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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A</b> For the <b>2009</b> calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization WELLMONT HEALTH SYSTEM  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 1905 AMERICAN WAY  City or town, state or country, and ZIP + 4 KINGSPORT, TN 37660		<b>D</b> Employer identification number 62-1636465  <b>E</b> Telephone number (423) 230-8200  <b>G</b> Gross receipts \$ 681,569,486	
		<b>F</b> Name and address of principal officer TODD J DOUGAN 1905 AMERICAN WAY KINGSPORT, TN 37660		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: WWW.WELLMONT.ORG					
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1996		<b>M</b> State of legal domicile TN			

Part I		Summary		
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities WE DELIVER SUPERIOR HEALTH CARE WITH COMPASSION		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 1	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 1	
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> 6,59	
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 51	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 109,93	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	3,318,056	2,385,595
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	610,908,730	601,472,119
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,870,083	7,814,832
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	7,078,908	10,322,525
Expenses			626,175,777	621,995,071
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	1,553,071	1,065,798
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	274,246,851	249,808,413
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	348,254,463	337,180,801
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	624,054,385	588,055,012
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	2,121,392	33,940,059
			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16) . . . . .	877,490,702	906,473,724
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	626,969,469	609,622,506
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	250,521,233	296,851,218	











<b>Part II Signature Block</b>	
<b>Sign Here</b>	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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-05-16</div> <div>Date</div> </div>
	<div> <div>TODD J DOUGAN SENIOR VP OF FINANCE</div> <div>Type or print name and title</div> </div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>KPMG LLP</div> <div>401 COMMERCE STREET SUITE 1000</div> <div>NASHVILLE, TN 37219</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no (615) 244-1602</div> </div>

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No



Part IV

Checklist of Required Schedules

		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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school 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 United States?	14a		No
14b	• Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	358		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	6,590		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b 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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> 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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b 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).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			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 . . . . .			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8		
9 Sponsoring organizations maintaining donor advised funds.					
a 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					
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	15	
b	Enter the number of voting members that are independent . . .	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, 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 . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
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		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶TN
18	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

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

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

Form 990 (2009)



1b	Total . . . . .	8,171,432	217,955	581,349
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶238

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	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	39,104,392
HOLSTON ANESTHESIA ASSOCIATION 135 W RAVINE STREET SUITE 5B KINGSPORT, TN 37662	MEDICAL SERVICES	6,311,261
HIGHLANDS PATHOLOGY CONSULTANTS PC 10368 WALLACE VALLEY 18 KINGSPORT, TN 37663	MEDICAL SERVICES	2,435,154
CARDIOVASCULAR ASSOCIATES 2050 MEADOWVIEW PARKWAY KINGSPORT, TN 37660	MEDICAL SERVICES	2,791,648
DELOITTE CONSULTING LLP PO BOX 7247-6447 PHILADELPHIA, PA 19170	PERFORMANCE IMPROV	3,397,781

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶5

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	1,699,958			
	e	Government grants (contributions)	1e	683,103			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,534			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .			2,385,595		
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621,990	405,677,362	405,677,362		
	b	PHARMACY REVENUE	621,990	183,288,259	183,288,259		
	c	BLOOD REVENUE	621,990	11,536,826	11,536,826		
	d	ADMINISTRATIVE REVENUE	561,000	969,672	969,672		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			601,472,119		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			8,484,433	-25,792	8,510,225
	4	Income from investment of tax-exempt bond proceeds . .			0		
	5	Royalties . . . . .			0		
	6a	Gross Rents	(i) Real 6,071,305	(ii) Personal			
	b	Less rental expenses	1,836,466				
	c	Rental income or (loss)	4,234,839				
	d	Net rental income or (loss) . . . . .			4,234,839		4,234,840
	7a	Gross amount from sales of assets other than inventory	(i) Securities 50,422,215	(ii) Other 6,646,133			
	b	Less cost or other basis and sales expenses	49,736,994	8,000,955			
	c	Gain or (loss)	685,221	-1,354,822			
	d	Net gain or (loss) . . . . .			-669,601		-669,601
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . .					
	b	Less direct expenses . . . .					
	c	Net income or (loss) from fundraising events . .			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . .					
	b	Less direct expenses . . . .					
	c	Net income or (loss) from gaming activities . .			0		
	10a	Gross sales of inventory, less returns and allowances . . . .					
	b	Less cost of goods sold . . .					
	c	Net income or (loss) from sales of inventory . .			0		
Miscellaneous Revenue		Business Code					
11a	CAFETERIA/VENDING	722,210	2,760,674			2,760,674	
b	GIFT SHOP REVENUE	453,220	464,552			464,552	
c	MISCELLANEOUS REVENUE	900,099	2,862,460		135,728	2,726,732	
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			6,087,686			
12	Total revenue. See Instructions . . . . .			621,995,071	601,472,119	109,936	18,027,422

