

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493137040390

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

B Che	r the 2008	8 calendar vea	r, or tax year beginning 07-01-2008	and ending 06-30-2009	•		
_	eck if applica		C Name of organization			D Employer iden	tification number
Add	Iress change	use IRS	Hickman Community Health Services Inc			58-1737573	
– Nar	me change	label or print or	Doing Business As Hickman Community Hospital			E Telephone nur	nber
- Initi	al return	type. See Specific	Number and street (or P O box if mail is r	not delivered to street address	ss) Poom/suite	(931) 729-4	271
_	mination	Instruc- tions.	135 East Swan Street		ss) Room/suite	G Gross receipts	\$ \$ 13,558,731
_	ended retur olication pen		City or town, state or country, and ZIP + 4 Centerville, TN 370331417	1			
, 44	medien pen						
		Jack K	ne and address of Principal Officer eller		H(a) Is thi affilia	s a group return f tes?	or □ Yes ▼ No
			st Swan Street		aiiiia	tes.) 165 p 140
Tay	x-exempt st		ville,TN 370331417)(3) ◀(insert no)			l affiliates included	
147	x-exempt s	tatus J• 501(C	(1) or	527			See instructions)
W	eb site: 🕨	n/a			H(c) Grou	p Exemption Nun	iber ₩ 0928
Туре	e of organız	ation 🔽 Corporat	ion		L Year of Fo	rmation 1964 M S	tate of legal domicile TN
Par	rt I S	ummary					
			e organization's mission or most sign	 Ificant activities			
	3 Nui 4 Nui	mber of voting i	if the organization discontinued its op members of the governing body (Part V ident voting members of the governing inployees (Part V, line 2a)	VI, line 1a) g body (Part VI, line 1b		. 3 <u> </u>	22 20 198
			olunteers (estimate if necessary)			5 _	5
			ted business revenue from Part VIII,			7a	0
			ness taxable income from Form 990-	•	7a <u> </u>	0	
	5				Prio	or Year	Current Year
	8 C	ontributions an	d grants (Part VIII, line 1h)			187,000	248,178
<u> </u>			revenue (Part VIII, line 2g)		12,370,934	13,186,438	
Hayenue	10 In	ıvestment ıncoı	me (Part VIII, column (A), lines 3, 4,		8,885	4,534	
Î	11 0	ther revenue (P	art VIII, column (A), lines 5, 6d, 8c,		141,878	119,58	
	1		dd lines 8 through 11 (must equal Pai	rt VIII, column (A), lıne	9	12,708,697	13,558,73:
	13 G	•	ar amounts paid (Part IX, column (A),	lines 1 – 3)		127. 007.007.	
- 1							(
		enefits paid to d	r for members (Part IX, column (A), l	ine 4)			(
	14 Be	·	or for members (Part IX, column (A), l ompensation, employee benefits (Part	•	i –		
Ses	14 Be	alaries, other co	or for members (Part IX, column (A), li ompensation, employee benefits (Part	•	i –	7,449,804	
enses	14 Be	alaries, other co O)		: IX, column (A), lines 5	i –	7,449,804	8,407,93
Expenses	14 Be 15 Sa 10 16a Pr	alaries, other co O) rofessional func	ompensation, employee benefits (Part	: IX, column (A), lines 5	i -	7,449,804	8,407,935
EXPenses	14 Be 15 Sa 10 16a Pr b (To 17 October 17 October 18 De 18 D	alaries, other co O) rofessional func otal fundraising ex ther expenses	ompensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d,	: IX, column (A), lines 5 : 11e)) 11f-24f)	:-	6,742,551	8,407,93 <u>9</u> (7,117,152
EXPenses	14 Be 15 Sa 10 16a Pr b (T. 17 O 18 To	alaries, other co O) rofessional fund otal fundraising ex ther expenses— otal expenses—	ompensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>0</u> (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX	: IX, column (A), lines 5 : 11e)) 11f-24f)	:-	6,742,551 14,192,355	8,407,935 (7,117,152 15,525,087
	14 Be 15 Sa 10 16a Pr b (T. 17 O 18 To	alaries, other co O) rofessional fund otal fundraising ex ther expenses— otal expenses—	ompensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d,	: IX, column (A), lines 5 : 11e)) 11f-24f)		6,742,551 14,192,355 -1,483,658	8,407,935 7,117,152 15,525,087 -1,966,356
	14 Be 15 Sa 10 16a Pr 17 O 18 To 19 Re	alaries, other co O) rofessional fund otal fundraising ex ther expenses otal expenses— evenue less exp	ompensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12	: IX, column (A), lines 5 : 11e)) 11f-24f)		6,742,551 14,192,355 -1,483,658 ng of Year	8,407,935 7,117,152 15,525,087 -1,966,356 End of Year
	14 Be 15 Sa 10 16a Pr 17 O 18 To 19 Re 20 To	alaries, other co D) rofessional func- otal fundraising ex ther expenses— otal expenses— evenue less exp	ompensation, employee benefits (Part traising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12	: IX, column (A), lines 5 : 11e)) 11f-24f)		6,742,551 14,192,355 -1,483,658 ng of Year 6,475,876	8,407,935 7,117,152 15,525,087 -1,966,356 End of Year 7,783,209
	14 Be 15 Sa 10 16a Pr 17 O 18 To 19 Re 20 To	alaries, other co O) rofessional fund otal fundraising ex ther expenses otal expenses— evenue less exp	ompensation, employee benefits (Part traising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12	: IX, column (A), lines 5 : 11e)) 11f-24f)		6,742,551 14,192,355 -1,483,658 ng of Year	8,407,935 7,117,152 15,525,087 -1,966,356
Fund Balances	14 Be 15 Sa 10 16a Pr 17 O 18 To 19 Re 20 To 22 No	alaries, other co)) rofessional func- otal fundraising ex ther expenses— otal expenses— evenue less expenses— otal assets (Pa	ompensation, employee benefits (Part traising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12	: IX, column (A), lines 5 : 11e)) 11f-24f) , line 25, column (A))		6,742,551 14,192,355 -1,483,658 ng of Year 6,475,876	8,407,935 7,117,152 15,525,087 -1,966,356 End of Year 7,783,209
