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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Inspection

A Fo	r the 2	2008 ca	lendar yea	ır, or tax year beginning 07-01-2008	and ending 06-30-200	9		
	eck ıf ap			C Name of organization			D Employer ide	entification number
_	dress cha		Please use IRS	WELLMONT HEALTH SYSTEM			62-163646	5
_	me chan	-	label or print or	Doing Business As		E Telephone nu		
_		-	type. See				(423) 230-	8200
Ind —	tial returi	'n	Specific Instruc-	Number and street (or P O box if mail is 1905 AMERICAN WAY	not delivered to street addre	ss) Room/su	ute	ts \$ 675,357,792
Tei	mınatıor	n	tions.	1903 AMERICAN WAT	·	, , ,		
- Am	ended r	eturn		City or town, state or country, and ZIP +	4			
– Apı	plication	pending		KINGSPORT, TN 37660				
			F Nar	ne and address of Principal Officer		W/a\ T-		. f
				JOUGAN		1	this a group return iliates?	⊤Yes ∨ No
				AMERICAN WAY				
. To	v-ovomi	nt status		PORT,TN 37660)(3) ◀ (insert no)		1 ' '	e all affiliates include	•
L la	x-exem	pt status	J♥ 501(C) (3) ¬ (Insert no) 4947(a)(1) or	527	1 .		See instructions)
W	eb site	: ► WW	/W WELLM	ONT ORG		H(c) G	roup Exemption Nu	mber 🟲
_			_			1.	1	
∢ Тур	e of orga	anızatıon	✓ Corporat	tion trust association other F		L Year of	Formation 1996 M	State of legal domicile TN
Pa	rt I	Sum	mary					
	1	Briefly	describe th	e organization's mission or most sig	nıfıcant actıvıtıes			
υ		WE DEL	IVER HEA	LTH CARE WITH COMPASSION				
<u>ੂ</u>								
<u> </u>								
soveniance s	2	Check t	his box 🦵	ıf the organization discontinued its o	perations or disposed o	f more than	n 25% of its asset	s
5	3	Number	of voting r	members of the governing body (Part	:VI, line 1a)		. 3_	13
ő ۵	4	Number	of indeper	ndent voting members of the governi	ng body (Part VI, line 1	o)	4 _	9
ŭ	5	Total nu	umber of er	nployees (Part V, line 2a)			5	7,203
ACUMINES &	6	Total nu	umber of vo	olunteers (estimate if necessary) .	6	635		
ŧ				ted business revenue from Part VIII		- 7a	3,038,310	
				iness taxable income from Form 990			- 7b	0
					,	-	Prior Year	Current Year
	8	Contri	hutions and	d grants (Part VIII, line 1h)		-	1,650,543	3,318,056
ē	9			revenue (Part VIII, line 2g)			641,874,803	610,908,730
Revenu	10			me (Part VIII, column (A), lines 3, 4		35,827,471	4,870,083	
Æ	11			Part VIII, column (A), lines 5, 6d, 8c		17,734,041	7,078,908	
	12		•	dd lines 8 through 11 (must equal Pa			17,734,041	7,078,908
	12	12)	evenue—a	dd imes o tinodgii 11 (must equai i a	art v III, column (A), mi		697,086,858	626,175,777
	13	Grants	and simila	ar amounts paid (Part IX, column (A)), lines 1-3)		51,586,943	1,553,071
	14	Benefi	ts paid to c	or for members (Part IX, column (A),	line 4)		0	0
	15	Saları	es, other co	ompensation, employee benefits (Pai	rt IX, column (A), lines	5 –		
8		10)	,				242,921,818	274,246,851
Expenses	16a	Profes	sıonal fund	Iraısıng fees (Part IX, column (A), lın	ne 11e)		0	0
ੜ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 0)			
_	17	Other	expenses	(Part IX, column (A), lines 11a-11d	, 11f-24f)		358,591,868	348,254,463
	18	Total	expenses—	-add lines 13–17 (must equal Part I)	X, line 25, column (A))		653,100,629	624,054,385
	19	Reven	ue less exp	penses Subtract line 18 from line 12	2		43,986,229	2,121,392
<u>8 %</u>						Begi	nning of Year	End of Year
net Assets of Fund Bafances	20	Total	assets (Pai	rt X, line 16)			910,053,115	877,490,702
37.78			,	,			, ,	<u> </u>
32	21			Part X, line 26)			581,808,135	626,969,469
_	22			nd balances Subtract line 21 from lir	ne 20		328,244,980	250,521,233
Pai	rt II		ature Bl					
				erjury, I declare that I have examined this re correct, and complete Declaration of prepare				
Plea	ise	****			. (1	• •	o
Sigr			ature of office	er)10-05-14 ate	
Here	е	L TOD	D 1 DOLICAN	CENTOD VD OF ETNANCE				
			e or print nam	SENIOR VP OF FINANCE ne and title				
	Ι] F		T	Date	Check If	Preparer's PTIN	(See Gen Inst \
.		Preparer signature				self-		(ace dell flist)
Paid	[empolyed 🕨	J _	
	arer's		ame (or your nployed),	s KPMG LLP			EIN Þ	
Jse (Only		and ZIP + 4	401 COMMERCE STREET SUITE 1000			_	
				NASHVILLE, TN 37219			Phone no 🕨 (6	515) 244-1602
/lav	the IDS	. die cire	e this retu	urn with the preparer shown above? (9	Eas instructions \		ı	Vas ENO

Cat No 11282Y

Dart III	Statement of Drogram	Service Accomplishe	ents (See the instructions.)
12:11	Statement of Program	Service Accombisin	Terris (See the instructions.

1	Briefly describe the organization				
2		90-EZ?	rogram services during the year w		┌ Yes ┌ No
3	Did the organization cea services? If "Yes," describe these		significant changes in how it cond · · · · · · · · · · · · ·	ucts any program • • • • • •	┌ Yes ┌ No
4	Describe the exempt pur Section 501(c)(3) and (4	rpose achievements for e 4) organizations and 494	each of the organization's three la 47(a)(1) trusts are required to rep or each program service reported	ort the amount of grants a	•
4a	communities' commitment to Tennessee, Southwest Virgin made 20,687 hospice visits, hospitals - Bristol Regional M County Hospital (Sneedville, Center (Pennington Gap, Va millions of dollars, we remail vision to deliver the best health care, educating our roverall, we returned more the patients and \$16,190,973 for count on us for their livelihood to support those endeavors regardless of their ability to toward a better, brighter, he System's hospitals treat all placare for indigent patients, we medicaid, TennCare and Chafrom TennCare, the shortfall system, in conjunction with underinsured or uninsured Pland Greene counties in Tenner financially unable to pay for Holston Valley Medical Center provides primary health care medical director of Healing For the health center, which statewide initiative to provid system to sign on as a Cove couldn't afford them Trainin our most precious resource initiatives include - Wellmon University's internship and reprogram Additionally, our howave of osteopathic medical Wellmont hospitals as they regional Medical Center rotations at Hawkins County physicians to our region - T in business administration at King College, the system su continuing education and tra a cost of approximately \$3,3 throughout the region - Anni physicians and staff and the Conference, open to Wellmod Cardiovascular Life Support, supports a nurse extern prog for new nurses, who are sup At a direct cost of \$309,293, organizations to help enhand College have partnered to e system supports the Virginia	a public trust. From Kingsport of superior health care for their in and Southeast Kentucky. It and we assisted in the birth of Medical Center (Bristol, Tenn.), Tenn.), Jenkins Community. Tenn. Ten	to Bristol, from Rogersville to Norton, the rectizens. We offer a vast array of medicin 2009, we provided services to 50,208 pt 2,229 babies. Wellmont is a Tennessee, Holston Valley Medical Center (Kingspo Hospital (Jenkins, Ky.), Mountain View Ration. But even as our service area span system. It is our mission to deliver supent with this mission, we have worked tow the health status of our communities and our region, including \$61,687,829 of co. We are mindful of our responsibilities as ignout our service area rely on us as a dinquality of life in our region. And we also indeed, it is our mission - to support the circ. Serving the Underserved Regardless or reconditions. Recognizing that some patinges and incurring cost of \$13,741,998. Act to mandated reductions in Medicare funds of providing care to these patients total for the Cure Tri-Citles, was able to funds of providing care to these patients total for the Cure Tri-Citles, was able to funds of providing care to these patients total for the Cure Tri-Citles, was able to funds of providing care to these patients total for the Cure Tri-Citles, was able to funds of providing care to the separation of misse without insurance coverage. Bristol Regional funds Dr. Arnold's our thought of the working poor. Wellmont Health System to the working poor. Wellmont Health System Foundation funded the purchase of sent Foundation funded the purchase of some Professionals Wellmont Health System supported the education and training publicities of the physician residents in the rial University's DeBusk College of Osteopext generation of doctors. The students, to obtain the purchase of sent foundations in Wellmont Health System physicians at tical Care Conference, open to Wellmont the community - Regular education for clinations. Advanced Trauma Life Support and Affiliated health care or trunities included. Southwest Virginia Entical Care Conference, open to Wellmont the community - Regular education for clinations and the communities of the community of the physician and a dir	al services and resources for tho patients in a bed, we had 423,4 and the content of the patients of the patie	susands of patients in Northeast 70 outpatient encounters, we en tax-exempt community based ital (Big Stone Gap, Va), Hancock Va) and Lee Regional Medical is reported in the hundreds of it to the people we serve. It is our access to quality, affordable ty of life in the areas we serve compensated care for other ranies. Seven thousand families it is our duty as a corporate citizen to care for those in need - is that will propel our communities that will propel our communities that the total services, Wellmont provided persons covered by Medicare, it and declining reimbursement initiatives include - Our health several hundred women who were only on the control of the control of the control of the composition of the control of the con
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services	s (Describe in Schedule	0)		
40	(Expenses \$		grants of \$) (Revenue \$)

