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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 2008

Inspection

Since Address charge Name change Total intuition Termination Application pending F Name and address of Principal Officer TOM VANDENHOVEN Application pending F Name and address of Principal Officer TOM VANDENHOVEN Application pending F Name and address of Principal Officer TOM VANDENHOVEN Application pending F Name and address of Principal Officer TOM VANDENHOVEN AD Take Average T Tax-exempt status F 2012(3) ■ (invest no)				-2009	and ending 06-30-20	r, or tax year beginning 07-01-2008	lendar yeaı	2008 са	or the 2	A Fo		
Second Provided Pro	number	D Employer identification n				C Name of organization Takoma Regional Hospital Inc	Please	applicable	neck if a	B Ch		
Name change Specific Name change N								hange	dress ch	☐ Add		
Temmanation		•				Doing business As	print or	ange	me cha	☐ Na		
Application pending For Name and address of Principal Officer TOM WANDENHOVEI 401 Takoma Avenue Greeneville, TN 377434647 I Tax-exempt status F 501(c) (3) ◀ (meet no.)		,	oom/suite	address) [is not delivered to street add		Specific	ırn	ıtıal retu	Init		
Filt Summary Take-exempt status Filt Summary Solic (3) (mset no.) 4947(a)(1) or 527 H(a) 1s this a group return for affiliates? Yes Groganization Filt Solic (3) 4(mset no.) 4947(a)(1) or 527 H(b) Are all affiliates Yes Groganization Filt	,61	d dioss receipts \$ 42,220,10				401 Takoma Avenue		on	minatio	Ter		
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Trace-exempt status	s 🔽 No											
Tax-exempt status	Yes No	affiliates included?	b) Are all	— н								
Part Summary 1 Briefly describe the organization's mission or most significant activities The provision of medical care to the community through the operation of a 100 bed hospital 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a)	uctions)				527	(3) ◀ (insert no)	「 501(c)	npt status	ax-exem	I Ta		
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2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a)					gnificant activities	e organization's mission or most si						
Number of independent voting members of the governing body (Part VI, line 1b)			hospital	100 be	gh the operation of a 10	edical care to the community throu	vision of me	The pro		2		
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1 Number of independent voting members of the governing body (Part VI, line 1b)	17						·			<u> </u>		
B Net unrelated business taxable income from Form 990-T, line 34							_					
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B Net unrelated business taxable income from Form 990-T, line 34	41	6				lunteers (estimate if necessary)	umber of vo	Total n	6	<u> </u>		
Prior Year Current 8	41,900	7a										
8 Contributions and grants (Part VIII, line 1h)	42,024	7b			0-T, line 34	ness taxable income from Form 99	elated busii	Net unr	ь			
Program service revenue (Part VIII, line 2g)	t Year	Year Current	Prior	L								
Total revenue Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25 0/17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 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 and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any king and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any king and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any king and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any king and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any king and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any king and belief.	0	, , , , , , , , , , , , , , , , , , ,										
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Please ****** 2010-05-12												
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Here Signature of officer Date			Date			er	ature of office	Sign		Sign		
Tom Vandenhoven cfo									_	1161		
Type or print name and title		T		I .	T	e and title	or print name	F Type				
self-	it)	Preparer's PTIN (See Gen Inst		self-	Date					.		
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Preparer's Firm's name (or yours In self-employed), address, and 7TP 4		EIN Þ				·)	nployed),	ıf self-er		•		
address, and ZIP + 4		Phone ro				r —			Jilly	J36 (
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Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program cor	vice expenses \$ 40	,490,638 Must equal Part IX, Line	25 column (B)	
	(Expenses \$	ıncludıng	grants of \$	(Revenue \$)
4d	Other program se	rvices (Describe in Schedule			
rc.	, couc	, (Expenses #	including grants of \$, (Neverlae p	,
łc	(Code) (Expenses \$	including grants of \$) (Revenue \$)
b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Takoma Regional Hos days	pıtal, Inc operates a 100 bed acute	care hospital in Greeneville, TN In the curi	ent year, there were 2,513 admissi	ons and 11,300 patient
a	(Code		0,490,638 including grants of \$	88,283) (Revenue \$	42,147,666)
ļ	Section 501(c)(3)	and (4) organizations and 494	each of the organization's three larg 47 (a)(1) trusts are required to repo or each program service reported		
		hese changes on Schedule O			·
		n cease conducting or make s	ignificant changes in how it conduc	ts any program	res ✓ No
	•	hese new services on Schedu	le O	·	•
	the prior Form 990	or 990-EZ?	ogram services during the year whi		'es No

Part IV	Checklist of	Required	Schedules
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			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		No
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 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? <i>If</i> "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 11	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		No
	Parts VI, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as 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 U S ?	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 U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 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	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25a		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250		100
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "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 section 301 7701-2 and 301 7701-3? <i>If</i> "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		No
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		No
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					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	87			
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 t	o ven	dors 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	540			
h	If at least one is reported in 2a, did the organization file all required federal employr					
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay	nrem	nume on a narconal			
_	benefit contract?	, prem		7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			0-		
a	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	ــا	ı			
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					
а	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	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
					į	

