the camp, with breathing exercises, relaxation techniques, proper use of medications, and monitoring routines among the topics covered The Foundation provides 2 to 3 respiratory therapists each day of the camp The Foundation maintains a website for consumer health education topics in both English and Spanish The website includes daily consumer health news, and interactive consumer health tools such as quizzes and calculators The fees for maintaining this website were over $12,500 in 2009 Other educational events sponsored or supported by the Foundation include the first Step Nursing Program, Rural Health Scholar Program, shadowing opportunities for students, and Breast Cancer Awareness Bingo in Muhlenberg County

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONT)		COMMUNITY EVENTS Trover Foundation has always been an organization that the community looks to for support of community events Whether it is financial support, the human resources of our employees, or both, the people of western Kentucky have come to rely on Trover to help make community events successful In order to improve the general well being of the communities served, Trover is involved in many community events such as Clay Days, Dawson Springs Barbecue, Hopkins County Fair, and the Coalfield Festival just to name a few Trover was again the sponsor of a downtown event, Friday Night Live But Trover's real passion is health care For that reason, we give emphasis to helping organizations with health care missions A shining example is the monetary and physical support given to The American Cancer Society Relay for Life Raising contributions in the thousands, Trover employees gave generously of their time to this effort in 2009 Other events such as this include the March of Dimes Walk, Muscular Dystrophy, Alzheimer's Walk, American Heart Walk, Cystic Fibrosis Foundation and Juvenile Diabetes Other community organizations provided support by Trover Foundation include Big Brothers/Big Sisters, United Way of Hopkins County, Madisonville Community College, local Chambers of Commerce, Habitat for Humanity, American Red Cross, Lion's Club, Rotary Club, Kiwanis Club, Door of Hope, YMCA, Madisonville-Hopkins County Economic Development Corporation and many more HEALTH FAIRS, SCREENINGS AND CLINICAL STUDIES Trover Foundation served over 3,100 individuals through health fairs and screenings in 2009 The Foundation provided blood sugar and blood pressure screenings regularly at satellite locations Working with the Kentucky Cancer Program, The Mahr Cancer Center provided prostrate cancer screenings and colorectal screenings for several hundred people Additionally the organization participated in a health fair at the local mall providing screenings and health education The Foundation provided free sports physicals to almost 1,800 high school students in Hopkins, Christian, Crittenden, Caldwell, McLean, Webster, Union, Muhlenburg, Ohio, Trigg, Todd and Lyon Counties Trover Foundation also operates a full-time dedicated research center, established to ensure that the community has early access to promising new medicine and medical treatment The Trover Center for Clinical Studies has participated in projects sponsored by Aventis, Merck, GlaxoSmithKline, Duke University, University of Louisville School of Medicine and others Uncompensated expenses of operating the research center amounted to over $30,000 during 2009 DONATIONS/SUPPORT Trover Foundation supported its communities through financial and in-kind donations valued at greater than $44,000 Approximately 3,130 events were supported Examples include give-aways for local school events, tours, in-class speakers, sponsorship of both school and non-school related ball teams, cheerleading, dance teams, community events, high school bands, and similar events During 2009, Trover contributed $50,000 to Madisonville Community College scholarship endowment fund, which was matched by the Council on Postsecondary Education These funds are to be awarded to graduates of Hopkins county high schools The Foundation's Fitness Formula fitness center provided free or discounted memberships during 2009 valued at over $560,000 The free or discounted memberships were given to senior citizens, employees, and rehab patients, schools, and other community organizations During 2009, the Foundation provided almost $10,000 in financial assistance to individuals in emergency need of medicine, transportation, etc related to their health conditions The Foundation was a major contributor to the University Of Kentucky College Of Health Sciences New Building Fund, which will finance construction of allied health professions educational facilities The Foundation was a major sponsor for Relay for Life in 6 counties in western Kentucky Trover also provided support for charities such as United Way of Hopkins County (total gift of over $90,000 including employee contribution), March of Dimes, American Red Cross, Big Brothers/Big Sisters, Project Graduation, Door of Hope, High school and youth athletic programs, Kiwanis Club, Rotary Club, YMCA, and many more The Foundation's contribution accounted for over 20% of total campaign The Sports Medicine Center provided free athletic trainer coverage at 7 area schools for all sports One thousand ninety three games were covered in 2009, as well as 1,868 practices for a total of 11,893 hours of employee time, valued at approximately $309,000 The Foundation began a partnership in 2003 with the local Lions Club Trover now houses several eye glass depositories for the club Once the eyeglasses are collected, the Foundation pays for the shipping to send them to the distribution center In 2009, the Foundation provided direct financial support as well as insurance coverage for Foundation care providers volunteering at the local community clinic This clinic provides health care for the working poor