Form **990** (2008)

art TV	Chec	klist of	f Required	Schedules
		RIISLO	ı ixcyuli cu	Julicadica

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		N o
	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		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		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? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
	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		N o
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 VI

Part IV Checklist of Required Schedules (Continued)

			1 63	140
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 IV	28a	Yes	
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
С	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
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	Yes	
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.	37	·	Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 416			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	36	163	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-		_
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
11	Gross income from members or shareholders			
	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

10

11

Yes

Νo

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

must describe in Schedule O the process, if any, the organization uses to review the Form 990 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

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
a	Enter the number of voting members of the governing body 1a 13			
b	Enter the number of voting members that are independent 1b 9			
!	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
1	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3	Yes	
•1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
;	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
,	Does the organization have members or stockholders?	6		Νo
a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
}	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
а	Does the organization have local chapters, branches, or affiliates?	9a		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	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	Yes	
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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		N o
		1 -00		1 110

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed TN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - own website 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

TODD DOUGAN 1905 AMERICAN WAY KINGSPORT,TN 37660 (423) 230-8512

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)	(E) 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)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) employee	Highest compensated	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
			-		-					
					_					
			1	\vdash	_					
				\vdash	\dashv					
1b Total			<u>. </u>	Ш.			>	7,715,894	317,202	806,851

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶19

			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 J 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	Yes			

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROBINS AND MORTON GROUP 5500 MARYLAND WAY SUITE 100 BRENTWOOD, TN 37027	CONTRACTORS	17,346,665
HOLSTON ANESTHESIA ASSOCIATION 135 W RAVINE STREET SUITE 5B KINGSPORT, TN 37662	MEDICAL SERVICES	6,529,459
HIGHLANDS PATHOLOGY CONSULTANTS PC 10368 WALLACE VALLEY 18 KINGSPORT, TN 37663	MEDICAL SERVICES	2,907,507
CARDIOVASCULAR ASSOCIATES 2050 MEADOWVIEW PARKWAY KINGSPORT, TN 37660	MEDICAL SERVICES	3,019,636
NE TENNESSEE EMERGENCY PHYSICIANS PO BOX 5778 KINGSPORT, TN 37663	MEDICAL SERVICES	2,502,962
2 Total number of independent contractors (including those in 1) who rec	. ,	5

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
	1a	Federated campa	ıgns 1a					, , 5. 5 & 1
ints	ь	Membership dues						
Contributions, gifts, grants and other similar amounts	С	Fundraising event	1b					
iits, irar	d	Related organizat	1c ions1d	3,043,277				
n g	e	Government grants (c		269,679				
ion: r sir	f	All other contributions	,	5,100		-		
bet Frei		sımılar amounts not ır						
a tr	g	Noncash contribu						
೧ ⊭	h	lines 1a-1f \$ Total (Add lines 1			3,318,056			
				Business Code				
anı	2a	NET PATIENT REVENU	JE	621,990	410,388,967	410,388,967		
ven	ь	PHARMACY REVENUE		621,990		188,566,377	2,293,717	
a. Ha	с	BLOOD REVENUE		621,990		8,620,812	, ,	
, MC	d	ADMINISTRATIVE REV	/ENUE	561,000	1,038,857	676,756	362,101	
Program Service Revenue	e							
jran	f	All other program	service revenue					
Proç	g	Total. Add lines 2 ► \$ 610,908,730	a-2f					
	3	Investment incom	ne (ıncludıng dıvıc	dends, interest				
		other sımılar amo	unts)		5,957,839		12,447	5,945,392
	4	Income from investm	ent of tax-exempt bo	ond proceeds	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	6,596,103					
	ь	Less rental expenses	2,775,915					
	С	Rental income or (loss)	3,820,188					
	d	Net rental income	e or (loss)		3,820,188		370,045	3,450,143
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	19,407,879	25,910,447				
		than inventory Less cost or	20,104,767	26,301,333				
	b	other basis and sales expenses	20,104,707	20,301,333				
	с	Gain or (loss)	-696,888	-390,886				
	d	Net gain or (loss)		. ▶	-1,087,756			-1,087,756
	8a	Gross income from	m fundraising					
Other Revenue		sof contributions re 1c) See Part IV, Attach Schedule G	line 18					
R.		\$15,000	a					
ther	ь	Less direct expe	L L	ng events	0			
ō	C			ing events	, and the second			
	9a	Gross income from activities See pa Complete Schedule exceeds \$15,000	rt IV , line 19 e <i>G if total</i>					
	ь	Less direct expe	nsesb					
	С	Net income or (los		activities	0			
	10a	Gross sales of inv	ventory less	P				
		returns and allowa						
	b	Less cost of good	L L					
	С	Net income or (lo		· · · · · · · · · · · · · · · · · · ·	0			
	11a	Miscellaneous R		Business Code 722,210	2,682,525			2,682,525
	ь	CAFETERIA/VEN		453,220				553,184
	С	MISCELLANEOU		900,099				23,011
	d	All other revenue						
	e	Total. Add lines 1						
	12	Total Revenue. A	dd lines 1h 2a 2	\$ 3,258,720 4 5 6d 7d	626,175,777	608,252,912	3,038,310	11,566,499
		8c, 9c, 10c, and 11e				,,	_,000,010	
								Form 990 (2008)