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 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	1,065,798	1,065,798		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
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 . . . . .	5,380,259		5,380,259	
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	170,147,018	169,461,947	685,071	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	11,381,730	11,142,735	238,995	
9	Other employee benefits . . . . .	48,925,883	48,434,219	491,664	
10	Payroll taxes . . . . .	13,973,523	13,696,504	277,019	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	1,299,891	856,657	443,234	
c	Accounting . . . . .	797,998	797,998		
d	Lobbying . . . . .	96,271	96,271		
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	45,019	45,019		
g	Other . . . . .	71,522,612	69,123,756	2,398,856	
12	Advertising and promotion . . . . .	1,313,101	1,310,485	2,616	
13	Office expenses . . . . .	138,220,455	136,821,260	1,399,195	
14	Information technology . . . . .	689,209	689,209		
15	Royalties . . . . .	0			
16	Occupancy . . . . .	19,529,398	19,484,111	45,287	
17	Travel . . . . .	1,385,385	1,046,926	338,459	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	30,040	30,040		
20	Interest . . . . .	19,307,501	19,307,501		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	39,929,856	37,933,363	1,996,493	
23	Insurance . . . . .	5,115,088	5,115,088		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	PROVISION FOR BAD DEBTS	32,321,089	32,321,089		
b	PHYSICIAN RECRUITMENT	2,749,435	738,831	2,010,604	
c	DUES AND MEMBERSHIPS	737,672	257,654	480,018	
d	MISCELLANEOUS EXPENSE	1,760,453	1,500,308	260,145	
e	BOOKS AND PUBLICATIONS	330,328	317,024	13,304	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	588,055,012	571,593,793	16,461,219	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			57,660,480	1	19,280
	2	Savings and temporary cash investments . . . . .			0	2	29,828,198
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			92,122,111	4	86,312,132
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			13,954,244	8	14,706,814
	9	Prepaid expenses and deferred charges . . . . .			4,363,804	9	5,418,512
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	857,948,314			
	b	Less accumulated depreciation . . . . .	10b	432,464,532	419,298,668	10c	425,483,782
	11	Investments—publicly traded securities . . . . .			247,801,678	11	303,622,399
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .			32,557,713	13	20,120,565
	14	Intangible assets . . . . .			4,778,521	14	4,778,521
	15	Other assets. See Part IV, line 11 . . . . .			4,953,483	15	16,183,521
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			877,490,702	16	906,473,724
Liabilities	17	Accounts payable and accrued expenses . . . . .			64,424,711	17	59,772,029
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			454,290,000	20	430,070,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			108,254,758	25	119,780,477
	26	Total liabilities. Add lines 17 through 25 . . . . .			626,969,469	26	609,622,506
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			250,521,233	27	296,851,218
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			250,521,233	33	296,851,218
	34	Total liabilities and net assets/fund balances . . . . .			877,490,702	34	906,473,724

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?    .    .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant?    .    .    .    .    .    .    .	Yes	
<b>c</b> If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O    .    .    .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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?    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits    .    .		

SCHEDULE A  
(Form 990 or 990EZ)

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  
WELLMONT HEALTH SYSTEM

Employer identification number  
62-1636465

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 **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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(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	
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.)

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 Total. 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 Public Support. 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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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 for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization WELLMONT HEALTH SYSTEM	Employer identification number 62-1636465
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☒

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		96,271	96,271												
c Total lobbying expenditures (add lines 1a and 1b)		96,271	96,271												
d Other exempt purpose expenditures		587,886,289	620,904,477												
e Total exempt purpose expenditures (add lines 1c and 1d)		587,982,560	621,000,748												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	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 (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	193,609	91,230	68,925	96,271	450,035
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	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 (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
WELLMONT HEALTH SYSTEM

**Employer identification number**  
  
62-1636465

Part I

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
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	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.