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

Section A.	Governing B	Body and N	lanagement	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 17							
b	Enter the number of voting members that are independent 14							
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	Yes					
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		Νo				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
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?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νo				

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	
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	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

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

Tom Vandenhoven 401 Takoma Ave Greeneville,TN 37743 (423) 636-2350

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

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

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

Part VII Continued

			(tion that a		all			(5)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director					- C P		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			1								
1b Total						►	2,514,805	5 0	232,122		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►18

			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		N o		
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	- · · · · · · · · · · · · · · · · · · ·					
	rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes			

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

\$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
Wellmont Physician Services 999 Executive Park Blvd 201 Kingsport, TN 37660	Physician staffing agency	812,958
GE Healthcare PO Box 402076 Atlanta, GA 30384	Maintenance service contracts	274,706
Aureus Nursing Inc PO Box 3037 Omaha, NE 68103	Nursing staffing agency	247,181
Soliant Health PO Box 1024640 Atlanta, GA 30368	Nursing staffing agency	224,430
AtWork Dept 888050 Knoxville, TN 37995	Nursing staffing agency	221,692
2 Total number of independent contractors (including those in 1) who received more the from the organization	an \$100,000 in compensation	10

S	ta	te	m	eı	nt	of	Re	v	er	าน	е
---	----	----	---	----	----	----	----	---	----	----	---

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1		Revenue		312, 313, 01 314
数数	ь	Membership dues					
호호		1b					
o,ĕ	С	Fundraising events 1c					
€ 등	d	Related organizations 1d					
‰ <u>≡</u>	e	Government grants (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and					
돌로	-	similar amounts not included above					
# T	g	Noncash contributions included in					
<u>5</u> €		lines 1a-1f \$					
-	h	Total (Add lines 1a-1f)					
			Business Code				
III	2a	Net patient revenue	900,099	42,027,086	4,202,708,601		
e Ke	b	Gift shop revenue	900,099	58,020	58,020		
or Œ	с	Cafeteria revenue	900,099	48,126	48,126		
¥.	d	Medical office buildin	531,120	41,900		41,900	
38	e						
Program Serwce Revenue	f	All other program service revenue		14,434	14,434		
Ş				·	,		
Δ	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, interest				
		other sımılar amounts)		32,265			32,265
	4	Income from investment of tax-exempt b	ond proceeds				
	-		•				
	5	Royalties					
	_	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental					
	"	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	· · · · <u>.</u>				
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	4,350				
		assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)	4,350				
	d	Net gain or (loss)	▶	4,350			4,350
	8a	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18					
ě		Attach Schedule G if total exceeds					
<u>.</u>		\$15,000 a					
ţ	b	Less direct expensesb					
0	С	Net income or (loss) from fundrais	ing events				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	c	Net income or (loss) from gaming					
			<u> </u>				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	_ c	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	c						
	.	All other revenue					
	d e	Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2g, 3		42,226,181	42,147,666	41,900	36,615
		8c, 9c, 10c, and 11e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	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	88,283	88,283		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,152,477		1,152,477	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	16,277,241	16,277,241		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	502,495	502,495		
9	Other employee benefits	4,986,225	4,968,996	17,229	
10	Payroll taxes	1,304,384	1,304,384		
11	Fees for services (non-employees)				
а	Management				
ь	Legal	101,598		101,598	
c	Accounting	2,400		2,400	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	5,334,946	4,444,325	890,621	
12	Advertising and promotion	148,327		148,327	
13	Office expenses	5,300,091	4,996,856	303,235	
14	Information technology	1,503,757	323,892	1,179,865	
15	Royalties				
16	Occupancy	2,000,542	2,000,542		
17	Travel	119,791		119,791	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	60		60	
20	Interest	170,024	170,024		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,741,446	1,741,446		
23	Insurance	754,783	656,735	98,048	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Bad Debt expense	2,068,292	2,068,292		
b	Repairs & maintenance	947,127	947,127		
c	Purchased services	66,779		66,779	
d	UBI taxes	11,990		11,990	
f	All other expenses	39,908		39,908	
25	Total functional expenses. Add lines 1 through 24f	44,622,966	40,490,638	4,132,328	0
26	Joint Costs. Check 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				orm 990 /2009)