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		plete columns (
Do r	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	1,548,421	1,548,421		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,650	4,650		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	·		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,587,519		4,587,519	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	198,813,069	196,330,852		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,992,268	19,837,413	154,855	
9	Other employee benefits	36,055,058	35,688,985	366,073	
10	Payroll taxes	14,798,937	14,471,351	327,586	
11	Fees for services (non-employees)				
а	Management	890,958		890,958	
b	Legal	906,938	619,390	287,548	
c	Accounting	7,671,706	7,664,463	7,243	
d	Lobbying	32,000	28,209	3,791	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	206,697	206,697		
g	Other	69,498,000	66,134,052	3,363,948	
12	Advertising and promotion	1,773,813	1,751,532	22,281	
13	Office expenses	128,182,907	126,665,894	1,517,013	
14	Information technology	6,940,601	6,940,601		
15	Royalties	0			
16	Occupancy	18,000,039	17,623,814	376,225	
17	Travel	1,482,421	1,209,743	272,678	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	60,236	57,397	2,839	
20	Interest	15,665,472	15,665,429	43	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	39,265,301	37,302,036	1,963,265	
23 24	Insurance	4,473,729	4,473,729		
	total expenses shown on line 25 below)				
а	PROVISION FOR BAD DEBTS	47,388,211	47,332,071	56,140	
b	PHYSICIAN RECRUITMENT	3,558,911	1,144,165	2,414,746	
c	DUES AND MEMBERSHIPS	801,239	332,978	468,261	
d	MISCELLANEOUS EXPENSE	556,427	331,540	224,887	
е	BOOKS AND PUBLICATIONS	379,497	349,697	29,800	
f	All other expenses	519,360	487,839	31,521	
25	Total functional expenses. Add lines 1 through 24f	624,054,385	604,202,948	19,851,437	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				15,595,288	1	57,660,480
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net				97,080,535	4	92,122,111
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			loyees or		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net			7			
	8	Inventories for sale or use				13,948,930	8	13,954,244
92	9	Prepaid expenses and deferred charges				3,601,091	9	4,363,804
ssets	10a	Land, buildings, and equipment cost basis	10a	ı	813,172,086			
⋖		Land Committee de de manage la Committee Commi	IUa		013,172,000	-		
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		393,873,418	384,465,950	10c	419,298,668
	11	Investments—publicly traded securities		٠.	•	357,064,038	11	247,801,678
	12	Investments—other securities See Part IV, line 11 <i>Complete F Schedule D</i>	Part VI.	I of			12	
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.		22,746,202	13	32,557,713		
	14	Intangible assets		6,318,957	14	4,778,521		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		9,232,124	15	4,953,483		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				910,053,115	16	877,490,702
	17	Accounts payable and accrued expenses .				65,246,554	17	64,424,711
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities	•			461,360,000	20	454,290,000
<u>, o</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ï		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third partie	s .				23	
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D	55,201,581	25	108,254,758			
	26	Total liabilities. Add lines 17 through 25				581,808,135	26	626,969,469
S e S		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plete l	ines	27			
Balance	27	Unrestricted net assets				328,244,980	27	250,521,233
<u>8</u>	28	Temporarily restricted net assets					28	
귤	29	Permanently restricted net assets			29			
or Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	e					
	30	Capital stock or trust principal, or current funds	•				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
As	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances		328,244,980	33	250,521,233		
_	34	Total liabilities and net assets/fund balances				910,053,115	34	877,490,702
		Financial Chatamanta and Bassa Co.						
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

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As Filed Data -

DLN: 93493134043270

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization WELLMONT HEALTH SYSTEM

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

								62	-163646	5		
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The c	rganız	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon 🤅)				
1	Γ	A church, o	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	Γ	A school d	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	<u>~</u>	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Γ	A medical	research organi	ızatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	į
		hospital's name, city, and state										
5	\sqcap	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	\sqcap	A federal, s	state, or local g	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	\sqcap	An organiz	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral pub	lıc
		describedi	n Section 170(l	b)(1)(A)(vi) (Complete Par	tII)							
8	\sqcap	A commun	ıty trust descrit	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiz	ation that norm	ally receives (1) more than	3 3 1/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gi	ross
		receipts fro	om activities re	lated to its exempt functions	s — s ub je c t	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesse	s
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (S	ee instruc	tions)	
11	Γ	Anorganiz	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to d	arry out t	he purp	oses of
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h a										
e	\vdash		• •	rtify that the organization is	, ,			•				
_	'	•	- '	agers and other than one or			•				-	
		section 50	9(a)(2)									
f				d a written determination fro	om the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng orgar	iization,
g		check this		as the organization accepte	d any dift	or contrib	ution from	any of the	,			ı
9		following pe		as the organization decepte	a any gne	or continu		any or the				
		(i) a perso	n who directly o	r indirectly controls, either	alone or to	gether wi	th persons	describe	d ın (ıı)		Ye	s No
		and (III) be	low, the govern	ing body of the the supported	d organıza	tion?				11g	(i)	Νo
		(ii) a famıly	y member of a p	erson described in (i) above	?					11g((ii)	Νο
		(iii) a 35%	controlled enti	ity of a person described in ((ı) or (ıı) a	bove?				11g(iii)	Νο
h		Provide the	following infori	mation about the organizatio	ns the org	ganızatıon	supports					
	• •	ame of	(ii) EIN	(iii) Type of organization	1	s the		ou notify		s the	1	mount of
		orted		(described on lines 1 - 9	1 7	ation in		inization	I . ~	ation in	sup	port?
	Organ	ıızatıon		above or IRC section (See Instructions))	1	listed in verning	-	i) of your port?		organized US?		
				(000 1,)		ment?		,,,,,	""			
					Yes	No	Yes	No	Yes	No	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, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant 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: 62-1636465

Name: WELLMONT HEALTH SYSTEM

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec)				(E)	(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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
JEFF BYRD , SECRETARY	6 0	Х						0	0	0	
PETER GALE MD , BOARD MEMBER	6 0	Х						0	0	0	
TC GREENE MD , BOARD MEMBER	6 0	Х						0	0	0	
E WAYNE KIRK , TREASURER/ASSISTANT SECRETARY	6 0	Х						6,099	0	0	
THOMAS S PUGH MD , Board Member	6 0	Х						0	0	0	
SPENCER QUESENBERRY, BOARD MEMBER	6 0	Х						8,152	0	0	
FIELDING ROLSTON , BOARD MEMBER	6 0	Х						0	0	0	
ARTHUR T SCOTT , BOARD MEMBER	6 0	Х						5,051	0	0	
LEE SHILLITO , BOARD MEMBER	6 0	Х						0	0	0	
DAVID THOMPSON MD , BOARD MEMBER	6 0	Х						343,610	0	24,519	
RAVEN KRICKBAUM , BOARD MEMBER	6 0	Х						0	0	0	
ROGER MOWEN , CHAIRMAN	6 0	Х						0	0	0	
SKIP SKINNER , BOARD MEMBER	6 0	Х						0	0	0	
RICHARD SALLUZZO , PRESIDENT & CEO (RES 7/11/08)	40 0			х				393,101	0	33,547	
CHRISTOPHER D KNIGHT , EXEC VP & CFO (RES 12/19/08)	40 0			х				344,278	0	43,421	
HAMLIN WILSON , SR VP OF HUMAN RESOURCES (WHS)	40 0			х				265,055	0	27,127	
GARY D MILLER , SR VP LEGAL AFFAIRS (WHS)	40 0			х				209,294	0	34,210	
PATRICK KANE , SR VP MARKETING & COMM (WHS)	40 0			х				248,124	0	34,830	
TODD J DOUGAN , SR VP FINANCE (WHS)	40 0			Х				209,309	0	34,877	
MICHAEL SNOW, PRESIDENT & CEO (WHS)	40 0			х				426,000	0	0	
TRUMAN ESMOND , INTERIM CFO (RES 3/31/09)	40 0			х				66,000	0	0	
MIKE BUNDY , SR VP OF OPERATIONS (WHS)	40 0			Х				258,178		,	
RON PREWITT , PRESIDENT (LRMC)	400				X			281,854	0	,	
STEVEN COMBS MD , PRESIDENT (WPS)	400				X			0	317,202	18,681	
BLAINE DOUGLAS , PRESIDENT (HVMC)	40 0				x			368,391	0	44,081	
BARTHOLEMEW A HOVE , PRESIDENT (BRMC)	40 0				х			353,917	0	,	
ROBERT POLAHAR , PRESIDENT (LPH)	400				Х			178,929	0	33,375	
DAVID L BRASH , REGIONAL VP-VA DIVISION	40 0				x			248,548	0	38,150	
JORGE LODEIRO MD , PHYSICIAN	400					Х		829,354		·	
ROBERT HARRIS MD , PHYSICIAN	400					X		727,733	0	67,717	

Form 990, Part VII - Section Aaa

TOTAL DECOME THE	•									
		Posit	(C tion (hat a	ched)				(E)	(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
EDWIN A MCELROY MD , PHYSICIAN	40 0					Х		672,883	0	65,641
MALCOLM R MATTHEWS MD , PHYSICIAN	40 0					х		635,742	0	62,075
A SHEESH SHIPSTONE MD , PHYSICIAN	40 0					х		636,292	0	63,279

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Pr zations_complete Part III	oxy Tax)		
Na	ime of the organization			Employer ider	ntification number
				62-1636465	
Par		by all organizations exempt of the exempt of		n 501(c) and section	527
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaign act	ivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	To be completed b for Schedule C for d	oy all organizations exempt etails.)	under sectio	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	-7	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		y all organizations exempt sfor Schedule C for details.)	under sectio	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aid from the filing to a separate po	g organization's own interna Olitical organization, such a	l funds or were s a separate
	(a) Name	(b) A ddress	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			1		1

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

١.	Check	7	ıf the filing organization belongs to an affiliated group 🥦

В	Check	if the filing organization checked box A and "limited control" provisions ap	ply