PROGRAM SERVICE ACCOMPLISHMENTS (CONT) SUPPORT GROUPS The support groups offered at no cost by the Foundation served over 840 patients and families with over 3,200 hours of employee time These groups discuss such topics as Alzheimer's disease, cancer, diabetes, Fibromyalgia, Multiple Sclerosis, asthma, and several others To enhance access, some support groups are held in the satellite locations Most groups meet once or twice a month, typically at night for optimum patient convenience This also requires staff to work additional hours above their normal workloads The Foundation employs a full-time chaplain for our employees, patients, and guests, as well as a full-time chaplain for the Hospice program These services, provided at a cost to the Foundation of over $100,000, include consultation, pastoral care, counseling, and in-service seminars EMERGENCY The Regional Medical Center Emergency Department operates 24 hours a day, 365 days a year In 2009, the department served over 32,200 patients The department served as the area referral center for serious or traumatic injuries and disease Care is provided regardless of ability to pay for medically necessary, non-elective care VOLUNTEER DEPARTMENT In 2009, Foundation volunteers gave 14,959 hours to the community This program exists solely for service and is not a fund-raising group for the Foundation Volunteers provide help to community members who use the hospital including the gift shop, waiting rooms, information desk, patient mail delivery, and other areas The program also offers nursing scholarships REVIEW OF FORM 990 FORM 990, PART VI, SECTION B, LINE 11 The internally prepared Form 990 is reviewed and approved by tax consultants Copies are given to each voting member of the Board prior to filing for their review The Form 990 is then presented at a monthly meeting of the Foundation Board of Directors either before or after it is filed MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST STATEMENTS ARE COMPLETED FOR EACH BOARD MEMBER, PRINCIPAL OFFICER, AND COMMITTEE MEMBER WITH BOARD DELEGATED POWERS THE CHAIRMAN OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR BEING FAMILIAR WITH THE STATEMENTS AND IDENTIFYING EXISTING OR CONTEMPLATED TRANSACTIONS OR RELATIONSHIPS WHICH MAY GIVE RISE TO A CONFLICT OF INTEREST AFFECTED BOARD MEMBERS, OFFICERS, AND COMMITTEE MEMBERS ARE ALSO RESPONSIBLE FOR BRINGING CONFLICTS WHICH THEY MAY BE A PART OF TO THE ATTENTION OF THE BOARD SUCH AFFECTED PARTIES ARE REQUIRED TO WITHDRAW FROM THE MEETINGS FOR THE TIME IN WHICH THE MATTER CONTINUES UNDER DISCUSSION IF THE MATTER IS BROUGHT TO A VOTE, THE AFFECTED PARTY WILL NOT VOTE ON IT IF THE MATTER REQUIRES A SPECIAL CALLED MEETING, THE AFFECTED PARTY WILL NOT BE COUNTED IN ESTABLISHING A QUORUM THE BOARD WILL ALSO APPOINT A NON-INTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, SECTION B, LINE 15A AND 15B COMPENSATION PACKAGES FOR FOUNDATION EXECUTIVES AND OTHER OFFICERS AND KEY EMPLOYEES ARE COMPARED WITH INDEPENDENT SURVEYS & RECOMMENDATIONS OF CONSULTANTS COMPENSATION IS ULTIMATELY APPROVED BY THE COMPENSATION COMMITTEE AND DOCUMENTED IN A WRITTEN EMPLOYMENT CONTRACT

Identifier	Return Reference	Explanation
MAKING DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN THE FOUNDATION'S ADMINISTRATIVE OFFICES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TROVER CLINIC FOUNDATION INC

Employer identification number
61-0654587

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MEDICAL CENTER AMBULANCE SERVICES INC 629 LAFFOON STREET MADISONVILLE, KY 42431 61-0946210	AMBULANCE SVC	KY	501(C)(3)	9	NA
REGIONAL HEALTH CARE AFFILIATES 900 HOSPITAL DRIVE MADISONVILLE, KY 42431 61-1043375	HEALTHCARE SV	KY	501(C)(3)	9	NA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
MUHLENBERG MEDICAL CENTER LLC 1010 MEDICAL CENTER DRIVE POWDERLY, KY42367 61-1303514	HEALTHCARE SVS	KY	W KY MED MGT SV	UNRELATED	16,668	1,195,565		No	16,668		No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MUTUAL CREDIT SERVICES INC PO BOX 149 MADISONVILLE, KY42431 61-0660705	COLLECTION AGENCY	KY	NA	C	-37	266,951	100 000 %
REGIONAL SURGICAL ALLIANCE LLC 900 HOSPITAL DRIVE MADISONVILLE, KY42431 38-3734043	HEALTHCARE SVCS	KY	NA	C	-190	0	100 000 %
WESTERN KY MEDICAL MANAGEMT SERVICES INC 900 HOSPITAL DRIVE MADISONVILLE, KY42431 37-1519513	HC MSO	KY	NA	C	-39,140	4,941,960	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**Yes**	
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 61-0654587
Name: TROVER CLINIC FOUNDATION INC

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	MEDICAL CENTER AMBULANCE SERVICES INC	A	39,700
(2)	WESTERN KY MEDICAL MANAGEMENT SERVICES INC	O	200,000
(3)	MEDICAL CENTER AMBULANCE SERVICES INC	O	239,424
(4)	MUTUAL CREDIT SERVICES INC	O	477,720
(5)	MUTUAL CREDIT SERVICES INC	P	477,720
(6)	WESTERN KY MEDICAL MANAGEMENT SERVICES INC	P	160,030
(7)	MEDICAL CENTER AMBULANCE SERVICES INC	P	161,133