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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

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

Please use IRS label or print or type See Specific Instructions

C Name of organization**WILLIAMSON MEDICAL CENTER FOUNDATION, INC**

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

4321 CAROTHERS PKWY.

City or town, state or country, and ZIP + 4

FRANKLIN, TN 37067**D** Employer identification number**04-3717044****E** Telephone number**(615) 435-5170****F** Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ **WWW.WILLIAMSONMEDICALCENTER.ORG/WMCFFOUNDAT****J** Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **170,837.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	103,115.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	12,923.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	54,799.
6b	Less: direct expenses other than fundraising expenses	6b	24,872.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	29,927.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	145,965.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	324,303.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	20,363.
	17	Total expenses. Add lines 10 through 16	17	344,666.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<198,701.>
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	785,430.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	586,729.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	773,332.	477,720.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	24,515.	112,544.
25 Total assets	797,847.	590,264.
26 Total liabilities (describe ▶ ACCOUNTS PAYABLE)	12,417.	3,535.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	785,430.	586,729.

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12-17-08

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

Form **990-EZ** (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b X		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X		
41 List the states with which a copy of this return is filed. TN		
42a The books are in care of R. STEVE SMITH Telephone no. (615) 435-5170 Located at 4321 CAROTHERS PARKWAY, SUITE 200, FRANKLIN, TN ZIP + 4 37067		
b 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)? 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.	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 42c X		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X		
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X		

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here: Signature of officer: *Starling C. Evans* Date: *3/7/10*

Type or print name and title: *STARLING C. EVANS, M.D. CHAIRMAN C.P.A.*

Paid Preparer's Use Only: Preparer's signature: *Deborah O. Ernsberger* Date: *3-4-10* Check if self-employed: ☐ Preparer's Identifying Number (See instr.): *865-673-0844*

Firm's name (or yours if self-employed), address, and ZIP + 4: *PERSHING YOAKLEY & ASSOCIATES, P. C. ONE CHEROKEE MILLS, 2220 SUTHERLAND AVE KNOXVILLE, TN 37919-2363* EIN: *865-673-0844*

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

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization **WILLIAMSON MEDICAL CENTER FOUNDATION, INC** Employer identification number **04-3717044**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
WILLIAMSON MEDICAL CENTER	31-1702931	LINE 6	X		X		X		304,303.
Total									304,303.

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2008

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

WILLIAMSON MEDICAL CENTER FOUNDATION, INC

Employer identification number

04-3717044

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
---------------	--

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

[illegible]**Total**

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

TN

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	SPORTING CLAYS (event type)	NONE (total number)	
Revenue	1 Gross receipts	47,119.	7,680.		54,799.
	2 Less. Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	47,119.	7,680.		54,799.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	22,167.	2,705.		24,872.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(24,872.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				29,927.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SUPPLIES		119.	
PURCHASED SERVICES		1,660.	
BOOKS, DUES, & FEES		3,278.	
OTHER EXPENSES		15,306.	
TOTAL TO FORM 990-EZ, LINE 16		20,363.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES RECEIVABLE	24,515.	12,544.	
LONG-TERM INVESTMENTS	0.	100,000.	
TOTAL TO FORM 990-EZ, LINE 24	24,515.	112,544.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP WESTON HOBGOOD 1725 W. LAKEVIEW DRIVE #45 JOHNSON CITY, TN 37601	2004-2006 EMPLOYEE	2,000.
SCHOLARSHIP JENNIFER SAALE 1000 BLACKBURN DRIVE KINGSTON SPRINGS, TN 37082	DAUGHTER - EMPLOYEE OF SUP. ORG.	500.
SCHOLARSHIP ANGELA STASTNY 9315 FALL COURT EAST BRENTWOOD, TN 37027	JUNIOR VOLUNTEER	500.
SCHOLARSHIP WILLIAM WALTON 4116 OWEN WATKINS CT. FRANKLIN, TN 37067	SON - EMPLOYEE OF SUP. ORG.	2,000.
SCHOLARSHIP GREGORY HEADLEY 202 GENERAL J.B. HOOD DRIVE FRANKLIN, TN 37069	SON - EMPLOYEE OF SUP. ORG.	500.
SCHOLARSHIP JACK DURIO 211 BOBBY DRIVE FRANKLIN, TN 37064	SON - EMPLOYEE OF SUP. ORG.	1,000.
SCHOLARSHIP NATALIE DURIO 211 BOBBY DRIVE FRANKLIN, TN 37064	DAUGHTER - EMPLOYEE OF SUP. ORG.	1,000.