		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	68,925	68,925
c	Total lobbying expenditures (add line	es 1a and 1b)	68,925	68,925
d	Other exempt purpose expenditures		656,513,086	686,016,688
е	Total exempt purpose expenditures	(add lines 1c and 1d)	656,582,011	686,085,613
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		1,000,000	1,000,000
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a Enter -	0- If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organization file Forn	n 4720 reporting	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expend	litures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_с	Total lobbying expenditures	120,186	193,609	91,230	68,925	473,950
_d	Grassroots non-taxable amount	250,000	250,000	250,000	2,500,000	3,250,000
e 	Grassroots ceiling amount (150% of line d, column (e))					4,875,000
f	Grassroots lobbying expenditures					

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

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 WELLMONT HEALTH SYSTEM 62-1636465 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, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D Schedule D (Form 990) 2008

1311 Organizations Maintaining Collections of Art	:, His	toric	cal Treas	<u>ures, or Othe</u>	r Similar A	ssets	(continue
Using the organization's accession and other records, check an items (check all that apply)	y of th	e foll	owing that a	re a sıgnıfıcant u	se of its collec	tion	
Public exhibition	d	Γ	Loan or exc	change programs			
Scholarly research	e	Γ	Other				
Preservation for future generations							
Provide a description of the organization's collections and expla Part XIV	ın how	they	further the	organization's ex	empt purpose	ın	
During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as		,			nılar	┌ Yes	┌ No
rt IV Trust, Escrow and Custodial Arrangements.				anızatıon answ	ered "Yes" to	Form	990,
Part IV, line 9, or reported an amount on Form 99							
Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	ediary	for co	ontributions	or other assets i	not	☐ Yes	☐ No
If "Yes," explain why in Part XIV and complete the following tab	le						
					Α	mount	
Beginning balance				1c			
Additions during the year				1d			
Distributions during the year				1e			
Ending balance				1f			
Did the organization include an amount on Form 990, Part X, lin	e 21?					┌ Yes	┌ No
If "Yes," explain the arrangement in Part XIV							
art V Endowment Funds. Complete if the organization							
(a)Current Year	(b)	Prior Y	ear (c) T	wo Years Back (d)	Three Years Back	(e)Fou	r Years Bac
Beginning of year balance							
Contributions							
Investment earnings or losses							
Grants or scholarships							
Other expenditures for facilities and programs							
Administrative expenses							
End of year balance							
Provide the estimated percentage of the year end balance held a	a.c						
	a 5						
Board designated or quasi-endowment 🕨							
Permanent endowment 🕨							
Term endowment ▶							
Are there endowment funds not in the possession of the organiz organization by	ation t	hat a	re held and	administered for	the	Ye	s No
(i) unrelated organizations					3a	(i)	1.0
(ii) related organizations					3a	(ii)	
If "Yes" to 3a(II), are the related organizations listed as require	d on S	ched	ule R? .		3	ь	İ
Describe in Part XIV the intended uses of the organization's end	dowme	nt fu	nds				
rt VI Investments—Land, Buildings, and Equipme	nt. S	ee Fo	orm 990, F	Part X, line 10.			
Description of investment			ost or other (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d)	Book value
Land			107,181	36,154,449			36,261,63
Buildings	. [447,744,422	172,051,60	1	275,692,82
Leasehold improvements	. [1,605,367	251,51	.9	1,353,84
Equipment	.			291,332,346	202,256,14	.5	89,076,20
	F			36,228,321	19,314,15		16,914,16

419,298,668

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	<u>)</u> .	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method (Cost or end-of-y	of valuation ear market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶			
Down VIII Investments Dusques Polated Co	a Faura 000 Daut V lung 1	12	
Part VIII Investments—Program Related. Se		(c) Method	of valuation
(a) Description of investment type	(b) Book value		ear market value
INVESTMENT IS SUBSIDIARIES	32,557,713		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descr			(b) Book value
DEFERRED DEBT EXPENSE			4,823,995
OTHER ASSETS			129,488
	-		
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
POST RETIREMENT BENEFITS	5,652,973		
SWAP LIABILITY	10,250,200		
OTHER LONG-TERM LIABILITIES	23,833,860		
CAPITAL LEASE OBLIGATION	17,913,002		
OTHER CURRENT LIABILITIES	33,801,630		
DEFINED BENEFITS PENSION LIABILITY	6,708,591		
DUE TO/FROM RELATED PARTIES	10,094,502		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	108.254.758		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts 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 ${f 2e}$ from line ${f 1}$.			. 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			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	 <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		 	
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c	
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

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OMB No 1545-0047

2008

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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization
WELLMONT HEALTH SYSTEM

Employer identification number

62-1636465 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 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) . . Research (from worksheet 7) 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	y (d) D	ırect offsettı revenue		nıty	(f) Percent of total expense
1	Physical improvements and housing								
2	Economic development								
3	Community support								
4	, <u>, , , , , , , , , , , , , , , , , , </u>								
5	Leadership development and training for community members								
-6 7	Coalition building Community health improvement								
	advocacy								
<u>8</u> 9	Workforce development Other								
10	Total								
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	tices (Optional i	or 2008)				
	,	•							
	ion A. Bad Debt Expense								Yes No
1	Does the organization report by Statement No 15?			dance with Heathca	re Financia	l Manager 	nent Association	1	
2	Enter the amount of the organ			e (at cost)		2			
3	Enter the estimated amount o	_			•	3			
	attributable to patients eligible							-	
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								
5	Enter total revenue received f					5			
6	Enter Medicare allowable cost					. 6		-	
7 8							-		
	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	
	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? [Describe in	Part VI .		9b	
	(a) Name of entity (b) Description activity of			profit %	(d) Officers, directors trustees, or keep ownership % or stock ownership % or stock ownership%		1 ' '		
1									
2									
3							1		
4									
<u>.</u> 5							1		
_									
<u>6</u>									
7							1		
8									
9									
10									
11									
12									
13							1		
14									
		1					I	1	

Part V Facility Information (Required for 2008) Children's hospita ER-24 hours General medical & Teaching hospital Research facility Licensed hospital Critical access hospital Name and address Other (Describe) k eurgroat Bristol Regional Medical Center 1 Medical Park Blvd Χ Χ Χ Bristol, TN 37620 Holston Valley Medical Center 130 Ravine Road Χ Χ Χ Kingsport, TN 37660 Lonesome Pine Hospital 1990 Holton Avenue Х Х Big Stone Gap, VA 24219 Hancock County Hospital Х 1519 Main Street Χ Χ Sneedville, TN 37869 Takoma Regional Hospital 401 Takoma Avenue Х Х Joint Venture Greeneville, TN 37743 Jenkins Community Hospital PO Box 472 9480 Highway 805 Main Х Х Χ Jenkins, KY 41537 Mountain View Regional Medical Center Х 310 3rd Street NE Χ Norton, VA 24273 Lee Regional Medical Center PO Box 589 127 Health Care Drive Χ Pennington Gap, VA 24277

P	Part VI Supplemental Inform	ation (Optional for 2008)
Со	Complete this part to provide the following	ng information
1	1 Provide the description required for F	Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
_		
_		
_		
_		
_		
_		
_		
2	2 Needs Assessment. Describe how the	e organization assesses the health care needs of the communities it serves
_		
_		
3		ssistance. Describe how the organization informs and educates patients and persons who may be piblity for assistance under federal, state, or local government programs or under the organization's
_		
_		
4	constituents it serves	ne community the organization serves, taking into account the geographic area and demographic
_		
5	5 Community Building Activities. Desc of the communities the organization	ribe how the organization's community building activities, as reported in Part II, promote the health serves
_		
6		ant to describing how the organization's hospitals or other health care facilities further its exempt he community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7	7 If the organization is part of an affilia promoting the health of the communi	ted health care system, describe the respective roles of the organization and its affiliates in tes served
_		
_		
8	8 If applicable, identify all states with	which the organization, or a related organization, files a community benefit report

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493134043270

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public **Inspection**

Name of the organization	Employer ider	Employer identification number					
WELLMONT HEALTH SYSTEM						62-163646	5
Part I General Inform	nation on Gra	nts and Assistance	e			•	
Does the organization ma the selection criteria used Describe in Part IV the or	d to award the grain rganization's proce	nts or assistance? . . edures for monitoring th	ne use of grant funds ın t	he United States			
Form 990, Part I Part IV and Scho	V, line 21 for ar edule I-1 if addi	ny recipient that reco tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the of the office of	eived more than \$	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistanc	1
See Additional Data Table							
2 Enter total number of sec	tion 501(c)(3) and	l d government		l	1	l	
organizations							▶ 5