Fund Balances	14 Be 15 Sa 10 16a Pr 17 O 18 To 19 Re 20 To 22 No	alaries, other co)) rofessional func- otal fundraising ex ther expenses— otal expenses— evenue less expenses— otal assets (Pa	ompensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX) penses Subtract line 18 from line 12 ort X, line 16) Part X, line 26)	: IX, column (A), lines 5 : 11e)) 11f-24f) , line 25, column (A))		6,742,551 14,192,355 -1,483,658 ng of Year 6,475,876 10,428,421	8,407,93 7,117,15 15,525,08 -1,966,350 End of Year 7,783,209 13,895,700
Fund Balances	14 Be 15 Sa 10 16a Pr 17 O 18 To 19 Re 20 To 21 To 22 No 11 II S	alaries, other cool of otal fundraising ex ther expenses otal expenses evenue less ex otal assets (Pa otal liabilities (I et assets or fur Gignature Bl ider penalties of pe d belief, it is true, Alan Strauss CFO	perpensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 ort X, line 16) Part X, line 26) d balances Subtract line 21 from line ock ergury, I declare that I have examined this retrorrect, and complete Declaration of preparer	IX, column (A), lines 5 11e) 11f-24f) , line 25, column (A))	Beginni schedules and s	6,742,551 14,192,355 -1,483,658 ng of Year 6,475,876 10,428,421 -3,952,545	8,407,935 7,117,152 15,525,087 -1,966,356 End of Year 7,783,209 13,895,703 -6,112,494 e best of my knowledge
Fund Balances	14 Be 15 Sa 10 16a Pr 17 O 18 To 19 Re 20 To 21 To 22 No 11 II S	alaries, other coop ofessional function of the function of the coop of the coo	perpensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 ort X, line 16) Part X, line 26) d balances Subtract line 21 from line ock ergury, I declare that I have examined this retrorrect, and complete Declaration of preparer	EIX, column (A), lines 5 E 11e) 11f-24f) , line 25, column (A)) E 20 urn, including accompanying r (other than officer) is based	schedules and s d on all informat 2010- Date	6,742,551 14,192,355 -1,483,658 ng of Year 6,475,876 10,428,421 -3,952,545 tatements, and to the on of which prepared	8,407,935 7,117,153 15,525,087 -1,966,356 End of Year 7,783,209 13,895,703 -6,112,494 e best of my knowledge has any knowledge
Plea Bign Here	14 Be 15 Sa 10 16a Pr 17 O 18 To 19 Re 12 No 11 Se 18 Se 18 Pre	alaries, other cool of otal fundraising ex ther expenses otal expenses evenue less ex otal assets (Pa otal liabilities (I et assets or fur Gignature Bl ider penalties of pe d belief, it is true, Alan Strauss CFO	permensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 ort X, line 16) Part X, line 16) Part X, line 26) Indicate that I have examined this reticorrect, and complete Declaration of preparer line and title	E IX, column (A), lines 5 E 11e) 11f-24f) , line 25, column (A)) E 20 urn, including accompanying r (other than officer) is based	schedules and s d on all informat 2010- Date Check if	6,742,551 14,192,355 -1,483,658 ng of Year 6,475,876 10,428,421 -3,952,545 tatements, and to the ion of which prepared	8,407,935 7,117,152 15,525,087 -1,966,356 End of Year 7,783,209 13,895,703 -6,112,494 e best of my knowledge has any knowledge
Part Part Part Part Part Part Part Part	14 Be 15 Sa 10 16a Pr 17 O' 18 To 19 Re 20 To 21 To 22 No 111 S 111 S Pre sign	alaries, other cool of of other cool of other expenses otal expenses otal expenses otal assets (Pa otal liabilities (I et assets or fur Signature Bl other expenses of other expenses otal assets (Pa otal liabilities (I et assets or fur Signature Bl other penalties of pe of belief, it is true, Alan Strauss CFO Type or print name eparer's on's name (or your	permensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 ort X, line 16) Part X, line 16) Part X, line 26) Indicate that I have examined this return correct, and complete Declaration of preparer retained title	E IX, column (A), lines 5 E 11e) 11f-24f) , line 25, column (A)) E 20 urn, including accompanying r (other than officer) is based	schedules and s d on all informat 2010-Date	6,742,551 14,192,355 -1,483,658 ng of Year 6,475,876 10,428,421 -3,952,545 tatements, and to the on of which prepared	8,407,935 7,117,152 15,525,087 -1,966,356 End of Year 7,783,209 13,895,703 -6,112,494 e best of my knowledge has any knowledge
Secretary Par Plea Balance liere	14 Be 15 Sa 10 16a Pr 17 O' 18 To 19 Re 20 To 21 To 22 No 11 S 11	alaries, other cool) rofessional functional fundraising exther expenses otal expenses— evenue less expenses— evenue less expenses— otal assets (Paperal Italian Italia	permensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 0 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 ort X, line 16) Part X, line 16) Part X, line 26) Indicate that I have examined this return correct, and complete Declaration of preparer retained title	E IX, column (A), lines 5 E 11e) 11f-24f) , line 25, column (A)) E 20 urn, including accompanying r (other than officer) is based	schedules and s d on all informat 2010- Date Check if	6,742,551 14,192,355 -1,483,658 ng of Year 6,475,876 10,428,421 -3,952,545 tatements, and to the food of which prepared of the food of the	8,407,935 7,117,152 15,525,087 -1,966,356 End of Year 7,783,209 13,895,703 -6,112,494 e best of my knowledge has any knowledge