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Dogg or your	1	2,958
	2	Savings and temporary cash investments				2	1,681,166
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,659,091	4	5,575,592
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use	959,874	8	1,009,444		
92	9	Prepaid expenses and deferred charges			375,061	9	1,283,335
ssets	10a						
Ø		Land, buildings, and equipment cost basis	10a	41,067,740			
_	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	21,195,397	20,874,228	10c	19,872,343
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 Complete Passchedule D	ert VII	of		12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$	I		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	2,896,926	15	1,703,950		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			31,765,180	16	31,128,788
	17	Accounts payable and accrued expenses .	5,868,189	17	3,895,242		
	18	Grants payable			18		
	19	Deferred revenue			105,034	19	52,229
	20	Tax-exempt bond liabilities				20	
<u>ā</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties	•			23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		10,979,813	25	7,229,693	
	26	Total liabilities. Add lines 17 through 25			16,953,036	26	11,177,164
S do		Organizations that follow SFAS 117, check here ▶ ↓ and comp through 29, and lines 33 and 34.	lete li	nes 27			
Balance	27	Unrestricted net assets			14,812,144	27	19,951,624
<u>8</u>	28	Temporarily restricted net assets				28	
포	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31		
	32	Retained earnings, endowment, accumulated income, or other fu		32			
Net	33	Total net assets or fund balances		14,812,144	33	19,951,624	
_	34	Total liabilities and net assets/fund balances			31,765,180	34	31,128,788
D-	VT	Einancial Statements and Parautina					
Pa	rt XI	Financial Statements and Reporting					

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134010170

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Takom	a Regi	ıonal Hospital Ir	nc						• •			
									-060396			
Par				harity Status (to be co	•	-			Instruct	ions)		
	rganı:			ation because it is (Please								
1	<u>_</u>	•		nurches, or association of ch			Section :	170(b)(1)	(A)(i).			
2		A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	✓	A hospital	or a cooperative	e hospital service organizati	ıon descrı	bed in Sec	tion 170(b)(1)(A)(i	i ii). (Attac	h Schedu	le H)	
4	Г	A medical i	esearch organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
			name, city, and									
5	Γ	Anorganiza	atıon operated f	or the benefit of a college or	r universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ct ion 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental ı	ınıt or fror	n the gene	eral public	2
		described i	n Sect ion 170(b))(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	ership fees	s, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	s — s ub je c t	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ct ion 509	(a)(4). (S	ee instruc	tions)	
11	Γ	_	-	and operated exclusively fo					•	•		
		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										
		_				- Function			'' d	Гтуре	III - Ot	her
e	Г			rtify that the organization is								
	•	•	- ,	agers and other than one or			•			•	•	
_		section 50										
f		If the organ		d a written determination fro	om the IRS	s that it is	a Type I,	lypello	r I ype III	supportir	ng organiz	zation,
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	<u> </u>			,
		following pe			, 3			•				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governı	ng body of the the supported	d organıza	tion?				11g	(i)	
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g(iii)	
h		Provide the	following inform	mation about the organizatio	ns the org	ganızatıon	supports					
				T	T		T		1		1	
		ame of	(ii) EIN	(iii) Type of organization	1 ' '	s the		ou notify		is the	1 '	nount of
(oorted nization		described on lines 1 - 9 above or IRC section		ation in Iisted in		inization i) of your		ation in organized	supp	יטוני
				(See Instructions))		verning		ort?		US?		
					docui	ment?						
					Yes	No	Yes	No	Yes	No		

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

♦ Se	ection 501(c)(4), (5), or (6) organi	zations complete Part III			
	ame of the organization koma Regional Hospital Inc			Employer ider	ntıfıcatıon number
	Roma Regional Hospital The			51-0603966	
Pai		by all organizations exemple the instructions for Schedule		n 501(c) and section	527
1	Provide a description of the or	ganization's direct and indirect poli	itical campaign act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pa	rt I-B To be completed I for Schedule C for d	oy all organizations exemp etails.)	t under sectio	n 501(c)(3). (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization u	ınder section 4955	5	\$
2	Enter the amount of any excis	e tax incurred by organization mana	agers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	ر ې	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	,				
Pa	rt I-C To be completed I (See the instructions	oy all organizations exemp s for Schedule C for details.)	t under section	n 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for :	section 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	outed to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lin	es 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions receive	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
		see the instructions for Form 990			

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

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

P							768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Limits on Lo	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	(election under section 501(h)). (See the instructions for Schedule C for heck						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying non	taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha	t made a secti	on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

9.783

9,783

che	dule C (Form 990 or 990-EZ) 2008			Page 3
Par	t II-B To be completed by organizations exempt under section 501(c)(3) that h 5768 (election under section 501(h)). (See the instructions for Schedule C for			ed Form
		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	

- Paid staff or management (include compensation in expenses reported on lines c through i)? Media advertisements?
- Mailings to members, legislators, or the public?
- Publications, or published or broadcast statements?
- Grants to other organizations for lobbying purposes?
- Direct contact with legislators, their staffs, government officials, or a legislative body?
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?
- Other activities If "Yes," describe in Part IV
- Total lines 1c through
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- If "Yes" enter the amount of any tax incurred under section 4912
- If "Yes" enter the amount of any tax incurred by organization managers under section 4912
- If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A	To be completed by all organizations exempt under section $501(c)(4)$, section $501(c)(5)$,	01
	section 501(c)(6). (See the instructions for Schedule C for details.)	