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

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

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

Ident if ier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS		ALL REQUESTS FOR CHARITABLE ASSISTANCE ARE REVIEWED BY THE SENIOR VICE PRESIDENT OF MARKETING COMMUNICATIONS THE REQUEST FOR GRANT FUNDS IS EVALUATED ON THE BASIS OF THE FOLLOWING ITEMS THE DEGREE TO WHICH THE REQUEST SUPPORTS THE WELLMONT HEALTH SYSTEM'S MISSION, REPRESENTATION OF WELLMONT HEALTH SYSTEM AS A GOOD CORPORATE CITIZEN, AND THE ANNUAL BUDGET THE SENIOR VICE PRESIDENT THEN MAKES A DETERMINATION OF APPROVAL FOR ALL REQUESTS AND THE PAYMENT IS SENT DIRECTLY TO ACCOUNTS PAYABLE FOR PAYMENT
1		
1		

Software ID: Software Version:

EIN: 62-1636465

Name: WELLMONT HEALTH SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

i orini 990,3cheddie 1, Fa	it II, Grants t	and Other Assistant	to dovernment.	3 and Organizatio	ns m the omted st		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY508 PRINCETON ROAD SUITE 102 JOHNSON CITY,TN 37601	78-0022753	501(C)(3)	14,350				RELAY FOR LIFE SPONSORSHIP
BARTER FOUNDATION INC STATE THEATRE OF VAPO BOX 867 ABINGDON, VA 24212	54-6000120	501(C)(3)	17,500				SEASONAL SPONSORSHIP
CITY OF KINGSPORT225 WEST CENTER ST KINGSPORT,TN 37660	62-6000323	GOVERNMENT	41,250				EDUCATION
DOBYNS-BENNETT HIGH SCHOOL1800 LEGION DRIVE KINGSPORT,TN 37664	62-6000323	GOVERNMENT	25,000				ATHLETIC SPONSORSHIP
JUNIOR LEAGUE OF KINGSPORT418 SHELBY STREET KINGSPORT,TN 37660	10-0161317	501(C)(3)	15,000				2008 HOLIDAY EXPO SPONSORSHIP
KINGSPORT AREA CHAMBER OF COMMERCE 151 E MAIN STREET KINGSPORT,TN 37660	62-0446834	501(C)(6)	31,400				KPT CHAMBER SPONSORSHIP
RHYTHM AND ROOTS REUNIONPO BOX 1927 BRISTOL,VA 24203	72-1526206	501(C)(6)	8,000				MUSIC FESTIVAL SPONSORSHIP
WELLMONT FOUNDATION 1905 AMERICAN WAY SUITE 102 KINGSPORT,TN 37660	58-1594191	501(C)(3)	15,000				CHARITABLE
YWCA106 STATE STREET BRISTOL,TN 37620	62-0488044	501(C)(3)	15,000				TRIBUTE TO WOMEN SPONSORSHIP
GREENE COUNTY YMCA 404 Y STREET GREENEVILLE,TN 37745	62-0809014	501(C)(3)	33,333				FIRST INSTALLMENT OF THREE YEAR PLEDGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization section grant cash valuation (book. non-cash or assistance ıf applicable assistance FMV, appraisal, or government assistance other) CHARTER MEDIA 43-1854210 N/A 11,454 FUNFEST PARADE SERVICESPO BOX 1379 SPONSORSHIP MURFREESBORO, TN 37133 KOMEN TRI-CITIES 84-1689067 50,000 501(C)(3) RACE FOR THE AFFILIATESPO BOX CURE 5853 SPONSORSHIP KINGSPORT, TN 37663 KOSBE151 EAST MAIN 58-1453565 501(C)(3) 7.500 SPONSORSHIP ST KINSGPORT, TN 37660 13-5613797 16,000 CHARITY BALL AMERICAN HEART & 501(C)(3) STROKE ASSOCIATION SPONSORSHIP 1101 NORTHCHAST **PKWY SUITE 102** MARIETTA, GA 30067 BRISTOL MOTOR 62-1016760 N/A 170,000 MEDICAL SPEEDWAYPO BOX 3966 PROVIDER FOR BRISTOL, TN 37625 SPEEDWAY EVENTS 7.500 TAKOMA REGIONAL 58-1594191 501(C)(3) **GOLF TOURNAMENT** HOSPITAL SPONSORSHIP FOUNDATION401 TAKOMA AVE GREENEVILLE, TN 37743 62-0534228 SYMPHONY OF THE 501(C)(3) 15,000 2008 HOLIDAY MOUNTAINS1200 E CONCERT **CENTER STREET** SPONSORSHIP BO X 13 KINGSPORT, TN 37660 501(C)(3) 5,100 TENNESSEE HIGH 62-1757051 ATHLETIC VIKING BOOSTER CLUB SPONSORSHIP PO BOX 3224 BRISTOL, TN 37625 MOUNTAIN EMPIRE 54-1025257 501(C)(3) 5,500 SPONSORSHIP OLDER CITIZENSPO BOX 888 BIG STONE GAP, VA 24219 GREATER KINGSPORT 58-1564232 501(C)(3) 15,000 ANNUAL CONTRIBUTION FAMILY YMCA1100 FRANKLIN SQUARE KINGSPORT, TN 37664

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant			(g) Description of non-cash assistance	(h) Purpose of grant	
APPALACHIAN MOUNTAIN PROJECT ACCESSPO BOX 973 JOHNSON CITY, TN 37605	26-2102040	501(C)(3)	34,000				HEALTH ACCESS PROJECT CONTRIBUTION	
BUCCANEER ATHLETIC SCHOLARSHIP ASSOCIATIONBOX 70707 JOHNSON CITY,TN 37614	23-7092731	N/A	23,000				ATHLETIC SPONSORSHIP	
KRESGES KREW FOUNDATIONPO BOX 1508 KINGSPORT,TN 37662	26-4549918	501(C)(3)	7,500				CHARITY GOLF TOURNAMENT SPONSORSHIP	
FRIENDS IN NEED HEALTH CENTER1105 WEST STONE DRIVE KINGSPORT,TN 37660	62-1541637	501(C)(3)	150,000	251,365	COST	DRUGS, SUPPLIES, ETC	ASSISTANCE FOR HEALTHCARE FOR UNINSURED	
HEALING HANDS HEALTH CENTER210 MEMORIAL DRIVE BRISTOL,TN 37620	62-1677000	501(C)(3)		74,003	COST	SUPPLIES, DIR FEES	ASSISTANCE FOR HEALTHCARE FOR UNINSURED	
TENNESSEE CENTER FOR NURSING545 MAINSTREAM DRIVE SUITE 406 NASHVILLE,TN 37728	62-1814030	501(C)(3)	25,000				NURSING LOAN FORGIVENESS PROGRAM	
NORTHEAST STATE TECH COLLEGE FOUNDATIONPO BOX 246 BLOUNTVILLE, TN 37617	62-1265326	501(C)(3)	150,000				NURSING SCHOLARSHIP	

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DLN: 93493134043270

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Open to Public Inspection

Name	of t	he o	rgan	izat io	n
WELLM	ONT I	HEALT	H SY	STEM	

Employer identification number

62-1636465

Рa	Questions Regarding Compensation	n					
					Yes	Νo	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		, ,				
	First class or charter travel	굣	Housing allowance or residence for personal use				
	Travel for companions	\vdash	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	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 "N			1b	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all the company of the	hat appl	y				
	Compensation committee	V					
	Independent compensation consultant Form 990 of other organizations	<u>ন</u>	Compensation survey or study Approval by the board or compensation committee				
	Form 990 of other organizations	1*	Approval by the board of compensation committee				
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a				
а	Receive a severance payment or change of control payment?					Νo	
b						Νo	
С	: Participate in, or receive payment from, an equity-based compensation arrangement?					Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III				
	501(c)(3) and 501(c)(4) organizations only must co	mplete	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," of			7		Νο	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		·	8		No	