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service e	expenses \$	10,964,31	4 Must equal Part IX,	Line 25, column (B).	
-ru	(Expenses \$		ing grants of	f\$) (Revenue \$)
4d	Other program services	(Describe in Sched	ule O)			
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	Schedule O for Community B	enefit Report				
4a			10,964,314 nursing home	including grants of \$ It provides quality health ca) (Revenue \$ are services to the residents of Hickm	13,186,438) an County, Tennessee See
	Section 501(c)(3) and (4 others, the total expense				eport the amount of grants and d	l allocations to
4	If "Yes," describe these of Describe the exempt pur	-		ie organization's three	largest program services by e	xpenses
3	Did the organization cease services?				ducts any program · · · · ·	Yes 🗸 No
	If "Yes," describe these i					
	the prior Form 990 or 99	0-EZ?				Yes 🔽 No

Part IV	Check	dist of	Required	Schedules
	CIICCE	11136 01	NC dull Cd	Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	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		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
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		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
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		Νo
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		Νο
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
b	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		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					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	17			
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	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: •		1 c	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	198			
ь	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ng the	year covered by this	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50		
4 a	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		Νο
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 , <i>Re Financial Accounts</i> .	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		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	nt Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•	· · ·	5c		
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?	hat 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 cormore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	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	v nrem	uume on a nareonal			
Ĭ	benefit contract?	, p.c		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	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	file 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					
	excess business holdings at any time during the	~ h0112	oig organization, nave	8		
	year ⁹					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	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	17 .		9b		
10	Section 501(c)(7) organizations. Enter		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	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 ii	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year					

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

			- p - 11 - 1		7	,	
Section	Α.	Go	verning	Body a	nd Mana	gement	

			res	NO					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty$ esses, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 22								
Ь	Enter the number of voting members that are independent 1b 20								
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		Νο					
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? .								
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?								
Ь	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						
Ь	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		No					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$.	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		No
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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. I another's website.
- 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
 Jack Keller
 135 East Swan St

Centerville, TN 370331717 (931) 729-4271

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				(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
							-			

Part VII Continued

		(C) Position (check all that apply)							(F)	(F)
(A) Name and Title	(B) Average hours per week	Position (check all that apply) (B) Average hours per	Estimated amount of other compensation from the organization and related organizations							
	_									
1b Total							-	1,103,978	616,039	135,480
2 Total number of individuals (including										

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			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		Νo			
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 I for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services						
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo			

Section B. Independent Contractors

from the organization .

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

(A) Name and business address	(B) Description of services	(C) Compensation
Millennium Medical Trust Inc 2000 Glen Echo Road Suite 200 Nashville, TN 37215	Management Services	976,225
Elite Emergency Service PO Box 680399 Franklin, TN 370680399	Emergency Room Physician Coverage	250,117
2 Total number of independent contractors (including those in 1) who received more than s	1 \$100,000 in compensation	1

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
18	1a	Federated campaigns :	la				
ants Ints	b	Membership dues					
Contributions, gifts, grants and other similar amounts	c	Fundraising events	.b ————				
#ੁ≅	d	Related organizations	.d				
£ E,ğ	e	Government grants (contributions)	.e 236,078				
bution ther s	f	All other contributions, gifts, grants, and similar amounts not included above	12,100				
필	g	Noncash contributions included					
9 G		lines 1a-1f \$	_				
•	h	Total (Add lines 1a-1f)		248,178 ————			
			Business Code				
E E	2a	Net Patient Services	621,990	13,186,438	13,186,438		
94. 84.	ь		_				
e.	С						
ž.	d						
Ø ⊆	e						
Program Serwce Revenue	f	All other program service revenu	ıe				
_ <u>&</u> 	g	Total. Add lines 2a-2f ► \$ 13,186,438					
	3	Investment income (including di		4.524			4.524
		other similar amounts)		4,534			4,534
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents 32,51	4				
	b	Less rental expenses					
	c	Rental income 32,51- or (loss)	4				
	d	Net rental income or (loss) .		32,514			32,514
		(i) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
	_	sales expenses Gain or (loss)					
	c d	Net gain or (loss)					
			<u>.</u>				
	8a	Gross income from fundraising events (not including					
<u>⊕</u>		\$ of contributions reported on line					
Other Revenue		1c) See Part IV, line 18					
ě		Attach Schedule G If total exceeds \$15,000	a				
4	ь	Less direct expenses					
Ě	С	Net income or (loss) from fundra					
0	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
			а				
	b	Less direct expenses	b				
	С	Net income or (loss) from gamin	g activities ▶-				
	10a	Gross sales of inventory, less returns and allowances					
	ь	Less cost of goods sold	a h				
	c	Less cost of goods sold Net income or (loss) from sales					
		Miscellaneous Revenue	Business Code				
	11a	Cafeteria Sales	722,320	16,386			16,386
	ь	Transcription Fees	621,990	4,712			4,712
	с						
	d	All other revenue		65,969			65,969
	e	Total. Add lines 11a-11d					
			\$ 87,067		40.450		
	12	Total Revenue. Add lines 1h, 2g 8c, 9c, 10c, and 11e		13,558,731	13,186,438	0	124,115