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

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

1	Dues, assessments and similar amounts from members
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).

- Current Year
- Carryover from last year
- c Total
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

2a \$
2b\$
2c \$
3 \$

4 \$

Νo

Νo

Nο

Νo

Νo

Nο

Νo

Νo

Yes

5 \$

1 \$

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

Ident if ier	Return Reference	Explanation
· '	Activities	Represents the amount of total dues paid to the American Hospital Association, Hospital Alliance of Tennessee, and Tennessee Hospital Association that is comprised of lobbying expenditures

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Attach to Form 990. To be completed by organizations that

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

0	The Verlage de Livie		
	ne of the organization oma Regional Hospital Inc		Employer identification number
Pa	rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered Tes to Form 99	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
2	Aggregate Contributions to (during year)		
;	Aggregate Grants from (during year)		
ļ	Aggregate value at end of year		
;	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advised Yes No
i	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		•
Pai	t II Conservation Easements. Complete	if the organization answered "Yes" t	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of ar Preservation of ce	n historically importantly land area ertified historic structure n of a conservation easement
	on the last day of the tax year		Hald at the Field of the Ware
-	-		Held at the End of the Year
a b	Total number of conservation easements		24
	Total acreage restricted by conservation easement		26
C	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a	•	2d
}	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
	Number of states where property subject to conserva	ation easement is located ►	
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
;	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year ►
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	Yes No
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financia	· '
ar	Complete if the organization answered '		or Other Similar Assets.
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(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, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		▶- \$

Part	Organizations Maintaining Collections of A	rt, His	tori	cal Treası	ires, or Othe	r Similar Ass	ets (co	ontinued)
3	Using the organization's accession and other records, check a items (check all that apply)	any of th	ie fol	owing that ar	e a significant u	se of its collection	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and exp Part XIV	laın hov	v the	y further the o	organization's ex	kempt purpose in		
5	During the year, did the organization solicit or receive donatio assets to be sold to raise funds rather than to be maintained a						Yes	Г No
Par		. Com	plet	e if the orga		ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?	mediary	for c	ontributions	or other assets		Yes	Г No
b	If "Yes," explain why in Part XIV and complete the following to	able						
						A mo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, I	ıne 21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if the organization							
4 -	(a)Current Year	(D	Prior '	rear (c) iw	o Years Back (d)	Three Years Back (e)Four Y	ears back
1a	Beginning of year balance	_						
b	Contributions	_						
с	Investment earnings or losses	_						
d	Grants or scholarships	_						
e	Other expenditures for facilities and programs							
f	Administrative expenses	_						
g	End of year balance	_						
2	Provide the estimated percentage of the year end balance help	— d as						
а	Board designated or quasi-endowment							
ь	Permanent endowment							
	Term endowment 🕨							
3a	Are there endowment funds not in the possession of the organ	ızatıon	that a	are held and a	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as required					3b		<u> </u>
4	Describe in Part XIV the intended uses of the organization's e				V I 10			
Раг	VI Investments—Land, Buildings, and Equipm	ent. S		•	•	I I		
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1 a L	and	•			253,719	,		253,719
	uildings	•			16,626,488	6,367,330	1	0,259,158
c L	easehold improvements							
d E	quipment				22,805,056	14,065,565		8,739,491
	ther				1,382,477	· ·		619,975
Total	. Add lines 1a-1e (Column (d) should equal Form 990, Part X, col	lumn (B)	, line	10(c).)				9,872,343
						Schedule D (Form 9	90) 2008

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products		Cost of end-of-	year market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
			d of valuation
(a) Description of investment type	(b) Book value		-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, II			
(a) Descri	ption		(b) Book value
Long term investments			311,282
Due from affiliated			89,838
Other receivables			130,282,975
T. 1 (2)			4 702 050
Total. (Column (b) should equal Form 990, Part X, col.(B) line.		<u> </u>	1,703,950
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(b) A mount		
Federal Income Taxes	(=)		
Third Party Payor Payable	364,997		
Credit balances in A/R	427,473		
Leases payable	54,880		
Pledges Payable	25,579		
Due to affiliated	4,508,990		
Other current liabilities	1,847,774		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	7,229,693		

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	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 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	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	irt XIV,	lines 1b and 2b,

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

Ident if ier	Return Reference	Explanation
		PART X - AS NOTED IN OUR RESPONSE TO FORM 990 PART VI, SECTION C, LINE 19, THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION ARE NOT CONSOLIDATED WITHIN THE FINANCIAL STATEMENTS OF EITHER OF ITS MEMBERS ADDITIONALLY, THE FILING ORGANIZATION DID NOT RECEIVE A SEPARATE AUDITED FINANCIAL STATEMENT FOR THE 6/30/2009 TAX YEAR ACCORDINGLY, THERE IS NO APPLICABLE FIN 48 FOOTNOTE FOR THIS FILING ORGANIZATION

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DLN: 93493134010170

OMB No 1545-0047

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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization Takoma Regional Hospital Inc

