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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2009****Open to Public Inspection****A For the 2009 calendar year, or tax year beginning** , 2009, and ending **DECEMBER 31** , 20 **09****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

**C** Name of organization**Bristol Regional Medical Center Auxiliary, Inc.**

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

**1 Medical Park Blvd.**

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

**Bristol, TN 37620-7430****D** Employer identification number**62-1303162****E** Telephone number**423-844-2841****F** Group ExemptionNumber ► **None**◆ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting Method: ☐ Cash ☒ Accrual  
Other (specify) ►**I** Website: ► **None****J** Tax-exempt status (check only one) — ☒ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **366,718****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	<b>958</b>
	<b>4</b>	Investment income . . . . .	<b>4</b>	<b>534</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> . . . . .		
	<b>6a</b>	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	<b>6a</b>	<b>46,752</b>
<b>6b</b>	Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	<b>585</b>	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	<b>46,167</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>318,474</b>	
<b>7b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	<b>193,888</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>124,586</b>	
<b>8</b>	Other revenue (describe ► ) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	<b>172,245</b>	
Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>74,617</b>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>22,800</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b>	Other expenses (describe ► ) . . . . .	<b>16</b>	<b>92,919</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>190,336</b>	
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>(18,091)</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>296,735</b>
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	<b>21</b>	<b>278,644</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>22</b> <b>276,138</b>	<b>234,937</b>
<b>23</b> Land and buildings . . . . .	<b>23</b>	
<b>24</b> Other assets (describe ► See attached ) . . . . .	<b>24</b> <b>127,636</b>	<b>111,001</b>
<b>25</b> <b>Total assets</b> . . . . .	<b>25</b> <b>403,774</b>	<b>345,938</b>
<b>26</b> <b>Total liabilities</b> (describe ► See attached ) . . . . .	<b>26</b> <b>107,039</b>	<b>67,294</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>27</b> <b>296,735</b>	<b>278,644</b>

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

What is the organization's primary exempt purpose? **Support Wellmont Foundation programs.**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

<b>28</b>	<b>BRMCA supports the following programs of the Wellmont Foundation (which in turn supports the local non-profit hospital).</b> Equipment - \$57,053 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>351,764</b>
<b>29</b>	<b>Last Resort Fund - \$2,400</b> <b>Employee Emergency Fund - \$2,400</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>4,800</b>
<b>30</b>	<b>Hospitality House - \$2,400</b> <b>Hospice House - \$2,400</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>4,800</b>
<b>31</b>	<b>Other program services (attach schedule)</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>	<b>361,364</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jack Stigall BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	President, 2 Hrs.	0	0	0
Kay Surface BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Vice President, 1 Hr.	0	0	0
Shirley Cox BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Secretary, 1 Hr.	0	0	0
Brenda Baer BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Treasurer, 1 Hr.	0	0	0
Bob Jones BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Gift Shop Chair, 5 Hrs.	0	0	0
Solange Adams BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Fund Raising Chair, 1 Hr.	0	0	0
Evenlyn Gordon BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Director, .5 Hr.	0	0	0
Barbara Mann BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Director, .5 Hr.	0	0	0
Ruby Gillon BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Director, .5 Hr.	0	0	0
Ann Utt BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Director, .5 Hr.	0	0	0
Carol Minnick BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Director, .5 Hr.	0	0	0
Paul Brown BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Director, .5 Hr.	0	0	0
Mary Arnold BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Lobby Chair, 4 Hrs.	0	0	0
Larry Wagner BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Cancer Center Chair, 4 Hrs.	0	0	0
Charles Castle BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Escort Chair, 6 Hrs.	0	0	0
Ruth Woody BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	Newsletter Chair, .5 Hr.	0	0	0
Glen VanDyke BRMC, 1 Medical Park Blvd. Bristol, TN 37620-7430	By-Laws Chair, 1 Hr.	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	✓
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . . <u>NA</u>	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> <u>NA</u>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	38a	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <u>38b</u> <u>NA</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <u>39a</u> <u>NA</u>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <u>39b</u> <u>NA</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>NA</u> ; section 4912 ▶ <u>NA</u> ; section 4955 ▶ <u>NA</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>NA</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>NA</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	40e	✓
41	List the states with which a copy of this return is filed. ▶ <u>Tennessee</u>		
42a	The organization's books are in care of ▶ <u>Anne Cosby</u> Telephone no. ▶ <u>423-968-9226</u> Located at ▶ <u>BRMC Auxiliary, 1 Medical Park Blvd., Bristol, TN 37620</u> ZIP + 4 ▶ <u>37620-7430</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	42b	✓
	If "Yes," enter the name of the foreign country: ▶ <u>NA</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b> <u>NA</u>		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	✓
	If "Yes," enter the name of the foreign country: ▶ <u>NA</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u> <u>NA</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	✓