1a	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	
b	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	▶ \$ _____
2	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	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	107,181	32,446,099		32,553,280
b Buildings . . . . .		514,152,398	203,319,062	310,833,336
c Leasehold improvements . . . . .		2,297,835	348,351	1,949,484
d Equipment . . . . .		301,421,167	228,797,119	72,624,048
e Other . . . . .		7,523,634		7,523,634
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				425,483,782



Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ASC TOPIC 740 (FIN 48) DISCLOSURE	SCHEDULE D, PART X, LINE 2	ON JULY 1, 2007, WELLMONT ADOPTED NEW GUIDANCE ISSUED ON THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS NOW CODIFIED INTO ASC TOPIC 740. IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE WAS NO IMPACT ON WELLMONT'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF THE NEW GUIDANCE.



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
WELLMONT HEALTH SYSTEM

Employer identification number  
62-1636465

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input checked="" type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input checked="" type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div>	3b	Yes	
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	Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		
6a	Does the organization prepare an annual community benefit report? . . . . .	6a	Yes	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . .			13,469,906		13,469,906	2 130 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			62,104,513	56,650,245	5,454,268	0 860 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .			75,574,419	56,650,245	18,924,174	2 990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			6,347,400	1,057,382	5,290,018	0 840 %
f Health professions education (from Worksheet 5) . . . .			8,097,525	1,399,061	6,698,464	1 060 %
g Subsidized health services (from Worksheet 6) . . . .						
h Research (from Worksheet 7)			5,950	3,600	2,350	
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			337,075		337,075	0 050 %
j Total Other Benefits . . . .			14,787,950	2,460,043	12,327,907	1 950 %
k Total. Add lines 7d and 7j . . . .			90,362,369	59,110,288	31,252,081	4 940 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,346,603
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	161,977,054
6	Enter Medicare allowable costs of care relating to payments on line 5	6	155,906,211
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7	6,070,843
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 HWHN INC	WHS HEALTH NETWORK	50.000 %		50.000 %
2 HOLSTON VALLEY IMAG	RADIOLOGY SERVICES	75.000 %		50.000 %
3 RENAISSANCE SUR CTR	SURGICAL SERVICES	33.330 %		67.670 %
4 HOLSTON VALLEY AMB	SURGICAL SERVICES	52.000 %		48.000 %
5 SAPLING GROVE AMB	SURGICAL SERVICES	65.000 %		35.000 %
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
BRISTOL REGIONAL MEDICAL CENTER 1 MEDICAL PARK BLVD BRISTOL, TN 37620	X			X			X		
HOLSTON VALLEY MEDICAL CENTER 130 RAVINE ROAD KINGSPORT, TN 37660	X			X			X		
LONESOME PINE HOSPITAL 1990 HOLTON AVENUE BIG STONE GAP, VA 24219	X						X		
HANCOCK COUNTY HOSPITAL 1519 MAIN STREET SNEEDVILLE, TN 37869	X				X		X		
JENKINS COMMUNITY HOSPITAL PO BOX 4729480 HIGHWAY 805MAIN ST JENKINS, KY 41537	X				X		X		SOLD APRIL 1, 2009
MOUNTAIN VIEW REGIONAL MEDICAL CENTER 310 3RD STREET NE NORTON, VA 24273	X						X		
LEE REGIONAL MEDICAL CENTER PO BOX 589 127 HEALTH CARE DRIVE PENNINGTON GAP, VA 24277	X								
HOLSTON VALLEY AMBULATORY SURGERY CENTER 103 WEST STONE DRIVE SUITE 100 KINGSPORT, TN 37760		X							JOINT VENTURE AMB SURGERY CENTER
SAPLING GROVE AMBULATORY SURGERY CENTER 220 MEDICAL PARK BOULEVARD SUITE 2 BRISTOL, TN 37620		X							JOINT VENTURE AMB SURGERY CENTER
RENAISSANCE SURGERY CENTER 320 BRISTOL WEST BOULEVARD SUITE 1 BRISTOL, TN 37620		X							JOINT VENTURE AMB SURGERY CENTER

Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

WELLMONT HEALTH SYSTEM PROACTIVELY INFORMS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY BY POSTING THE POLICY ON ITS WEB SITE AS WELL AS POSTING THE POLICY AT POINTS OF REGISTRATION IN THE HOSPITALS WELLMONT HEALTH SYSTEM USES PROGRAM ELIGIBILITY SPECIALISTS WHO CONTACT THE UNINSURED PATIENT POPULATION THESE SPECIALISTS DISCUSS THE VARIOUS GOVERNMENTAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE TO PATIENTS IN ORDER TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR ANY OF THESE PROGRAMS THE SPECIALISTS WILL WORK WITH THE PATIENTS TO COMPLETE ANY NECESSARY APPLICATIONS AND WILL HELP THEM THROUGH THE QUALIFICATION PROCESS

- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

See additional data

- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

See additional data

- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

TN,VA

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
WELLMONT HEALTH SYSTEM

Employer identification number  
62-1636465

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

22

3

Enter total number of other organizations . . . . .

9

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

[illegible]

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

[illegible]

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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	64-0329009	501(C)(3)	15,351				RELAY FOR LIFE SPONSORSHIP
BARTER FOUNDATION INC STATE THEATRE OF VAPO BOX 867 ABINGDON,VA 24212	54-6000120	501(C)(3)	20,000				SEASONAL SPONSORSHIP
KINGSPORT AREA CHAMBER OF COMMERCE 151 E MAIN STREET KINGSPORT,TN 37660	62-0446834	501(C)(6)	31,113				KPT CHAMBER SPONSORS
SCIENCE HILL HIGH SCHOOL1509 JOHN EXUM PARKWAY JOHNSON CITY,TN 37604	62-6000320	GOVERNMENT	5,300				ATHLETIC SPONSORSHIP
TENNESSEE CHAMBER OF COMMERCE AND INDUSTRY611 COMMERCE STREET SUITE 3030 NASHVILLE,TN 37203	62-1236022	501(C)(6)	5,500				ANNUAL SPONSORSHIP
YWCA106 STATE STREET BRISTOL,TN 37620	62-0488044	501(C)(3)	10,000				TRIBUTE TO WOMEN SPONSORSHIP
KOSBE151 EAST MAIN ST KINSGPORT,TN 37660	58-1453565	501(C)(3)	7,757				SPONSORSHIP
AMERICAN HEART & STROKE ASSOCIATION 1101 NORTHCHAST PKWY SUITE 1 MARIETTA,GA 30067	13-5613797	501(C)(3)	36,200				GO RED FOR WOMEN SPONSORSHIP
SYMPHONY OF THE MOUNTAINS1200 E CENTER STREET BOX 13 KINGSPORT,TN 37660	62-0534228	501(C)(3)	17,800				2009 HOLIDAY CONCERT SPONSORSHIP
TENNESSEE HIGH VIKING BOOSTER CLUBPO BOX 3224 BRISTOL,TN 37625	62-1757051	501(C)(3)	5,500				FUNDRAISING CAMPAIGN

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER KINGSPORT FAMILY YMCA1100 FRANKLIN SQUARE KINGSPORT,TN 37664	58-1564232	501(C)(3)	22,500				ANNUAL CONTRIBUTION
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	501(C)(3)	23,000				ATHLETIC SPONSORSHIP
FRIENDS IN NEED HEALTH CENTER1105 WEST STONE DRIVE KINGSPORT,TN 37660	62-1541637	501(C)(3)	150,000	232,952	COST	DRUGS AND SUPPLIES	HEALTHCARE ASSISTANCE FOR UNINS
HEALING HANDS HEALTH CENTER210 MEMORIAL DRIVE BRISTOL,TN 37620	62-1677000	501(C)(3)	7,500	12,832	COST	MEDICAL SUPPLIES	HEALTHCARE ASSISTANCE FOR UNINS
AMERICAN CANCER SOCIETYPO BOX 246 ABINGDON,VA 24212	58-0659875	501(C)(3)	8,250				RELAY FOR LIFE SPONSORSHIP
BRISTOL CHAMBER OF COMMERCE20 VOLUNTEER PARKWAY BRISTOL,TN 37620	54-0150315	501(C)(6)	5,615				SPONSORSHIP
CARDINAL HEALTHPO BOX 95600 ALBUQUERQUE,NM 87100	34-4095179	N/A		27,174	FMV	MEDICAL SUPPLIES	HAITI RELIEF FUND
CONTACT CONCERN OF KINGSPORTPO BOX 3336 KINGSPORT,TN 37664	62-0962876	501(C)(3)	9,500				CONTRIBUTION
DOWNTOWN KINGSPORT ASSOCIATION140 W MAIN STREET KINGSPORT,TN 37660	62-6097264	501(C)(3)	10,000				SPONSORSHIP JULY 4TH FIREWORKS