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

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

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

(A) Name	(B) Breakdown of	f 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	
See Addıtıonal Data Table (i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(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
HOUSING ALLOWANCE	PART I, LINE	WELLMONT HEALTH SYSTEM OFFERED MIKE SNOW A HOUSING ALLOWANCE DURING THE FISCAL YEAR ENDED JUNE 30,2009 MIKE SNOW DID NOT RECEIVE A W-2 FROM WELLMONT HEALTH SYSTEM AS HIS COMPENSATION WAS PAID DIRECTLY BY WHELESS & ASSOCIATES EXECUTIVE SEARCH FIRM MIKE SNOW BECAME AN EMPLOYEE OF WELLMONT HEALTH SYSTEM BEGINNING APRIL 1, 2009 THE HOUSING ALLOWANCE PAID TO MIKE SNOW WAS INCLUDED IN HIS TAXABLE COMPENSATION
HEALTH OR SOCIAL CLUB DUES	PART I, LINE 1	DURING THE FISCAL YEAR ENDED JUNE 30,2009, WELLMONT HEALTH SYSTEM PROVIDED COUNTRY CLUB MEMBERSHIPS FOR BARTHOLEMEW HOVE, PATRICK KANE, AND MIKE SNOW IN ADDITION, WELLMONT HEALTH SYSTEM PROVIDES HEALTH CLUB MEMBERSHIPS FOR BLAINE DOUGLAS, STEPHEN COMBS MD, JORGE LODEIRO MD, MALCOLM R MATTHEWS MD THESE AMOUNTS ARE INCLUDED IN TAXABLE COMPENSATION
	PART II	DURING THE CURRENT FISCAL YEAR ENDED JUNE 30, 2009, MIKE SNOW AND TRUMAN ESMOND RECEIVED COMPENSATION FROM SEPARATE MANAGEMENT COMPANIES FOR THE SERVICES THEY RENDERED TO THE FILING ORGANIZTION, WELLMONT HEALTH SYSTEM FOR THE CALENDAR YEAR 2008, WELLMONT HEALTH SYSTEM ISSUED A FORM 1099 TO WHELESS AND ASSOCIATES (EIN 63-1240846) IN THE AMOUNT \$504,829 OF THIS AMOUNT, \$426,000 WAS PAID TO MIKE SNOW FOR THE SERVICES RENDERED TO WELLMONT HEALTH SYSTEM FOR THE CALENDAR YEAR 2008, WELLMONT HEALTH SYSTEM ISSUED A FORM 1099 TO TATUM (EIN 58-2361736) IN THE AMOUNT OF \$129,870 OF THIS AMOUNT, \$66,000 WAS PAID TO TRUMAN ESMOND FOR THE SERVICES RENDERED TO WELLMONT HEALTH SYSTEM
	<u> </u>	
	-	
	 	
	+	
	 	

Software ID: **Software Version:**

EIN: 62-1636465

Name: WELLMONT HEALTH SYSTEM

Form 990, Schedule J, Par	t II	[- Officers, Direct	ors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
RICHARD SALLUZZO	(ı) (ıı)	237,593 0	0	155,508 0	0	33,547 0	426,648 0	353,381 0
CHRISTOPHER D KNIGHT	(I) (II)	256,279 0	40,000 0	47,999 0	0	43,421 0	387,699 0	147,794 0
HAMLIN WILSON	(1) (11)	187,026 0	40,000	38,029 0	0	27,127 0	292,182 0	110,350 0
GARY D MILLER	(ı) (ıı)	155,833 0	20,000	33,461 0	0	1	243,504	93,623 0
RON PREWITT	(ı) (ıı)	196,724 0	35,000 0	50,130 0	0	41,443 0	323,297 0	116,954 0
DAVID THOMPSON MD	(ı) (ıı)	277,021 0	66,319 0	270 0	0	24,519 0	368,129 0	174,251 0
PATRICK KANE	(ı) (ıı)	154,707 0	40,000 0	53,417 0	0	34,830 0	282,954 0	101,362 0
STEVEN COMBS MD	(ı) (ıı)	0 236,994	0 35,000	0 45,208	0	0 18,681	0 335,883	0 129,838
TODD J DOUGAN	(ı) (ıı)	148,730 0	25,000 0	35,579 0	0	34,877 0	244,186 0	94,808 0
BLAINE DOUGLAS	(ı) (ıı)	275,751 0	40,000 0	52,640 0	0	44,081 0	412,472 0	164,775 0
BARTHOLEMEW A HOVE	(ı) (ıı)	254,368 0	40,000 0	59,549 0	0	42,654 0	396,571 0	157,775 0
ROBERT POLAHAR	(ı) (ıı)	135,818 0	20,000 0	23,111 0	0	33,375 0	212,304 0	80,756 0
DAVID L BRASH	(1) (11)	195,488 0	30,000 0	23,060 0	0	38,150 0	286,698 0	112,668 0
MICHAEL SNOW	(ı) (ıı)	426,000 0	0	0	0	0	426,000 0	0
TRUMAN ESMOND	(ı) (ıı)	66,000 0	0 0	0	0 0	0	66,000 0	0 0
MIKE BUNDY	(ı) (ıı)	174,430 0	25,000 0	· · · · · · · · · · · · · · · · · · ·		,	297,180 0	126,044 0
JORGE LODEIRO MD	(ı) (ıı)	683,701 0	119,972 0	25,681 0	0	58,222 0	887,576 0	430,007 0
ROBERT HARRIS MD	(ı) (ıı)	700,969 0	4,200 0	22,564 0	0	67,717 0	795,450 0	359,035 0
EDWIN A MCELROY MD	(ı) (ıı)	508,733 0	133,324 0	30,826 0	0	l '	738,524 0	368,567 0
MALCOLM R MATTHEWS MD	(ı) (ıı)	407,898 0	205,865 0	21,979 0	0	62,075 0	697,817 0	280,622 0
A SHEESH SHIPSTONE MD	(ı) (ıı)	405,271 0	207,059 0			l '	699,571	284,040 0

DLN: 93493134043270

OMB No 1545-0047

Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

WELLMONT HEALTH SYSTEM

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

Open to Public **Inspection** Employer identification number

62 1626465

VV	62-1636465													
P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	(d) Date Issued (e) Issue Price (f) Description of Pur		(f) Description of Purpose		(g) Defeased		(h) O n Behalf of Issuer			
											Yes	No	Yes	No
A	SULLIVAN COUNY TENNESSEE HEALTH EDL AND FACS 62-1256662 865292DC7			06-01-	2003	3,4		REFUND OF BONDS	PREVIOU	SLY ISSUED		×		×
В	SULLIVAN COUNY TENNESSEE HEALTH EDL AND FACS	62-1256662	865292DD5	06-01-	2003	2,8	865,000	REFUND OF PREVIOUSLY ISSUE				x		х
c	SULLIVAN COUNY TENNESSEE HEALTH EDL AND FACS	62-1256662	865292DE3	06-01-	2003	2,9		REFUND OF BONDS	PREVIOU	SLY ISSUED		×		х
D	SULLIVAN COUNY TENNESSEE HEALTH EDL AND FACS	62-1256662	865292DF0	06-01-	2003	3,1	105,000	REFUND OF BONDS	PREVIOU	SLY ISSUED		×		х
E	SULLIVAN COUNY TENNESSEE HEALTH EDL AND FACS	62-1256662	865293AC8	11-02-	2006	5,1		RENOVATION/CONS OF HOLSTON VALLEY				×		х
Pa	art II Proceeds (Optional for	2008)												
					A	ı	В	C D			D		E	
1	Total Proceeds of Issue													
	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasa	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fron													
7	Capital Expenditures from Procee	ds												
_ 8	Year of Substantial Completion				1	1	ı	1	ı			ĺ		
9	Were the bonds issued as part of a	a current refunding is	sue?	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	Is been made?												
Does the organization maintain adequate books and records to support the final allocation of proceeds?														
Pa	rt IIII Private Business Use	(Optional for 2008	:)											
				-	A		В		<u> </u>	D			E	
	Mar Haraman i			Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in a which owned property financed by		emper of an LLC,											
2	A re there any lease arrangements which may result in private busine	with respect to the f	inanced property											
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Cat No 501	193E			Sch	nedule K ((Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A		В		C		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493134043270

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization WELLMONT HEALTH SYSTEM