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

**f** Total number of other employees paid over \$100,000 . . . . .

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

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

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

NONE

**Sign Here**

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

Signature of officer

Jack Stigall, President

Type or print name and title

Date

3/10/10

**Paid Preparer's Use Only**

Preparer's signature

Anne Cosby

Date

3/8/10

Check if self-employed ☐

Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

BRMC Auxiliary, 1 Medical Park Blvd., Bristol, TN 37620

EIN

Phone no 423-844-2841

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

☒ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**Bristol Regional Medical Center Auxiliary**

Employer identification number

**62 1303162**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Wellmont Bristol Regional Medical Center	62-1303162	Hospital	✓		✓		✓		66,653
<b>Total</b>									

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

**Form 990-EZ, Page 1, Part I, Line 6a and 6b**  
 Special Events and Activities Statement
List of 3 Largest Events and  
Type and Number of Others

	Gross Receipts	Less Contributions	Gross Revenues	Less Direct Expenses	Net Income (Loss)
Uniform Sale (2)	17,632	0	17,632	585	17,047
Jewelry Sale (2)	15,115	0	15,115	0	15,115
Book, linen, candle (5)	14,005	0	14,005	0	14,005
Total	46,752	0	46,752	585	46,167

For all special event sales, the Auxiliary's only income is a commission on the sales made. Some of the purchases made are handled through employee payroll deduction. The direct expense noted is for uncollectible accounts following employee terminations.

**Form 990-EZ, Page 1, Part I, Line 7a and 7b**  
 Gross Sales of Inventory Statement

	Gross Sales Less Rets. & Allowances	Less. Cost of Goods Sold	Less: Bad Debt Expense	Gross Profit (Loss)
Sales Revenue - Gift Shop	318,474	193,454	434	124,586

**Form 990-EZ, Page 1, Line 16**  
 Statement of Other Expenses

	Program Services	Supporting Services	Total
Insurance		645	645
Breakage/Theft	3,183		3,183
Credit card fees	6,167		6,167
Supplies	4,886		4,886
Workshops	495		495
Travel	5,456		5,456
Subscriptions & dues	1,005		1,005
Permits, taxes & licenses	1,607		1,607
Hospitality & memorials	500		500
Advertising	661		661
Depreciation	749		749
Uniforms	369		369
Miscellaneous	544		544
BRMC contributions	66,653		66,653
Total Other Expenses	92,274	645	92,919

**Form 990-EZ, Page 1, Line 20**  
 Explanation of Other Changes in Net Assets or Fund Balances

**BRISTOL REGIONAL MEDICAL CENTER AUXILIARY, INC.**
**Form 990-EZ, Page 1, Line 24**  
 Description of Other Assets

Accounts receivable	17,956
Inventory	91,112

Equipment (net)	<u>1,932</u>
Total other assets	<u><u>111,001</u></u>

**Form 990-EZ, Page 1, Line 26**

Description of Liabilities

Accounts payable	13,213
Gift cards outstanding	379
Contributions payable	49,000
Sales tax payable	<u>4,702</u>
Total liabilities	<u><u>67,294</u></u>

BRISTOL REGIONAL MEDICAL CENTER UAXILIARY, INC.  
EMPLOYER IDENTIFICATION NO. 62-1303162  
BRISTOL, TENNESSEE  
STATEMENT OF FUNCTIONAL EXPENSES  
December 31, 2009

	<u>PROGRAM SERVICES</u>		<u>SUPPORTING SERVICES</u>	
	BRMC	GIFT SHOP	MANAGEMENT & GENERAL	TOTAL
Cost of goods sold		\$193,454		\$193,454
Breakage/Theft		\$3,183		\$3,183
Salaries and wages		\$53,863		\$53,863
Payroll taxes		\$3,757		\$3,757
Employee Benefits		\$16,997		\$16,997
Professional fees			\$22,800	\$22,800
Insurance			\$645	\$645
Bank charges		\$6,167		\$6,167
Supplies		\$4,886		\$4,886
Workshops		\$495		\$495
Travel		\$5,456		\$5,456
Dues & subscriptions		\$1,005		\$1,005
Permits, taxes, licenses		\$1,607		\$1,607
Hospitality & memorials		\$500		\$500
Advertising		\$661		\$661
Bad debts (net)		\$1,018		\$1,018
Depreciation		\$749		\$749
Uniforms		\$369		\$369
Miscellaneous		\$544		\$544
BRMC contributions	\$66,653			\$66,653
 Total functional expenses	 \$66,653	 \$294,711	 \$23,445	 \$384,809