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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISCHER ROSS GROUP INC 2 SOUND VIEW DRIVE SUITE 100 GREENWICH, CT 06830	20-5111271	N/A	15,066				TALENT FEE FOR GO RED LUNCHEON
FUN FEST 2010151 EAST MAIN ST KINGSPORT, TN 37660	62-0446834	501(C)(6)	6,140				HOT AIR BALLOON RALLY SPONSORSHIP
GAP PARTNERSHIP619 GILLEY AVENUE BIG STONE GAP, VT 24219	54-1269523	501(C)(3)	6,000				SPONSORSHIP
KINGSPORT LEADERSHIP PO BOX 1403 KINGSPORT, TN 37662	58-1453565	501(C)(3)	20,000				SPONSORSHIP
KINGSPORT TIMES-NEWS PO BOX 479 KINGSPORT, TN 37662	62-0673926	N/A	5,881				SPONSORSHIP WOMEN'S EXPO
KINGSPORT TOMORROW 214 COMMERCE STREET SUITE 103 KINGSPORT, TN 37660	58-1941002	501(C)(3)	11,950				GOLF TOURNAMENT SPONSORSHIP
MISSIONARY FLIGHTS INTERNATIONAL3170 AIRMANS DRIVE FORT PIERCE, FL 34946	23-7199063	501(C)(3)		10,000	FMV	MEDICAL SUPPLIES	HAITI RELIEF FUND
WATAUGA ORTHOPAEDICS PO BOX 2267 JOHNSON CITY, TN 37605	62-1586264	N/A	20,000				ATHLETE OF THE WEEK SPONSORSHIP
WCYB APPALACHIAN BROADCASTING CORPPO BOX 601063 CHARLOTTE, NC 28260	54-0467002	N/A	19,936				MEDIA PLACEMENT GO RED
CARE SPARKPO BOX 657 KINGSPORT, TN 37664	20-2694144	501(C)(3)	50,000				GENERAL SUPPORT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
WELLMONT HEALTH SYSTEM

Employer identification number  
  
62-1636465

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	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?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div>a Receive a severance payment or change-of-control payment?</div> <div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> <div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	No
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div>a The organization?</div> <div>b Any related organization?</div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div>a The organization?</div> <div>b Any related organization?</div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

[illegible]

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	Ret urn Reference	Explanat ion
HOUSING ALLOWANCE	SCHEDULE J, PART I, LINE 1	WELLMONT HEALTH SYSTEM OFFERED MIKE SNOW A HOUSING ALLOWANCE DURING THE FISCAL YEAR ENDED JUNE 30,2010. THE HOUSING ALLOWANCE PAID TO MIKE SNOW WAS INCLUDED IN HIS TAXABLE COMPENSATION.
HEALTH OR SOCIAL CLUB DUES	SCHEDULE J, PART I, LINE 1	DURING THE FISCAL YEAR ENDED JUNE 30,2010, WELLMONT HEALTH SYSTEM PROVIDED COUNTRY CLUB MEMBERSHIPS FOR BARTHOLEMEW HOVE, PATRICK KANE, RON PREWITT, AND MIKE SNOW. IN ADDITION, WELLMONT HEALTH SYSTEM PROVIDES HEALTH CLUB MEMBERSHIPS FOR BLAINE DOUGLAS, GARY D. MILLER, JORGE LODEIRO MD, AND FRED PELLE. THESE AMOUNTS ARE INCLUDED IN TAXABLE COMPENSATION.
MANAGEMENT COMPANY	SCHEDULE J, PART II	FOR THE CALENDAR YEAR 2009, WELLMONT HEALTH SYSTEM PAID TATUM, LLC (EIN 58-2361736) IN THE AMOUNT OF \$561,441 FOR SERVICES THAT TRUMAN ESMOND PROVIDED TO WELLMONT HEALTH SYSTEM. IN ADDITION, WELLMONT HEALTH SYSTEM ISSUED A FORM 1099 DIRECTLY TO MR. ESMOND IN THE AMOUNT OF \$286,614 FOR SERVICES RENDERED TO WELLMONT HEALTH SYSTEM.