SCHOLARSHIP

STACIE SMOKE
1212 HUNTERS POINTE LANE
FRANKLIN, TN 37064

DAUGHTER -
EMPLOYEE OF SUP.
ORG.

1,000.

SCHOLARSHIP
BLAIR BATTLE
1741 FIELDCREST CIRCLE
FRANKLIN, TN 37064

JUNIOR VOLUNTEER

1,000.

SCHOLARSHIP
LAUREN BUSHLEY
5106 DORCHESTER CIRCLE
BRENTWOOD, TN 37027

JUNIOR VOLUNTEER

1,000.

SCHOLARSHIP

SHELIA GREEN
1081 CHEED ROAD
LEWISBURG, TN 37091

EMPLOYEE OF SUP.
ORG.

1,000.

SCHOLARSHIP

GINNY CHESHIRE
12208 WYNDCHASE CIRCLE
FRANKLIN, TN 37064

EMPLOYEE OF SUP.
ORG.

1,000.

SCHOLARSHIP

ROBIN WILLIAMS
403 HUMP CIRCLE
SPRING HILL, TN 37174

GRANDDAUGHTER -
VOL. OF SUP.
ORG.

1,000.

SCHOLARSHIP

JILLIAN MCQUEEN
701 SPRING HAVEN DRIVE
SPRING HILL, TN 37174

DAUGHTER -
EMPLOYEE OF SUP.
ORG.

1,000.

SCHOLARSHIP

WESLEY SPARKMON
206 GOLDEN LEAF CT.
FRANKLIN, TN 37067

VOLUNTEER OF
SUP. ORG.

750.

SCHOLARSHIP

DAUGHTER -
EMPLOYEE OF SUP.
ORG.

750.

RAVEN MCMURRAY
1402 NARROW LANE APT. 31
JOHNSON CITY, TN 37604

SCHOLARSHIP

JUNIOR VOLUNTEER

750.

MEREDITH SMITH
5029 PENBROOK DRIVE
FRANKLIN, TN 37069

SCHOLARSHIP

EMPLOYEE OF SUP.
ORG.

750.

MICHAEL WALLACE
209 JENNETTE DRIVE
FRANKLIN, TN 37064

SCHOLARSHIP

NONE

500.

LONDYN CRAVER
9122 MEADOWLAWN DRIVE
BRENTWOOD, TN 37027

SCHOLARSHIP

GRANDDAUGHTER -
VOL. OF SUP.
ORG.

500.

KRISTY LANCASTER
427 SPRINGVIEW DRIVE
FRANKLIN, TN 37064

SCHOLARSHIP

JUNIOR VOLUNTEER

500.

ELIZABETH KOPPANG
9171 RADRICK RIDGE
BRENTWOOD, TN 37027

SCHOLARSHIP

PARTICIPANT IN
EXPLORING
PROGRAM

500.

DANA NEWMAN
209 WARWICK PARK LANE
FRANKLIN, TN 37069

SCHOLARSHIP

JUNIOR VOLUNTEER

500.

MORGAN JAMERSON
2023 UPLAND DRIVE
FRANKLIN, TN 37067

DONATION

SUPPORTING
ORGANIZATION

304,303.