Employer identification number

						2-163					
Part I Excess Benefit Transac											
To be completed by organizati	ons that answered "Ye T	s" on F	orm 990, Part IV	, line	25a or 25b	o, or F	orm 9	90-EZ			
1 (a) Name of disqualifie	l person (b) Description			ion of transaction				ľ	(c) Corrected		
									\rightarrow	Yes	No
									\dashv		
									\dashv		
									\dashv		
									-+		
									\dashv		
2 5-4					d = 11						
2 Enter the amount of tax imposed on section 4958	-	agers or	· alsqualified pers		= -	earur 	naer F	s			
3 Enter the amount of tax, if any, on li				-				¢			
			e organization :	•		• •		Ψ			
Part II Loans to and/or From To be completed by organize			Form 990 Part	TV I	ine 26 or Fo	orm 9	90-F	7 Part	V lın	e 38a	
To be completed by organiza		1 0 01	11 01111 3 3 0 , 1 die	<u> I v , .</u>	1110 20, 01 1	11111 5	<u> </u>	(1		1	
(a) Name of interested person and	(b) Loan to or from the	(6)0	riginal principal			(e)		Appr	oved	1	
purpose	organization?	(6)0	amount	(d)E	Salance due	defa	ult?		ard or		ment?
	T.	_				Yes No		comm Yes		Yes	N _a
	To From					res	NO	res	No	Tes	No
									<u> </u>	+	
										+	
										+	
										+	
										+	
Total			. - s	<u> </u>				l .			1
Part IIII Grants or Assistance I	Benefittina Intere	sted	•			<u> </u>					
To be completed by orga				90,	Part IV, lın	ne 27					
(a) Name of interested person			en interested pe					nt or tu	no of	assista	nco
(a) Name of interested person	and	d the or	ganızatıon		(C)AIII	ount c	n yra	iit oi ty	<u>ре от</u>	assista	iiice
Device and Transportions	. T I		D								
Part IV Business Transactions To be completed by orga				an	Dart IV lin	na 28.	a 28	th or	28c		
To be completed by orga	(b) Relationshi		ies diritiin 3	50,	raitiv, iii	16 20	a, 20	, oi		(e) Sha	ring of
	between interest		(c) A mount of	F			_		- 1,	organiz	_
(a) Name of interested person	person and the		transaction		(d) Descr	rption	of tr	ansacti	on [reven	
	organization									Yes	No
QUESENBERRY'S INC	SPENCER		1,990,		CONSTRUC		N				Νo
	QUESENBERRY, >				CONTRAC				\longrightarrow		
HIGHLANDS PATHOLOGY CONSULTANTS PC	PETER GALE, >5%	6	2,146,	458	PATHOLOG	GY SE	RVIC	ES			Νo
TON SULTANTS FC		- 							\dashv		
	i										

DLN: 93493134043270

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008

OMB No 1545-0047

Open to Public Inspection

Name of the organization WELLMONT HEALTH SYSTEM

Employer identification number

62-1636465

ldentifier	Return Reference	Explanation
VOLUNTEER HOURS	FORM 990, PART I, LINE 6	WELLMONT HEALTH SYSTEM'S 635 VOLUNTEERS PROVIDED SERVICES WHICH INCLUDED ANSWERING TELEPHONES, GREETING AND ESCORTING PATIENTS/VISITORS, AND VARIOUS OTHER SERVICES THESE VOLUNTEERS ALSO INCLUDE CHAPLAIN SERVICES FOR THE HOSPITAL AND ARE AVAILABLE TWENTY-FOUR HOURS, SEVEN DAYS A WEEK TO PATIENTS, PATIENTS' FAMILIES AND EMPLOYEES

ldentifier	Return Reference	Explanation
DELEGATION OF MANAGEMENT DUTIES TO A MANAGEMENT COMPANY OR OTHER PERSON	PART VI, SECTION A, LINE 3	WELLMONT HEALTH SYSTEM HIRED WHELESS AND ASSOCIATES TO PERFORM AN EXECUTIVE SEARCH AND PLACE AN INTERIM CEO WITH WELLMONT HEALTH SYSTEM MIKE SNOW WAS PLACED BY WHELESS AND ASSOCIATES TO ACT AS INTERIM CEO AND WAS LATER HIRED BY WELLMONT HEALTH SYSTEM TO SERVE AS PRESIDENT AND CEO IN ADDITION, WELLMONT HEALTH SYSTEM HIRED TATUM, LLC TO PERFORM AN EXECUTIVE SEARCH IN ORDER TO PLACE AN INTERIM CFO TRUMAN ESMOND WAS PLACED BY TATUM, LLC TO ACT AS INTERIM CFO MR ESMOND DISCONTINUED HIS POSITION WITH WELLMONT HEALTH SYSTEM ON MARCH 31, 2009

ldentifier	Return Reference	Explanation
REVIEW OF 990	PART VI, SECTION A, LINE 10	Wellmont Health Systems form 990 is reviewed by the Wellmont Health System Board, Executive Vice President/CFO, Senior Vice President of Finance, and the Manager of Accounting for Wellmont Health System prior to filing ANY QUESTIONS/COMMENTS ARISING FROM THE INITIAL REVIEW ARE ADDRESSED TO ENSURE THE RETURN IS COMPLETE AND ACCURATE ANY CHANGES/CORRECTIONS ARE MADE AND THE RETURN IS THEN PROVIDED TO THE ABOVE INDIVIDUALS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12	Wellmont Health System has a conflict of interest policy. Annually, board members are provided the policy and given a disclosure form that is sent to general counsel for review and action. Wellmont also has a policy on business practices that discusses conflict of interest and informs the workforce to disclose any issues to the corporate compliance officer for resolution. Wellmont also uses a hotline that allows anonymous reporting of possible conflict of interest situations for investigation by the corporate compliance officer.

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW	PART VI, SECTION B, LINE 15A & B	The Wellmont Health System CEO and his direct reports compensation is reviewed, approved, and documented by the Wellmont Health System personnel committee and Board of Directors Corporate staff reporting directly to the Wellmont Health System CEO are listed below. Other officers/key employees of the organization have written employment contracts and compensation is based on surveys/studies and then approved by the Wellmont Health System CEO. Wellmont Health System CFO Christopher Knight (resigned 11/2008) Wellmont Health System Interim CFO Truman Esmond Wellmont Health System SR. V.P.OF. OPERATIONS Michael Bundy Wellmont Health System SR. V.P.OF HUMAN RESOURCES Hamlin Wilson. Wellmont Health System SR. V.P.OF LEGAL AFFAIRS Gary Miller Wellmont Health System CHIEF MEDICAL. OFFICER Dr. Dale Sargent Wellmont Health System SR. V.P.OF MARK. AND COMM. Patrick Kane WELLMONT HEALTH SYSTEM BOARD MEMBER/PHYSICIAN Dr. Stephen Combs Bristol Regional Medical Center CEO. Bartholomew. Hove Holston Valley Medical Center CEO. Blaine Douglas Lonesome Pine Hospital CEO. Robert Polahar Hancock County. Hospital CEO. Fred Pelle Mountain View. Regional Medical Center CEO. David Brash. Lee Regional Medical Center CEO. David Brash. Jenkins. Community. Hospital CEO. Sherrie. New comb.

ldentifier	Return Reference	Explanation
PARTICIPATION WITH JOINT VENTURES OR SIMILAR ARRANGEMENTS	PART VI, SECTION B, LINE 16	WELLMONT HEALTH SYSTEM DOES NOT HAVE A WRITTEN POLICY OR PROCEDURE REQUIRING THE ORGANIZATION TO EVALUATE ITS PARTICIPATION IN SUCH ARRANGEMENTS HOWEVER, WELLMONT HEALTH SYSTEM HAS TAKEN STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS THE WELLMONT HEALTH SYSTEM LEGAL DEPARTMENT REVIEWS ALL JOINT VENTURE RELATIONS AND DETERMINES IF THE RELATIONSHIP MEETS WELLMONT HEALTH SYSTEM'S EXEMPT PURPOSE IF THE RELATIONSHIP MEETS WELLMONT HEALTH SYSTEM'S EXEMPT PURPOSE, THE BOARD OF DIRECTORS WILL APPROVE THE RELATIONSHIP ANY ONGOING RELATIONSHIP IS THEN MONITORED AND REVIEWED DURING THE ANNUAL AUDIT OF THE CONSOLIDATED WELLMONT HEALTH SYSTEM CONSOLIDATED GROUP

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE	PART VI, SECTION C, LINE 19	THE WELLMONT HEALTH SYSTEM'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC WELLMONT HEALTH SYSTEM'S AUDITED FINANCIAL STATEMENTS AND QUARTERLY UNAUDITED FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE AS WELL AS THE CORPORATE OFFICE OF WELLMONT HEALTH SYSTEM FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION AT THE CORPORATE OFFICE OF WELLMONT HEALTH SYSTEM

ldentifier	Return Reference	Explanation
AUDIT OF FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2	WELLMONT HEALTH SYSTEM'S FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2009 WERE AUDITED AS PART OF WELLMONT HEALTH SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS

DLN: 93493134043270

OMB No 1545-0047

Open to Public . Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

(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.