Software ID:  
Software Version:  
EIN: 62-1636465  
Name:  WELLMONT HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
HAMLIN WILSON	(i) (ii)	209,539 0	43,560 0	28,392 0	12,144 0	6,457 0	300,092 0	0 0
GARY D MILLER	(i) (ii)	204,386 0	41,305 0	14,621 0	11,255 0	14,182 0	285,749 0	0 0
RON PREWITT	(i) (ii)	234,881 0	44,603 0	15,556 0	12,819 0	13,649 0	321,508 0	0 0
DAVID THOMPSON MD	(i) (ii)	282,514 0	83,046 0	3,896 0	0 0	14,934 0	384,390 0	0 0
PATRICK KANE	(i) (ii)	184,609 0	38,677 0	26,324 0	10,402 0	15,821 0	275,833 0	0 0
STEPHEN COMBS MD	(i) (ii)	249,808 0	40,913 0	37,554 0	13,299 0	4,933 0	346,507 0	0 0
TODD J DOUGAN	(i) (ii)	174,616 0	35,050 0	17,725 0	10,002 0	16,051 0	253,444 0	0 0
BLAINE DOUGLAS	(i) (ii)	303,237 0	60,023 0	19,799 0	16,408 0	14,601 0	414,068 0	0 0
BARTHOLEMEW A HOVE	(i) (ii)	290,108 0	60,986 0	33,949 0	16,409 0	14,548 0	416,000 0	0 0
DAVID L BRASH	(i) (ii)	216,560 0	42,884 0	7,073 0	11,767 0	15,654 0	293,938 0	0 0
MICHAEL SNOW	(i) (ii)	472,501 0	177,424 0	69,708 0	18,207 0	6,871 0	744,711 0	0 0
TRUMAN ESMOND	(i) (ii)	136,614 0	150,000 0	0 0	0 0	0 0	286,614 0	0 0
MICHAEL BUNDY	(i) (ii)	213,997 0	42,544 0	10,745 0	11,481 0	15,362 0	294,129 0	0 0
DALE SARGENT MD	(i) (ii)	163,078 0	0 0	8,435 0	7,125 0	7,261 0	185,899 0	0 0
JORGE LODEIRO MD	(i) (ii)	706,468 0	149,423 0	1,360 0	43,766 0	15,787 0	916,804 0	0 0
ROBERT HARRIS MD	(i) (ii)	760,345 0	200 0	270 0	18,578 0	13,984 0	793,377 0	0 0
EDWIN A MCELROY MD	(i) (ii)	628,417 0	114,358 0	118 0	37,744 0	13,037 0	793,674 0	0 0
MALCOLM R MATTHEWS MD	(i) (ii)	450,490 0	201,105 0	1,188 0	27,325 0	13,245 0	693,353 0	0 0
ASHEESH SHIPSTONE MD	(i) (ii)	450,344 0	191,384 0	504 0	29,257 0	13,391 0	684,880 0	0 0
FRED PELLE	(i) (ii)	19,491 175,418	3,832 34,485	895 8,052	1,056 9,500	1,304 11,733	26,578 239,188	0 0

<div>Schedule K (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Name of the organization WELLMONT HEALTH SYSTEM</div>	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>						OMB No 1545-0047			
							<div>2009</div>			
							Open to Public Inspection			
						Employer identification number				
						62-1636465				

Part I Bond Issues									
(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A SULLIVAN COUNTY TENNESSEE HEALTH EDL AND FACS	62-1256662	865293AC8	11-02-2006	200,000,000	RENOVATION/CONS OF HOLSTON VALLEY		X		X
B VIRGINIA SMALL BUSINESS FINANCING AUTHORITY	54-1300845	928101AC8	07-31-2007	55,000,000	PURCHASE OF HOSPITALS		X		X
C SULLIVAN COUNTY TENNESSEE HEALTH EDL AND FACS	62-1256662	865292DY9	06-01-2003	59,100,000	REFUND OF PREVIOUSLY ISSUED BOND		X		X
D SULLIVAN COUNTY TENNESSEE HEALTH EDL AND FACS	62-1256662	865292DZ6	12-13-2005	70,620,000	REFUND OF PREVIOUSLY ISSUED BOND		X		X
E SULLIVAN COUNTY TENNESSEE HEALTH EDL AND FACS	62-1256662	865293AB0	06-29-2006	76,595,000	REFUND OF PREVIOUSLY ISSUED BOND		X		X