WILLIAMSON MEDICAL CENTER
4321 CAROLTHERS PARKWAY
FRANKLIN, TN 37067

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

324,303.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
DR. STARLING EVINS, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	CHAIRMAN 1.00	0.	0. 0.
C. THOMAS NEILL, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	VICE CHAIRMAN 1.00	0.	0. 0.
JERRY SHARBER, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	TREASURER 1.00	0.	0. 0.
DENNIS MILLER, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	SECRETARY 1.00	0.	0. 0.
CYNTHIA HIMMELFARB, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.
NANCY CONWAY, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.
RUSSELL LITTLE, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.
ROBERT RING, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.
CHARLES SARGENT, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.
JUDY HAYES, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.
DR. SHANNON CURTIS, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.
RONALD LIGON, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.
DARRYL EDMONDS, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.
ELLEN MORE, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0. 0.

WILLIAMSON MEDICAL CENTER FOUNDATION, INC

04-3717044

TOM BAIN, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0.	0.
LARRY KING, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0.	0.
NORMAN URMY, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0.	0.
RALPH DRURY, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0.	0.
BEVERLY SPEAKE, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0.	0.
BETSY KOHAN, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0.	0.
DAVID WHITE, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0.	0.
LARRY HOUGH, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	DIRECTOR 1.00	0.	0.	0.
STEVE SMITH , 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
DON WEBB, 4321 CAROTHERS PKWY., FRANKLIN, TN 37067	CHIEF FINANCIAL OFFICER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

990-EZ PG 2

STATEMENT 6

THE MISSION OF WILLIAMSON MEDICAL FOUNDATION INC. IS TO SERVE AS A CHARITABLE AND DEVELOPMENT ARM TO SUPPORT WILLIAMSON MEDICAL CENTER IN PROVIDING HEALTH CARE SERVICES. TO FUND CAPITAL PROJECTS AND HEALTH OUTREACH PROGRAMS OF WILLIAMSON MEDICAL CENTER, THE FOUNDATION SEEKS CHARITABLE GIFTS OF ALL TYPES, RESTRICTED AND UNRESTRICTED.

DONATIONS TO WILLIAMSON MEDICAL FOUNDATION SUPPORT PROGRAMS AND SERVICES THAT FALL OUTSIDE THE NORMAL STRUCTURE OF HOSPITAL OPERATING EXPENDITURES. GIFTS MAY BE MADE TO HONOR OR MEMORIALIZE SOMEONE, ESTABLISH OR SUPPORT A PARTICULAR FUND, PURCHASE NEW EQUIPMENT OR EXPAND OR BUILD NEW AREAS. CONTRIBUTIONS MAY COME IN MANY FORMS, INCLUDING CASH, SECURITIES, REAL ESTATE, PERSONAL PROPERTY, LIFE INSURANCE, AND WILLS AND BEQUESTS. GIFTS MAY BE SMALL OR LARGE, ANONYMOUS OR RECOGNIZED, ONE-TIME OR PLANNED OVER TIME.

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

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization WILLIAMSON MEDICAL FOUNDATION, INC.	Employer identification number 04-3717044
	Number, street, and room or suite no. If a P.O. box, see instructions 4321 CAROTHERS PKWY.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FRANKLIN, TN 37067	

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

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

R. STEVE SMITH

- The books are in the care of ► **4321 CAROTHERS PARKWAY - FRANKLIN, TN 37067**

Telephone No ► **(615) 435-5170**

FAX No ►

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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☐ calendar year _____ or
 ► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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

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

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

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

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

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

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

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	WILLIAMSON MEDICAL CENTER FOUNDATION, INC	04-3717044
	Number, street, and room or suite no. If a P.O. box, see instructions. 4321 CAROTHERS PKWY.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FRANKLIN, TN 37067	

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

- ☐ Form 990 ☒ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

R. STEVE SMITH

- The books are in the care of ☒ 4321 CAROTHERS PARKWAY - FRANKLIN, TN 37067

Telephone No. ☒ (615) 435-5170

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year 2009, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

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

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER CERTAIN THIRD PARTY FINANCIAL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature ☒ Deborah D. Embrey Title ☒ C.P.A.

Date ☒ 2-9-10

Form 8868 (Rev 4-2009)