Employer identification number

51-0603966

Pa	art I Charity Care and	d Certain O	ther Com	munity Benefits a		r 2008)				
				<u>-</u>	, ,	•		Yes	No	
1a	Does the organization have a	a charity care	policy? If "N	lo," skip to question 6a			1a			
b	If "Yes," is it a written policy	If "Yes," is it a written policy?								
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 h		ls	Applied uniforml	y to most hospitals					
3	Answer the following based organization's patients	on the charity	care eligibili	ty criteria that applies	to the largest number	ofthe				
а	Does the organization use Fe income individuals? If "Yes,						3a			
	Γ _{100%} Γ _{150%}	, Г ₂	200%	6 O ther	%_		<u> </u>			
b	Does the organization use Fi	G to determi	ne eligibility	for providing <i>discounte</i>	d care to low income in	ndıvıduals? If				
	"Yes," indicate which of the	following is the	e family inco	me limit for eligibility f	or discounted care .		3ь			
	Γ _{200%} Γ _{250%}	L 300	\0/ ₂		o%	0/-				
			-		_					
c	If the organization does not determining eligibility for fre- test or other threshold, rega	e or discounte	d care Inclu	ide in the description v	hether the organizatio					
4	Does the organization's police	cy provide free	or discount	ed care to the "medica	lly indigent"?		4			
5a	Does the organization budge	t amounts for	free or disco	unted care provided ui	nder its charity care po	olicy?	5a			
b	If "Yes," did the organization	n's charity car	e expenses	exceed the budgeted a	mount?		5b			
c	If "Yes" to line 5b, as a resu care to a patient who was eli						5c			
6a	Does the organization prepa	re an annual c	ommunity be	enefit report?			6a			
6b	If "Yes," does the organizati	on make it ava	ailable to the	public?			6b			
	Complete the following table worksheets with the Schedul		ksheets prov	/ided in the Schedule H	Instructions Do not	submit these				
7	Charity Care and Certain	Other Commu	nıty Benefits	at Cost			l			
	Charity Care and Means-Tested Programs	(a) Number of activities or (b) Persons (c) Total community (d) Direct offsetting (e) Net community benefits		enefit	(f) Pero					
а	Charity care at cost (from	()								
b	worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a)									
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)									
d	Total Charity Care and Means-Tested Programs .									
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)									
f	Health professions education (from worksheet 5)									
g	Subsidized health services (from worksheet 6)									
h	Research (from worksheet 7)									
	Cash and in-kind contributions to community groups (from worksheet 8)									
-	Total Other Benefits Total (line 7d and 7j)									
^	Total (mic /a and /j/ i i i	1	<u> </u>	l	I	1				

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

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Takoma Regional Hospital 401 Takoma Avenue	Х	Х					х		
Greeneville, TN 37743									
Takoma Medical Associates 438 E Vann Road Greeneville,TN 37743									Physician Services
Greeneville Urgent Care & Occupational 1021 Coolidge Street Greeneville, TN 37743									Outpatient Clinic
Takoma Regional Home Health Services 1021 Coolidge Street Greeneville,TN 37743									Home Health Services

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

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DLN: 93493134010170

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public **Inspection**

Employer identification number

Takoma Regional Hospital Inc						51-0603966	
		nts and Assistance					
1 Does the organization ma the selection criteria uses	d to award the grar	nts or assistance?					, ΓYes ΓΙ
2 Describe in Part IV the o	<u> </u>		<u> </u>		has Complete of the	raanisation answers	d "Vas" on
Form 990, Part I Part IV and Scho	IV, line 21 for ar edule I-1 if addit	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the office of the of	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Greeneville Adventist Academy305 Takoma Ave Greeneville,TN 37743	62-1527305	501 (c)(3)	6,000				General administrative support
Boys & Girls Club of Greeneville740 W Church St Greeneville, TN 37745	62-1706248	501 (c)(3)	9,250				General administrative support
Greene County Partnership Foundation115 Academy St Greeneville,TN 37743	62-1834391	501 (c)(3)	9,460				General administrative support
2 Enter total number of sec		-					3
3 Enter total number of other							• o
For Paperwork Reduction Act Not	ice, see the Instruct	ions for Form 990.		Cat No 50055	 P	Sc	hedule I (Form 990) 2008

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

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

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

See Additional Data Table

See Additional Edita Table									
Ident if ier	Return Reference	Explanation							
Other Information	Part IV	GRANTS ARE GENERALLY MADE TO AFFILIATED ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAX UNDER 501 (C)(3), TO OTHER 501 (C)(3) ORGANIZATIONS THAT ARE A PART OF THE GROUP EXEMPTION RULING ISSUED TO THE GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS, OR TO OTHER LOCAL 501 (C)(3) COMMUNITY ORGANIZATIONS ACCORDINGLY, THE FILING ORGANIZATION HAS NOT ESTABLISHED SPECIFIC PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES AS THE FILING ORGANIZATION DOES NOT HAVE A GRANT MAKING PROGRAM THAT WOULD NECESSITATE SUCH PROCEDURES							

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DLN: 93493134010170

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Attach to Form 990. To be completed by organizations

that answered "Yes" to Form 990, Part IV, line 23.