Part II Proceeds											
		A		B		C		D		E	
1	Total proceeds of issue	207,055,314		55,658,570		67,546,371		71,923,735		76,595,000	
2	Gross proceeds in reserve funds	18,977,995		5,464,590		5,300,282		0		0	
3	Proceeds in refunding or defeasance escrows	0		0		60,061,731		71,529,827		75,610,171	
4	Other unspent proceeds	12,534,857		0		0		0		0	
5	Issuance costs from proceeds	2,164,568		1,026,366		2,184,358		266,958		984,829	
6	Working capital expenditures from proceeds	0		0		0		126,950		0	
7	Capital expenditures from proceeds	187,573,513		49,167,614		0		0		0	
8	Year of substantial completion	2011		2007		2003		2005		2006	
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?		X		X	X		X		X	
11	Has the final allocation of proceeds been made?		X	X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use											
		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D		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?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	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?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %		0 %	
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 section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X	X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X	X			X
b	Name of provider	LEHMAN BROTHERS									
c	Term of hedge	10 8						10 8			
4a	Were gross proceeds invested in a GIC?	X			X		X		X		X
b	Name of provider	MERRIL LYNCH									
c	Term of GIC	4									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?										

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
WELLMONT HEALTH SYSTEM

Employer identification number  
62-1636465

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HIGHLANDS PATHOLOGY CONSULTANTS PC	PETER GALE, >5%	1,881,186	PATHOLOGY SERVICES		No



Additional Data

Software ID:  
Software Version:  
EIN: 62-1636465  
Name: WELLMONT HEALTH SYSTEM

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493136046311
SCHEDULE O (Form 990)	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
			Open to Public Inspection
Name of the organization WELLMONT HEALTH SYSTEM			Employer identification number 62-1636465

Identifier	Return Reference	Explanation
VOLUNTEER HOURS	FORM 990, PART I, LINE 6	WELLMONT HEALTH SYSTEM'S 514 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

Identifier	Return Reference	Explanation
DELEGATION OF MANAGEMENT DUTIES TO A MANAGEMENT COMPANY OR OTHER PERSON	FORM 990 PART VI, SECTION A, LINE 3	WELLMONT HEALTH SYSTEM CONTRACTED WITH TATUM, LLC TO PERFORM AN EXECUTIVE SEARCH IN ORDER TO PLACE AN INTERIM CFO DURING THE PREVIOUS TAX YEAR TRUMAN ESMOND WAS PLACED BY TATUM, LLC TO ACT AS INTERIM CFO MR ESMOND DISCONTINUED HIS POSITION WITH WELLMONT HEALTH SYSTEM ON DECEMBER 31, 2010

Identifier	Return Reference	Explanation
REVIEW OF 990	FORM 990 PART VI, SECTION A, LINE 11A	WELLMONT HEALTH SYSTEM'S 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

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990 PART VI, SECTION B, LINE 12C	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 ALL EMPLOYEES MUST REVIEW AND SIGN 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

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990 PART VI, SECTION B, LINE 15A & B	THE WELLMONT HEALTH SYSTEM CEO AND HIS DIRECT REPORTS' COMPENSATION (LISTED BELOW)IS REVIEWED, APPROVED,AND DOCUMENTED BY THE WELLMONT HEALTH SYSTEM PERSONNEL COMMITTEE AND BOARD OF DIRECTORS THESE BODIES USE COMPARABILITY DATA TO DETERMINE APPROPRIATE COMPENSATION ALL COMPENSATION DELIBERATIONS AND REVIEWS ARE CONTEMPORANEOUSLY DOCUMENTED THIS PROCESS IS COMPLETED ON AN ANNUAL BASIS WITH THE LAST PROCESS BEING COMPLETED IN JULY 2009 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 EVP AND CFO WELLMONT HEALTH SYSTEM SR VP OF OPERATIONS WELLMONT HEALTH SYSTEM SR VP OF HUMAN RESOURCES WELLMONT HEALTH SYSTEM SR VP OF LEGAL AFFAIRS WELLMONT HEALTH SYSTEM CHIEF MEDICAL OFFICER WELLMONT HEALTH SYSTEM SR VP OF MARKETING AND COMMUNICATION BRISTOL REGIONAL MEDICAL CENTER CEO HOLSTON VALLEY MEDICAL CENTER CEO LONESOME PINE HOSPITAL CEO HANCOCK COUNTY HOSPITAL CEO MOUNTAIN VIEW REGIONAL MEDICAL CENTER CEO LEE REGIONAL MEDICAL CENTER CEO