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).
	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				
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	122,602		122,602	
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	6,409,199	4,768,232		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	267,215	195,067	72,148	
9	Other employee benefits	1,203,369	878,459	324,910	
10	Payroll taxes	405,550	296,051	109,499	
11	Fees for services (non-employees)				
а	Management	399,912		399,912	
b	Legal	7,870		7,870	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,634,240	1,403,391	230,849	
12	Advertising and promotion				
13	Office expenses	81,052		81,052	
14	Information technology				
15	Royalties				
16	Occupancy	394,853	394,853		
17	Travel	45,053	25,098	19,955	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	210	210		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	286,756	286,756		
23	Insurance	78,537		78,537	
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	1,429,003	1,429,003	0	0
ь	Supplies	1,004,764	786,074	218,690	0
с	Corporate Allocations	989,538	0	989,538	0
d	Equipment Rental	427,197	250,130	177,067	0
	Nursing Home License	90,190	90,190		
	All other expenses	247,977	160,800	87,177	
25	Total functional expenses. Add lines 1 through 24f	15,525,087	10,964,314	4,560,773	0
26	Joint Costs. Check Tif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		,,	.,	

Part X	Balance	Sheet

					(A) Beginning of year		(E End o	
	1	Cash—non-interest-bearing			1,416,542			2,912,141
	2	Savings and temporary cash investments			59,963	2		61,488
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			2,330,452	4		2,082,193
	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 Section 4958(c)(3)(B)	ction 4	1958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		796,184
	8	Inventories for sale or use			254,296	8		195,107
22	9	Prepaid expenses and deferred charges			28,605	9		25,899
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	5,976,05	4			
⋖	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10a 10b	4,284,90	7	100		1,691,147
	11	Investments—publicly traded securities	100	,, ,,,,,		11		.,,,,,,,,,
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII d	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line IV,		13				
	14	Intangible assets				14		
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule	408,113			19,050		
	16	D Total assets. Add lines 1 through 15 (must equal line 34)			6,475,876	-		7,783,209
	17	Accounts payable and accrued expenses .			10,318,692			3,832,870
	18	Grants payable	10,510,632	18	'			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities				20		
S.	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						
<u>.e</u>		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			56,659	23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			53,070	25		62,833
	26	Total liabilities. Add lines 17 through 25			10,428,421	26	1	3,895,703
		Organizations that follow SFAS 117, check here ▶ and comp through 29, and lines 33 and 34.	lete lin	es 27				
3nc	27	Unrestricted net assets			-3,952,545	27	-	-6,112,494
Balance	28	Temporarily restricted net assets				28		
핕	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ an lines 30 through 34.	d comp	lete				
0	30	Capital stock or trust principal, or current funds				30		
Ą,	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fu		- •		32		
Net /	33	Total net assets or fund balances			-3,952,545			-6,112,494
ž —	34	Total liabilities and net assets/fund balances			6,475,876	\vdash		7,783,209
Da	rt XI	Financial Statements and Reporting						
1-6	Lt VI	i mancial statements and kepoliting					Yes	No

Dart YT	Financial	Statements	and Reporting

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	b Were the organization's financial statements audited by an independent accountant?			
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: 93493137040390

Employer identification number

OMB No 1545-0047

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

Hickm	an Com	nmunity Health	Services Inc							_		
В-		D	fan Dalalia C	harita Ctataa (ta ha aa		II			1737573			
	rt I			harity Status (to be con					mstruct	ions)		
	/igaili/	ization is not a private foundation because it is (Please check only one organization)										
1	<u>'</u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
2	<u> </u>					•			••• (• • • •			
3	<u> </u>	•	·	e hospital service organizati			-				•	
4	ı		-	zation operated in conjuncti	on with a h	nospital de	escribed ii	n Section	170(Б)(1)	(A)(III). ⊨	nter the	
_	_	•	name, city, and									
5	ı			or the benefit of a college or	university	y owned o	r operated	by a gove	ernmental	unit desc	ribed in	
	_			(Complete Part II)								
6	<u> </u>	•	· -	overnment or governmental								
7	ı			ally receives a substantial p		upport fro	m a govei	rnmental ı	ınıt or fron	n the gene	ral public	
	_		-	o)(1)(A)(vi) (Complete Par	•							
8	<u> </u>		•	ped in Section 170(b)(1)(A)		•	-		•			
9	ı	-		ally receives (1) more than							· -	
		•		lated to its exempt functions	-		·		•			
			-	estment income and unrelate			,			k) from bu	sinesses	
	_		· •	on after June 30, 1975 See			•		•			
10	<u> </u>			and operated exclusively to								
11	J		•	and operated exclusively fo		, ,			,	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3). Check	
		a			Type III				d	Гтуре	III - Other	
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	ne or mor	e disquali	fied persons	
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (described	ın sectior	1509(a)(1) or	
		section 50		d	th. TDC		- T I	T				
f		check this		d a written determination fro	m the IKS	tnat it is	a Type I,	Type II o	r i ype iii	supportir	ig organization,	
g				as the organization accepted	d any gift o	or contribi	utıon from	any of the	!		•	
		following pe										
			•	r indirectly controls, either a		_	th persons	describe	d ın (ıı)		Yes No	
				ng body of the the supported	_	tion?				11g		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) at	oove?				11g(iii)	
h		Provide the	following inform	mation about the organizatio	ns the org	anızatıon	supports					
				T			I				T	
		ame of	(ii) EIN	(iii) Type of organization	(iv) I		l 1	ou notify	l	s the	(vii) A mount of	
		orted IIzation		(described on lines 1-9 above or IRC section	organiza col (i) l		_	inization i) of your		ation in rganized	support?	
	o i guii	Zutioii		(See Instructions))	your go			ort?		US?		
					docur	nent?	, .					
					Yes	No	Yes	No	Yes	No		
							1	I	1	1	1	

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, 100, 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

Software ID: Software Version:

EIN: 58-1737573

Name: Hickman Community Health Services Inc

Form 990, Part VII - Section Aaa										
		Posit	(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	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
Steve Gregory , President/Chairman	1 00	Х		Х				0	0	0
Neɪl Jobe , Secretary/Treasurer	1 00	X		Х				0	0	0
Clark Baker , Director	1 00	Х						0	0	0
James Bearden , Director	1 00	Х						0	0	0
Tom Blankenship , DIRECTOR (Sch O)	1 00	Х						0	260,550	18,817
William Coltharp , Director	1 00	Х						0	0	0
Seth Cooper MD , Director	1 00	Х						0	0	0
Michael Curb , Director	1 00	Х						0	0	0
Dana Dye , DIRECTOR	1 00	Х						0	0	0
Webb Earthman MD , Director	1 00	Х						0	0	0
Mary Falls Esq , Director	1 00	Х						0	0	0
Scott Jenkins , Director	1 00	Х						0	0	0
Sally Kıllıan , Dırector	1 00	Х						0	0	0
Tod Lambert , DIRECTOR (Sch O)	1 00	Х						0	355,489	27,178
Randy Laszewski , Director	1 00	Х						0	0	0
Sister Mary Frances , Loftin, D C - Director	1 00	Х						0	0	0
Patrick Madden , Director	1 00	Х						0	0	0
Bill McDonald , DIRECTOR	1 00	Х						0	0	0
Matt Murfree Esq , Director	1 00	Х						0	0	0
Wayne Qualls , DIRECTOR	1 00	Х						0	0	0
Sister Dinah White DC , Director	1 00	Х						0	0	0
Shirley Zeitlan , Director	1 00	Х						0	0	0
Dawn James , Chief Nursing Officer	40 00			Х				110,947	0	11,655
Marek Durakiewicz , physician	40 00					Х		275,780	0	18,914
Zachary Hutchens , Physician	40 00					Х		199,672	0	16,323
Elyas Safar , Physician	40 00					Х		205,457	0	17,813
John Thomas Sexton , Physician	40 00					Х		195,771	0	14,968
Thomas Thrush , Physician	40 00					Х		116,351	0	9,812

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

Hickman Community Healtcare Services, Inc. provides high quality acute care hospital services, intermediate care nursing home services, and physician services to the residents of Hickman County, Tennessee and the surrounding area. HCHS provided 1,412 days of acute inpatient care, 14,505 days of intermediate nursing care, 4,778 emergency room visits, 5,710 outpatient visits, and 20,921 physician clinic visits.

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

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

Employer identification number Name of the organization Hickman Community Health Services Inc 58-1737573 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

3						<u>r Similar Asse</u>	(
	Using the organization's accession and other records, chitems (check all that apply)	eck any of th	ne fol	owing that ar	e a significant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	е	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and Part XIV	d explain ho	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive do assets to be sold to raise funds rather than to be maintai						Yes	┌ No
Par	Trust, Escrow and Custodial Arrangem Part IV, line 9, or reported an amount on Fo				nızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?	ıntermedıary	for c	ontributions (or other assets I		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the follow	ng table						
						A mo	unt	
c	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, Par	rt X, line 21?				Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organ							
	(a)Current	Year (b)Prior '	Year (c)⊺w	o Years Back (d)	Three Years Back (e)Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f								
	Administrative expenses							
g	End of year balance							
g 2	·	e held as						
_	End of year balance	e held as						
2	End of year balance	e held as						
2 a	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment	e held as						
2 a b	End of year balance		that a	are held and a	administered for	the		
2 a b	End of year balance		that a	are held and a	administered for	the	Yes	No
2 a b	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the company to the		that a	are held and a	administered for	3a(i)		No
2 a b c 3a	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	organization			administered for	3a(i)		No
2 a b c 3a	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations If "Yes" to 3a(ii), are the related organizations listed as in	organization required on S	Sched	 	administered for	3a(i)		No No
2 a b c 3a b	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as II Describe in Part XIV the intended uses of the organizations	organization	ched	 ule R?		3a(i)		No No
2 a b c 3a b	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations If "Yes" to 3a(ii), are the related organizations listed as in	organization	Sched ent fu See F		art X, line 10.	3a(i)		No No
2 a b c 3a b	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as II Describe in Part XIV the intended uses of the organizations	organization	Schedent fu	 ule R?		3a(i)		No
2 a b c 3a b 4	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as II Describe in Part XIV the intended uses of the organization Investments—Land, Buildings, and Equations	organization	Schedent fu	ule R?	art X, line 10.	3a(i) 3b		ook value
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations If "Yes" to 3a(ii), are the related organizations listed as in Describe in Part XIV the intended uses of the organization To the possession of the organization in the possession of the organization by (ii) related organizations If "Yes" to 3a(ii), are the related organizations listed as in Describe in Part XIV the intended uses of the organization of Investment Description of investment	organization	Schedent fu	ule R?	art X, line 10. (b)Cost or other basis (other)	3a(i) 3a(ii) 3b (c) Depreciation		pok value
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations listed as in Describe in Part XIV the intended uses of the organization To violate to the intended uses of the organization of the organization of investment Description of investment	organization	Schedent fu	ule R?	art X, line 10. (b)Cost or other basis (other)	(c) Depreciation		15,326 1,064,168
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	organization	Schedent fu	ule R?	art X, line 10. (b)Cost or other basis (other) 15,326 2,503,558	(c) Depreciation 1,439,390 108,566		15,326 1,064,168 32,944
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations If "Yes" to 3a(ii), are the related organizations listed as in Describe in Part XIV the intended uses of the organization TVI Investments—Land, Buildings, and Equations Description of investment Land Land Land Land Land Land Land Leasehold improvements	organization	Schedent fu	ule R?	art X, line 10. (b)Cost or other basis (other) 15,326 2,503,558 141,510	(c) Depreciation 1,439,390 108,566		15,326 1,064,168