Internal Revenue Service Name of the organization **Employer identification number** WELLMONT HEALTH SYSTEM 62-1636465 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) End-of-year assets	(F) Direct controlling entity
WELLMONT HEALTH MANAGEMENT SERVICES LLC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1825259	HEALTHCARE	TN	0	0	WHS

Part II Identification of Related Tax-Exempt Organizations

(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
Wellmont Hawkins Co Memorial Hospital 1905 American Way Kingsport, TN37660 62-1816368	Healthcare	TN	501 (c) (3)	3	NA
Wellmont Madison House 1905 American Way Kingsport, TN37660 62-1308216	Healthcare	TN	501 (c) (3)	9	WHS
Wellmont Imaging Services INC 1905 American Way Kingsport, TN37660 86-1103148	Healthcare	TN	501 (c) (3)	3	WHS
Wellmont Foundation 1905 American Way Kingsport, TN37660 58-1594191	Healthcare	TN	501 (c) (3)	7	WHS
Takoma Regional Hospital Inc 401 Takoma Avenue Greeneville, TN37743 51-0603966	Healthcare	TN	501 (c) (3)	3	WHS
For Demonstration And Nation and the Treatment of the Form 200		C-+ N- E012E)	,		C-l 000) 2000

Part III	Identification	of Related	Organizations	Taxable as a Pa	artnership
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				-							
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H Disprop allocat) rtionate ions?	(I) Code V—UBI amount on Box 20 of K-1	Gene man	J) eral or aging tner?
							Yes	No		Yes	No
Holston Valley Imaging Center 103 W STONE DR Kingsport, TN37660 20-2043285	Healthcare	TN	WELLMONT IMAG	RELATED	0	0		No			No
Sapling Grove Ambulatory Surgery Center 220 MEDICAL PARK BLVD BRISTOL, TN37620 20-4450153	Healthcare	TN	WHS	RELATED	263,419	4,264,983		No			No

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
WELLMONT INC 1905 American Way Kingsport, TN37660 62-1320035	Physician Svcs	TN	WHS	C Corp	-9,659,395	-37,710,621	100 %
MCOT Inc 1905 American Way Kingsport, TN37660 62-1325938	Medical Svcs	TN	Wellmont Inc	C Corp	0	0	
Medical Laundry of Tri-Cities Inc 1905 American Way Kingsport, TN37660 62-1482226	Medical Svcs	TN	Wellmont Inc	C Corp	0	0	
Medical Mall Pharmacy Inc 1905 American Way Kingsport, TN37660 62-1565006	Medical Svcs	TN	Wellmont Inc	С Согр	0	0	
Wellmont Physician Services Inc 1905 American Way Kingsport, TN37660 62-1567353	Physician Svcs	TN	Wellmont Inc	С Согр	0	0	
Wellmont Health Services Inc 1905 American Way Kingsport, TN37660 62-1254373	Healthcare	TN	Wellmont Inc	С Согр	0	0	
WPS Providers Inc 1905 American Way Kingsport, TN37660 20-5564642	Physician Svcs	TN	Wellmont Inc	C Corp	0	0	
						Schedule	e R (Form 990) 2008

Part V	Transactions with Related Organizations		
Note.	Complete line 1 if any entity is listed in Parts II, III or IV		Y
		-	_

1 During the tax year, did the orgranization engage i	n any of the following transactions with one or moi	re related organizations listed in Parts II-IV?
--	---	---

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

Gift, grant, or capital contribution from other organization(s) Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Sale of assets to other organization(s) Purchase of assets from other organization(s)	1c	Yes Yes Yes	No
Gift, grant, or capital contribution to other organization(s) Gift, grant, or capital contribution from other organization(s) Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Sale of assets to other organization(s) Purchase of assets from other organization(s) Exchange of assets	1b 1c 1d 1e	Yes	
Gift, grant, or capital contribution from other organization(s) Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Sale of assets to other organization(s) Purchase of assets from other organization(s) Exchange of assets	ic id ie	Yes	No
Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Sale of assets to other organization(s) Purchase of assets from other organization(s) Exchange of assets	1d 1e 1f		No
Loans or loan guarantees by other organization(s) Sale of assets to other organization(s) Purchase of assets from other organization(s) Exchange of assets	1e 1f	Yes	No
Sale of assets to other organization(s) Purchase of assets from other organization(s) Exchange of assets	1f		No
Purchase of assets from other organization(s) Exchange of assets			
Purchase of assets from other organization(s) Exchange of assets		$\neg \neg$	
Exchange of assets	lg		No
Exertainge of assets	$\overline{}$		No
ease of facilities, equipment, or other assets to other organization(s).	1h	Yes	
	1i	Yes	
ease of facilities, equipment, or other assets from other organization(s)	1j		No
Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
Performance of services or membership or fundraising solicitations by other organization(s)	1 I	Yes	
Sharing of facilities, equipment, mailing lists, or other assets	Lm	Yes	
Sharing of paid employees	1n	Yes	
Reimbursement paid to other organization for expenses	Го		No
Reimbursement paid by other organization for expenses	Ιp	Yes	
Other transfer of each or property to other erganization/s)	Ιq		No
other transfer of cash of property to other organization(s)	1r	Yes	
Reımbu	rransfer of cash or property to other organization(s)	Irsement paid by other organization for expenses transfer of cash or property to other organization(s)	Ip Yes Irransfer of cash or property to other organization(s)

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D (Farm	9907 2008

Software ID: Software Version:

EIN: 62-1636465

Name: WELLMONT HEALTH SYSTEM

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust
(A)
(B)
(C)
(C)
(F)
(F)

Name, address, and EIN of related organization	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
WELLMONT INC 1905 American Way Kingsport, TN37660 62-1320035	Physician Svcs	TN	WHS	C Corp	-9,659,395	-37,710,621	100 %
MCOT Inc 1905 American Way Kingsport, TN37660 62-1325938	Medical Svcs	TN	Wellmont Inc	C Corp	0	0	
Medical Laundry of Tri-Cities Inc 1905 American Way Kingsport, TN 37660 62-1482226	Medical Svcs	TN	Wellmont Inc	C Corp	0	0	
Medical Mall Pharmacy Inc 1905 American Way Kingsport, TN37660 62-1565006	Medical Svcs	TN	Wellmont Inc	C Corp	0	0	
Wellmont Physician Services Inc 1905 American Way Kingsport, TN37660 62-1567353	Physician Svcs	TN	Wellmont Inc	C Corp	0	0	
Wellmont Health Services Inc 1905 American Way Kingsport, TN37660 62-1254373	Healthcare	TN	Wellmont Inc	C Corp	0	0	
WPS Providers Inc 1905 American Way Kingsport, TN37660 20-5564642	Physician Svcs	TN	Wellmont Inc	C Corp	0	0	

Form 990, Schedule R, Part V - Transactions with Related Organi	zations
(A)	

(1)

(10)

(11)

(12)

(13)

WELLMONT FOUNDATION INC

Wellmont Physician Services INC

Holston Valley Imaging Center INC

Holston Valley Imaging Center INC

SAPLING GROVE AMBULATORY SURGERY CENTER

Name of other organization

(2)	WELLMONT HAWKINS COUNTY MEMORIAL HOSPITAL	I	176,896
(3)	OTHER RELATED ENTITIES DISCLOSED ON SCH R	I	2,254,255
(4)	WELLMONT HEALTH SERVICES INC	К	64,053
(5)	WELLMONT HAWKINS COUNTY MEMORIAL HOSPITAL	К	2,219,000
(6)	WELLMONT FOUNDATION INC	L	582,659
(7)	MCOT INC	L	2,799,073
(8)	MEDICAL MALL PHARMACY INC	L	286,000
(9)	Medical Laundry of Tri-Cities Inc	1	2 179 630

(B)

Transaction type(a-r)

С

Ν

р

R

(C) A mount Involved

(\$)

2,440,481

2,179,630

128,526

72,323

612,704

278,969