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Tak	oma Regional Hospital Inc				
		51-0603966			
Pa	rt I Questions Regarding Compensation	n			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I 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 line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N	, , , , , ,	1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee	·			
	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			
а	Receive a severance payment or change of control p	payment?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo
		ovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a	Yes	
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of		7		Νo
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			NI -

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-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	
Carlyle Walton (end 609)	(ı) (ıı)	214,486		19,617	24,524	30,568	289,195	
Claes Svendsen MD	(ı) (ıı)	158,496	22,287	130	9,052	6,731	196,696	
JR McKinney MD		158,392	5,000	346	5,169	191	169,098	
Tom VandenHoven	(1) (11)	76,155		77,410	3,291	17,368	174,224	
Fred Myers MD	(1) (11)	150,000		4,098	7,986	6,547	168,631	
Teresa L Marcum	(1) (11)	125,475		1,418	6,048	21,692	154,633	
Gordon L Marsa MD	(1) (11)	274,997	189,988	8,369	12,208	6,870	492,432	
William R Bridges MD	(1) (11)	249,995	25,000	4,260	12,500	6,840	298,595	
Michael Menz MD	(1) (11)	261,536		3,957	12,500	6,325	284,318	
Robert W Locklear MD	(ı) (ıı)	150,010	111,188	3,900	12,500	6,540	284,138	
William C Diebold MD	(ı) (ıı)	214,000		4,295	10,062	6,610	234,967	
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	As discussed in our response to Section B, Part VI, Question 15 & b. the filing organization is 40% owned by Adventist Health System/Sunbelt, Inc (AHSSI) A HSSI is part of the system of healthcare organizations known as Adventist Health System (AHS) Members of the filing organization's executive management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of AHSSI AHSSHC is exempt from federal income tax under IRC Section 501(c)(3). The filing organization reimburses AHSSHC for the salary and benefit cost of those executives on the payroll of AHSSHC that provide services and are on the management team of the filing organization. For administrative ease, executive employees on the payroll of AHSSHC who provide services at AHS affiliated organizations receive reimbursements of travel and other business-related expenses from the organization for which they provide services at AHS affiliated organizations receive reimbursements of travel and other business-related expenses from the organization for which they provide services and accompany the executive on two business trips each year. Typically, reimbursement is only provided to Vice Presidents and above and is limited to one business trip per year and the annual AHS President's Council business meeting. The AHSSHC Corporate Executive Spousal Travel Policy was originally approved by the AHSSHC Board Strategy & Compensation to the executive Tax Indemnification and gross-up payments. AHS has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/gifts. Under the policy, certain taxable business-related reimbursements (i.e. taxable business-related moving expenses, taxable gifts provided in connection with employment) provided to any employee may be grossed-up at a 25% rate upon approval of the filing organization's CEO and CFO. Additionally, employees at the Director level and above a
	Part I, Line 6	The filing organization's physician compensation formula is designed to result in total compensation that would be reasonable for each physician. Since implementing the productivity-based incentive compensation model, the financial losses from the operations of organization's physician practices have significantly decreased, and established physician practices have generally become profitable. The filing organization utilizes national survey productivity, cost, and compensation data in formulating all aspects of the compensation plan. Physician compensation arrangements include a ceiling or reasonable maximum on the amount a physician may earn. The filing organization's employed physicians enter into a written agreement that requires the physicians to provide medical care to individuals who are referred by the filing organization. Pursuant to the agreement, an individual may not be rejected as a patient by a physician due to race, sex, age, color, creed, national origin or inability to pay. The filing organization's compensation arrangement does not use a method of compensation that is based upon a percentage of the organization's net income. Rather, under the compensation arrangement, physician base salary is set based on Fair Market Value benchmarks, and any additional compensation is based on a percentage of the practice/location net revenue.
Supplemental Information	Part III	PART I, QUESTION 3 AS NOTED IN OUR RESPONSE TO QUESTION 15 OF PART VI OF FORM 990, THE INDIVIDUAL WHO SERVES AS THE CEO OF THE FILING ORGANIZATION IS COMPENSATED BY ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC) FOR THAT INDIVIDUAL'S ROLE IN SERVING AS THE CEO COMPENSATION AND BENEFITS PROVIDED TO THIS INDIVIDUAL ARE DETERMINED PURSUANT TO POLICIES, PROCEDURES, AND PROCESSES OF AHSSHC THAT ARE DESIGNED TO ENSURE COMPLIANCE WITH THE INTERMEDIATE SANCTIONS LAWS AS SET FORTH IN IRC SECTION 4958 AHSSHC USES ALL OF THE FOLLOWING TO ESTABLISH COMPENSATION OF THE CEO - COMPENSATION COMMITTEE, - INDEPENDENT COMPENSATION CONSULTANT, - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Supplemental Information	Part III	FORM 990, PART VII, SECTION A, LINE 5 AS DISCUSSED IN OUR RESPONSE TO SCHEDULE J, PART I, LINE 1A, 40% OF THE MEMBERSHIP INTEREST IN THE FILING ORGANIZATION IS HELD BY ADVENTIST HEALTH SYSTEM/SUNBELT, INC (AHSSI) AHSSI IS A WHOLLY-OWNED SUBSIDIARY OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC) BOTH AHSSI AND AHSSHC ARE ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC Section 501(c)(3) THE FOLLOWING INDIVIDUAL OFFICERS AND KEY EMPLOYEE OF THE FILING ORGANIZATION ARE ON THE PAYROLL OF AND COMPENSATED BY AHSSHC FOR SERVICES PROVIDED TO THE FILING ORGANIZATION - CARLYLE WALTON - TOM VANDENHOVEN - TERESA MARCUM THE TYPE AND AMOUNT OF COMPENSATION PAID TO EACH OF THE INDIVIDUALS LISTED ABOVE BY AHSSHC FOR SERVICES RENDERED TO THE FILING ORGANIZATION IS DETAILED IN PART II OF THIS SCHEDULE J