Part VII Investments—Other Securities.	See Form 990, Part X, line 1	2.
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 1.	2) 🕨	
Part VIII Investments—Program Related	I. See Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		oost of one or your market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 1.	3) F	
Part IX Other Assets. See Form 990, Part	X, line 15.	
(a) D	escription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B,	June 15	
Part X Other Liabilities. See Form 990, F		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Patient Trust Funds	18,750	
Self Insurance Liability	44,083	
Total. (Column (b) should equal Form 990, Part X, col (B) line 2.	5) • 62,833	

Par	XI Reconciliation of C	hange in Net Assets from For	m 990) to Finan	cial Statemer	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	13,558,731
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	15,525,087
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-1,966,356
4	Net unrealized gains (losses) o	n investments				4	
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	-193,593
9	Total adjustments (net) Add lir	nes 4 - 8				9	-193,593
10	Excess or (deficit) for the year	per financial statements Combine line	s 3 and	d 9		10	-2,159,949
Part	XIII Reconciliation of Re	evenue per Audited Financial	State	ments W	ith Revenue p	er Re	turn
1	Total revenue, gains, and othe	r support per audited financial stateme	ents .			1	
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	•	2a			
b	Donated services and use of fa	acılıtıes	.	2b			
C	Recoveries of prior year grants	s	.	2c			
d	Other (Describe in Part XIV)		[2d			
e	Add lines 2a through 2d .					2e	
3	Subtract line 2e from line 1 .					3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a			
b	Other (Describe in Part XIV)		. [4b			
c	Add lines 4a and 4b					4c	
5		d 4c. (This should equal Form 990, Par				5	
		xpenses per Audited Financia			Vith Expenses		Return
1		raudited financial statements				1	
2		it not on Form 990, Part IX, line 25		l 5- l			
a	Donated services and use of fa			2a		-	
b				2b		-	
C	Losses reported on Form 990,			2c		-	
d	Other (Describe in Part XIV)		•	2d		ا ہے ا	
e 2	Add lines 2a through 2d					2e 3	
3	Subtract line 2e from line 1 .					-	
4		0, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b		4a			
a	·	·		4a 4b		1	
b	Other (Describe in Part XIV) Add lines 4a and 4b		•	40		ا 🗚 ا	
C E		nd 4a (This should agual Form 000 Ba	• • • • • • • • • • • • • • • • • • • •			4c 5	
5 Par	t XIV Supplemental Inf	nd 4c. (This should equal Form 990, Pa formation	111 1, 111	ie 10) .] 3]	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI				art XIV,	lines 1b and 2b,
	Ident if ier	Return Reference			Explanati	ion	
Part X	I, Line 8 - O ther A djustments			ed Pension (ment -506		ther Ur	nrestricted Pension

Part XI, Line 8 - Other Adjustments	Deferred Pension Cost -142910 Other Unrestricted Pension Adjustment -50683
	 C

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137040390

OMB No 1545-0047

2008

Open to Public Inspection

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 Hickman Community Health Services Inc **Employer identification number**

58-1737573 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a 1a 1b 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 most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 200% Other **b** Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Зh
 □ 250%
 □ 300%
 □ 350%
 □ 400%
 □ 0ther
 %
 c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? 4 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a **b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5c **6a** Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public? 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting (e) Net community benefit activities or (c) Total community (f) Percent of served benefit expense total expense **Means-Tested Programs** programs revenue expense (optional) (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . .

h Research (from worksheet 7)
 i Cash and in-kind contributions to community groups (from worksheet 8) . . .
 j Total Other Benefits . . .
 k Total (line 7d and 7j)

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse 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)
Hickman Community Hospital 135 East Swan St	Х	Х			Х		Х		
Centerville, TN 370331417 Hickman Community Nursing Home 135 East Swan St Centerville, TN 370331417 Hickman Medical Clinic-Centerville 150 East Swan St									Intermediate Care Nursing Home
Centerville, TN 370331417 Hickman Medical Clinic-Lyles 5047 Highway 100									Rural Health Clinic

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137040390

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Compensation Information

2008

Open to Public Inspection

Name of the organization

Hickman Community Health Services Inc

Employer identification number

58-1737573

Pa	rt I Questions Regarding Compensatio	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 w provision of all the expenses described above? If "I	rritten policy regarding payment or reimbursement or No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide 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
b	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		Νo
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,"		7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			N.o.

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)(1)-(111) 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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Tom Blankenship	(ı) (ıı)	194,610	27,114	38,826		18,817	279,367	
Tod Lambert	(I) (II)	241,295	45,481	68,713	4,600	22,578	382,667	
Marek Durakiewicz	(I) (II)	257,904		17,876	4,600	14,314	294,694	
Zachary Hutchens	(I) (II)	181,440		18,232	3,963	12,360	215,995	
Elyas Safar	(I) (II)	189,879		15,578	4,195	13,618	223,270	
John Thomas Sexton	(I) (II)	182,170		13,601	3,693	11,275	210,739	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (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
-		
	·	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Supplemental Information to Form 990

DLN: 93493137040390 OMB No 1545-0047

Inspection

Name of the organization

SCHEDULE 0

Department of the Treasury

(Form 990)

Internal Revenue Service Hickman Community Health Services Inc

Return

Reference

Return

Identifier

Identifier

Form 990, Part

VI, Section A,

line 10

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number

58-1737573

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		Operational and financial management is provided by Millennium Medical Trust, Inc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The Hickman Community Hospital has a single corporate member, Baptist Health care Affiliates, Inc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Hickman Community Hospital has a single corporate member, Baptist Health care Affiliates, Inc , who has the ability to elect members to the governing body of the Hickman Community Hospital

Explanation

Management, including certain Officers, works diligently to complete the Form 990 and attached schedules in

a thorough manner Management presents the Form to the Board, or a designated committee, to review and

answer any questions Prior to filing the return, all Board Members are provided the Form 990 and

comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax

Explanation

management team members are available to answer any Board Members questions

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	w h Sail Hea nec org stra	decisions that have a material impact to Hickman Community Hospital financial information or corporation as a sole are subject to approval by its sole corporate member, Baptist Health care Affiliates, Inc (a member of the int Thomas Health Services Health Ministry) Ascension Health, the sole corporation member of Saint Thomas alth Services, has designed a system authority matrix which assigns authority for key decisions that are cessary in the operation of the system Specific areas that are identified in the authority matrix are new junizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, ategic & financial plans, assets, system policies & procedures. These areas are subject to certain levels of proval by Ascension per the system authority matrix.

<u> </u>		· · · · · · · · · · · · · · · · · · ·
ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to

exemption it must engage primarily in activities which accomplish its tax-exempt purpose

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section B, Ine 15		This question is more appropriately answered "not applicable" as Hickman Community Hospital does not compensate a CEO, Executive Director, or top management official. In determining compensation of other officers of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The executive committee reviewed and approved the compensation. In the review of the compensations, the other officers of the organization were compared to other organizations' employees in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the executive committee minutes.			

Form 990, Part VI, Section C, line 19		The organization will provide any documents open to public inspection upon request
Poturn		

Return Reference

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4a	COMMUNITY BENEFIT REPORT For the year ended June 30, 2009	his report illustrates the significant degree to which Hickman Community Healthcare Services continues to the positive health status of the community Healthcare Services continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and soosity as a whole. The goal of Heckman Community Healthcare Services so to perpetuate the health of midduals, families, and soosity as a whole. The goal of Heckman Community Healthcare Services is to perpetuate the health of midduals, families, and soosity as a whole. The goal of Heckman Community Healthcare Services is otherwish to goal through delivery of patient services, care to the elderly and indigent, and patient education and health awareness programs for the community. Our concern for all human life and dignity of each person leads the organization to provide medical services to all oppositions of the patient's race, creed, national organ, economic status, or ability to pay in order to portray the full breadth of our contribution, our community benefit information is described below. Organizational Commitment to Providing Community Benefit Hickman Community Healthcare Services services to Providing Community Benefit Hickman Community Healthcare Services services to Individuals with our evaluation and services and portions of the surrounding countes of Lewis, Perry, Humphreys, Meavy, and Dickson Hickman Community Healthcare Services has developed the following programs to help achieve the mission. Expanding Awareness, Education, and Health Promotion Hickman Community Healthcare Services has developed the following programs to help achieve the mission. Expanding Awareness, Education, and Health Promotion Hickman Community Healthcare Services believe that improve the programs throughout the year various wellness programs wice weekly on the local radio station, arcicles for the Hickman County Teach contributions to deutedate people regarding the types of behavior that improve the reference of the page of the page of th

approach to reporting quantifiable community benefit The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health. For fiscal year ended June 30, 2009 1) Care of the poor - at cost \$ 251,481 2) Government sponsored health care - net expense \$ 452,361 Unpaid cost of public indigent care programs (includes Medicaid, SCHIP, other safety net programs, does not include Medicare shortfall) 3) Community Benefit Programs - net expense \$ 42,802 Total quantifiable community benefit as determined in accordance with CHA reporting guidelines \$ 746,644 Supplemental information Bad debt \$1,429,003 Total quantifiable community

benefit, including bad debt and Medicare shortfall \$2,175,647

ldentifier	Return Reference	Explanation	
Form 990, Part VII, Section A		Tom Blankenship and Tod Lambert receive compensation from Saint Thomas Health Services, a related organization of Hickman Community Hospital. The compensation they receive is for their role at Saint Thomas Health Services, and not for their role as a director of Hickman Community Hospital.	

ldentifier	Return Reference	Explanation		
Form 990, Part VII, Section A		Baptist Health care Affiliates, Inc. (a member of the Saint Thomas Health Services Health Ministry) is the sole corporate member of Hickman Community Hospital. As a member of St. Thomas Health Services Health Ministry, St. Thomas Health Services retains reserved authority over certain activity of Hickman Community Hospital. Therefore, the Saint Thomas Health Services' board of directors is listed on Form 990, Part VII		

ldentifier	Return Reference	Explanation	
Form 990, Part XI, Line 2		The financial statements of Saint Thomas Health Services, which include the activity of Hickman Community Hospital, are subject to a specific scope audit	

DLN: 93493137040390

2008

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization Hickman Community Health Services Inc				Employer identification number	
		58-1737573			
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) ind-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt O	rganizations			_	
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) Direct controlling entity
See Additional Data Table					
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.	Cat No 5013	5Y		Schedule R (Form 990) 200

·		(C)		<u> </u>			(н)		(:	J)
(A) Name, address, and EIN of	(B) Primary activity	Legal domicile	(D) Direct controlling	(E) Predominant income(related,	(F) Share of total income	(G) Share of end-of-year assets	Disprop allocat	rtionate	Code V—UBI amount on	Gene mana	ral or aging
related organization		(state or foreign country)	entity	investment, unrelated)					Box 20 of K-1	part	ner
							Yes	No	-	Yes	No
Baptist Womens Health Center LLC dba the Center for Spinal Surgery											
2011 Murphy Avenue Nashville, TN37203 62-1772195	Owns and operates specialty hospital	TN	N/A								
Middle Tennessee Ambulatory Surgery Center LP	Onemtee sutrations										
	Operates outpatient surgery center	TN	N/A								
Middle Tennessee Imaging LLC											
400 N Highland Avenue Murfreesboro, TN37219 01-0570490	diagnostic imaging center	TN	N/A								
Murfereesboro Diagnostic Imaging LLC											
400 N Highland Avenue Murfreesboro, TN37219 20-0291952	diagnostic imaging center	TN	N/A								
Nashville Diagnostic Imaging LLC											
30 Burton Hills Blvd Ste 165 Nashville, TN37215	Inactive	TN	N/A								
STHS Sleep Center LLC											
618 Church Street Suite 520 Nashville, TN37219 20-3664894	operates a sleep center	TN	N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total Income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V	Transactions with Related Organizations
--------	---

Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV	,	Yes	N
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	.a		N
b Gift, grant, or capital contribution to other organization(s)	.b		N
c Gift, grant, or capital contribution from other organization(s)	.с `	Yes	
d Loans or loan guarantees to or for other organization(s)	.d		N
e Loans or loan guarantees by other organization(s)	.e		N
f Sale of assets to other organization(s)	.f		N
g Purchase of assets from other organization(s)	.g		N
h Exchange of assets	.h		N
i Lease of facilities, equipment, or other assets to other organization(s)	Li '	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	Lj `	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	.k		N
Performance of services or membership or fundraising solicitations by other organization(s)	LI		N
m Sharing of facilities, equipment, mailing lists, or other assets	.m		N
n Sharing of paid employees	.n		N
o Reimbursement paid to other organization for expenses	.о		N
p Reimbursement paid by other organization for expenses	р `	Yes	
q Other transfer of cash or property to other organization(s)	.q		N
r Other transfer of cash or property from other organization(s)	Lr		N
r Other transfer of cash or property from other organization(s)			_

2 I	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds									
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved							
(1)	Hickman Community Home Care	P	289,337							
(2)	Seton Corporation - Baptist Hospital Real Estate	J	67,850							
(3)	Saint Thomas Foundation	С	132,113							
(4)										
(5)										
(6)										

Part VI Unrelated Organizations Taxable as a Partnership

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

									_											
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			20 of K-1		r J										
			Yes	No		Yes	No		Yes	No										
			•	•		•		Cabadul	D / Form											

Software ID: Software Version:

EIN: 58-1737573

Name: Hickman Community Health Services Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related T	iax-Exempt Organiz	ations	1	1	1
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Ascension Health PO box 45998 St Louis, MO63134 31-1662309	national health system	мо	section 501(c)(3)	Schedule A, line 11a	N/A
Saint Thomas Health Services 4220 harding road Nashville, TN 37205 58-1716804	health system parent company	TN	section 501(c)(3)	schedule A, line 11c	Ascension Health
Baptist Health Care Affiliates Inc 2000 Church Street Nashville, TN37236 58-1509251	community health promotion	TN	section 501(c)(3)	Schedule A, line 11a	Seton Corporation
Baptist Healthcare Group 2000 Church Street Nashville, TN37236 62-1529858	healthcare provider	TN	section 501(c)(3)	Schedule A, line 3	Seton Corporation
Baptist Saint Thomas Home Care 2000 Church Street Nashville, TN 37236 51-0172298	home health care	TN	section 501(c)(3)	Schedule A, line 9	Seton Corporation
Covenant Care Inc 618 Church Street Suite 520 Nashville, TN 37 219	inactive	TN			
Hickman Community Home Care Inc 135 East Swan St Centerville, TN 37 0 3 3 62-18 3 6 9 3 7	Home Health Care	TN	section 501(c)(3)	Schedule A line 9	Hickman Community Health Care Services Inc
Middle Tennessee Medical Center Development Foundation 400 N Highland Avenue Murfreesboro, TN37219 62-1167917	foundation	TN	section 501(c)(3)	ISChadula A luna 11al	Middle Tennessee Medical Center Inc
Middle Tennessee Medical Center Inc 400 N Highland Avenue Murfreesboro, TN37219 62-0475842	hospital	TN	section 501(c)(3)		St Thomas Health Services
Saint Thomas Health Services Fund fka St Thomas Foundation 4220 Harding Road Nashville, TN 37 205 58-1663055	operates foundation	TN	section 501(c)(3)	Schedule A , line 7	Saint Thomas Network
Saint Thomas Network 4220 Harding Road Nashville, TN 37205 62-1284994	health investment entity	TN	section 501(c)(3)		St Thomas Health Services
Seton Corporation 4220 harding road Nashville, TN 37205 62-1869474	acute care hospital	TN	section 501(c)(3)		St Thomas Health Services
St Thomas Hospital 4220 Harding Road Nashville, TN37205 62-0347580	hospital	TN	section 501(c)(3)		St Thomas Health Services

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Form 990, Schedule R, Part IV - Iden	inication of K	elateu Organiza	Tions raxable as	a corporation ,	oi iiust	I	· '
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Mid-State Properties Inc 2000 Church Street Nashville, TN 37 236 62-1232018	pharmacy	TN	N/A	С			
Sova Inc 102 Woodmont Blvd Suite 700 Nashville, TN 37 205 26-1319638	health services	TN	N/A	С			
Vincentian Ventures Inc 4220 Harding Road Nashville, TN 37205 62-1331896	health services	TN	N/A	С			
MANACO MANAGEMENT SERVICES INC 400 NORTH HIGHLAND AVENUE Murfreesboro, TN37130 62-1718479	health services	TN	N/A	С			
ST THOMAS MEDICAL CLINIC 4220 Harding Road Nashville, TN 37205 62-1583605	health services	TN	N/A	С			
BAPTIST HEALTH CARE VENTURES INC 2000 Church Street Nashville, TN 37 236 62-0469214	holding company	TN	N/A	С			
MIDDLE TENNESSEE NETWORK INC 2000 Church Street Nashville, TN 37236 62-1570989	health services	TN	N/A	С			
HEALTH NET RESERVE INC 44 VANTAGE WAY SUITE 300 Nashville, TN 37 202 62-1540604	health management	TN	N/A	С			