Software ID: Software Version:

EIN: 51-0603966

Name: Takoma Regional Hospital Inc

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Carlyle Walton (end 609) (I		214,486		19,617	24,524	30,568	289,195	
Claes Svendsen MD	(ı) (ıı)	158,496	22,287	130	9,052	9,052 6,731		
JR McKinney MD	(ı) (ıı)	158,392	5,000	346	5,169	191	169,098	
Tom VandenHoven (I		76,155		77,410	3,291	17,368	174,224	
Fred Myers MD (I		150,000		4,098	7,986	6,547	168,631	
Teresa L Marcum (I		125,475		1,418	6,048	21,692	154,633	
Gordon L Marsa MD	(ı) (ıı)	274,997	189,988	8,369	12,208	6,870	492,432	
William R Bridges MD	(ı) (ıı)	249,995	25,000	4,260	12,500	6,840	298,595	
Michael Menz MD	(ı) (ıı)	261,536		3,957	12,500	6,325	284,318	
Robert W Locklear MD	(ı) (ıı)	150,010	111,188	3,900	12,500	6,540	284,138	
William C Diebold MD	(ı) (ıı)	214,000		4,295	10,062	6,610	234,967	

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Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for

DLN: 93493134010170 OMB No 1545-0047

Inspection

Name of the organization Takoma Regional Hospital Inc

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number

51-0603966

Return Explanation **Identifier** Reference Carlyle Walton and Claes Svendsen, MD - Business Relationship Carlyle Walton and J R McKinney, MD -Form 990, Part VI, Business Relationship Mark Williams and Sharon Folk - Business Relationship Mark Williams and Carlyle Section A, line 2 Walton - Business Relationship

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Takoma Regional Hospital, Inc (the filing organization) has two members. The members of the filing organization are Adventist Health System/Sunbelt, Inc (AHSSI) and Wellmont Health System (WHS). Both AHSSI and WHS are not-for-profit corporations that are exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). There are no other classes of membership in the filing organization.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Board of Directors of the filing organization are appointed by AHSSI and WHS, the two members of the filing organization. Each of the two members has the right to elect, appoint or remove any three of the six members of the Board of Directors of the filing organization. In addition, the members of the filing organization appoint the members of the filing organization's Hospital Community Board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The filing organization's 2008 Form 990 was reviewed by the Board of Directors prior to its filing with the IRS. The review conducted by the Board of Directors did not include the review of any supporting workpapers that were used in preparation of the 2008 Form 990, but did include a review of the entire Form 990 and all supporting schedules

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Conflict of Interest Policy of the filing organization applies to members of its Board of Directors, Hospital Community Board, and its principal officers (to be known as Interested Persons). In connection with any actual or possible conflict of interests, any Interested Person must disclose the existence of any financial interest with the filing organization and must be given the opportunity to disclose all material facts concerning the financial interest/arrangement to the Board of Directors/Hospital Community Board of the filing organization or to any members of a committee with board delegated powers that is considering the proposed transaction or arrangement Subsequent to any disclosure of any financial interest/arrangement and all material facts, and after any discussion with the relevant Board member or principal officer, the remaining members of the Board of Directors/Hospital Community Board or committee with board delegated powers shall discuss, analyze, and vote upon the potential financial interest/arrangement to determine if a conflict of interest exists. According to the filing organization's Conflict of Interest Policy, an Interested Person may make a presentation to the Board of Directors/Hospital Community Board (or committee with board delegated powers), but after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in a conflict of interest Each Interested Person, as defined under the filing organization's Conflict of Interest Policy, shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the filing organization is a charitable organization that must primarily engage in activities which accomplish one or more of its exempt purposes. The filing organization operates in a manner consistent with its charitable purposes.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		Adventist Health System/Sunbelt, inc. (AHSSI) holds a 40% member interest in the filing organization. The top-tier parent of AHSSI is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is the parent organization of a healthcare system, known as Adventist Health System, that operates hospitals, nursing home facilities, and other healthcare provider organizations. AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) pursuant to a group ruling issued to the General Conference of Seventh-day Adventists. The individuals who serve as the CEO, CFO or Vice President of the filing organization are compensated by AHSSHC for services provided to the filing organization. Compensation and benefits provided to these individuals is determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions law is as set forth in IRC Section 4958. AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53.4958-6 with respect to its active executive-level positions. The AHSSHC Board Strategy and Compensation Committee (the Committee) serves as the governing body for all executive compensation matters. The Committee is composed of certain members of the Board of Trustees (the Board) of AHSSHC. Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC. As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes. In such executive sessions, no members of management of AHSSHC are present. The Committee i

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The financial statements of the filing organization are not generally made available to the public as a whole. As noted previously in our responses to question 6 of Section A of Part VI of this Form 990, the filing organization has two members. As neither member is considered to control the filing organization, the financial statements of the filing organization are not consolidated within the financial statements of either member. Each member accounts for its proportionate ownership share of the equity of the filing organization in its financial statements. The filing organization does not generally make its governing documents or conflict of interest policy available to the public.

ldentifier	Return Reference	Explanation							
Part VI, Section A, Line 1a		The government and management of the affairs of Takoma Regional Hospital (TRH) is vested in its Board of Directors. The Board of Directors has supervision, control and direction of the management, affairs and property of the corporation, shall determine its policies and periodically review them, and shall actively pursue its policies and objectives and supervise the disbursement of its funds. The Board of Directors is composed of six individuals and votes on all matters that come before this governing body. The Bylaw's of TRH also provide for a Hospital Community Board that may include up to fifteen voting members. The Hospital Community Board is appointed by the members of TRH, namely Adventist Health System/Sunbelt, Inc. and Wellmont Health System. The Hospital Community Board is responsible to oversee the operation of the Hospital and possesses all power related to the medical staff of the Hospital, including the power to approve all Bylaw's, rules and regulations with respect to the medical staff.							

ldentifier	Return Reference	Explanation
Schedule H, Part V		The filing organization had no other facilities that were not required to be licensed, registered, or similarly recognized as a health care facility under state law in the current tax year

Software ID: Software Version:

EIN: 51-0603966

Name: Takoma Regional Hospital Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada		Posit tl	(C non (chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Richard Reiner , Chairman/Director	1 00	Х						0	0	0
Michael Snow beg 1208 , Vice Chairman/Director	1 00	X						0	0	0
Gary Miller , Director	1 00	Х						0	0	0
Rıchard Salluzzo MD en , Dırector	1 00	Х						0	0	0
Christopher Knight end , Director	1 00	Х						0	0	0
Kelly Pettijohn , Vice Treasurer/Director	1 00	Х						0	0	0
Truman Esmond beg 1208 , Secretary/Treasurer	1 00	×						0	0	0
Jımm Bunch , Dırector	1 00	Х						0	0	0
Ron Prewitt , Director	1 00	Х						0	0	0
Carlyle Walton end 609 , President	40 00	Х		Х				234,103	0	55,092
Patricia L Smith EdD R , Director	1 00	Х						0	0	0
Mark Williams , Director	1 00	Х						0	0	0
Don Smith , Director	1 00	Х						0	0	0
Claes Svendsen MD , Director	1 00	Х						180,913	0	15,783
JR McKinney MD , Director	1 00	Х						163,738	0	5,360
Randy Rumley , Director	1 00	X						0	0	0
Joey Ballard , Director	1 00	X						0	0	0
James Kilgore PhD , Director	1 00	Х						0	0	0
Ed Wright , Director	1 00	Х						0	0	0
Sharon Folk , Director	1 00	Х						0	0	0
Tom VandenHoven , CFO	40 00			Х				153,565	0	20,659
Fred Myers MD , CMO	40 00				Х			154,098	0	14,533
Teresa L Marcum , CNO	40 00				Х			126,893	0	27,740
Gordon L Marsa MD , Physician	40 00					Х		473,354	0	19,078
William R Bridges MD , Physician	40 00					Х		279,255	0	19,340
Michael Menz MD , Physician	40 00					Х		265,493	0	18,825
Robert W Locklear MD , Physician	40 00					Х		265,098	0	19,040
William C Diebold MD , Psychiatrist	40 00		<u> </u>			Х		218,295	0	16,672

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Takoma Regional Hospital exists to extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities. As a member of the Adventist Health System and Wellmont Health System, Takoma Regional Hospital (TRH) strives to create excellent experiences for each person who chooses to access our services. TRH will be a leader in patient safety and healthcare quality. TRH will be the best place to work, practice medicine, and receive care.