Identifier	Return Reference	Explanation
PARTICIPATION WITH JOINT VENTURES OR SIMILAR ARRANGEMENTS	FORM 990 PART VI, SECTION B, LINE 16	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

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK	FORM 990 PART VII, SECTION A, COLUMN B	THE FOLLOWING OFFICERS AND VOTING BOARD MEMBERS DEVOTED TIME PROVIDING SERVICES TO A RELATED ENTITY FRED PELLE (38 HOURS) GARY MILLER (1 HOUR) MICHAEL SNOW (1 HOUR) ELIZABETH WARD (1 HOUR) TRUMAN ESMOND (1 HOUR) MICHAEL BUNDY (1 HOUR) BLAINE DOUGLAS (1 HOUR) BART HOVE (1 HOUR) TODD DOUGAN (1 HOUR)

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990 PART VI, SECTION C, LINE 19	THE WELLMONT HEALTH SYSTEM'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC FEDERAL LAW DOES NOT REQUIRE SUCH DOCUMENTS BE MADE PUBLICLY AVAILABLE UNLESS THEY WERE INCLUDED ON FORMS THAT ARE PUBLICLY AVAILABLE SUCH AS FORM 1023 OR FORM 1024 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

Identifier	Return Reference	Explanation
AUDIT OF FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2C	WELLMONT HEALTH SYSTEM'S FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2010 WERE AUDITED AS PART OF WELLMONT HEALTH SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS WELLMONT HEALTH SYSTEM HAS AN AUDIT COMMITTEE WHICH ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
WELLMONT HEALTH SYSTEM

Employer identification number  
62-1636465

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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, TN 37660 62-1816368	HEALTHCARE	TN	501(C)(3)	3	NA
WELLMONT MADISON HOUSE  1905 AMERICAN WAY KINGSPORT, TN 37660 62-1308216	HEALTHCARE	TN	501(C)(3)	9	WHS
WELLMONT IMAGING SERVICES INC  1905 AMERICAN WAY KINGSPORT, TN 37660 86-1103148	HEALTHCARE	TN	501(C)(3)	3	WHS
WELLMONT FOUNDATION  1905 AMERICAN WAY KINGSPORT, TN 37660 58-1594191	HEALTHCARE	TN	501(C)(3)	7	WHS
TAKOMA REGIONAL HOSPITAL INC  401 TAKOMA AVENUE GREENEVILLE, TN 37743 51-0603966	HEALTHCARE	TN	501(C)(3)	3	WHS
WELLMONT CARDIOLOGY SERVICES  1905 AMERICAN WAY KINGSPORT, TN 37660 26-3557623	HEALTHCARE	TN	501(C)(3)	3	WHS

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
HOLSTON VALLEY IMAGING CENTER  103 W STONE DRIVE KINGSPORT, TN37660 20-2043285	HEALTHCARE	TN	WELLMONT IMAGIN	RELATED	0	0		No	0		No
SAPLING GROVE AMBULATORY SURGERY CENTER  220 MEDICAL PARK BLVD BRISTOL, TN37620 20-4450153	SURGERY	TN	WHS	RELATED	364,690	4,442,797		No	0		No
HOLSTON VALLEY AMBULATORY SURGERY  103 WEST STONE DRIVE KINGSPORT, TN37660 62-1816864	SURGERY	TN	WHS	RELATED	724,458	1,641,229		No	0		No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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	-12,890,251	-46,151,031	100 000 %
MCOT INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1325938	MEDICAL SVCS	TN	WELLMONT INC	C CORP	0	0	0 %
MEDICAL LAUNDRY OF TRI-CITIES INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1482226	MEDICAL SVCS	TN	WELLMONT INC	C CORP	0	0	0 %
MEDICAL MALL PHARMACY INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1565006	MEDICAL SVCS	TN	WELLMONT INC	C CORP	0	0	0 %
WELLMONT PHYSICIAN SERVICES INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1567353	PHYSICIAN SVCS	TN	WELLMONT INC	C CORP	0	0	0 %
WELLMONT HEALTH SERVICES INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1254373	HEALTHCARE	TN	WELLMONT INC	C CORP	0	0	0 %
WPS PROVIDERS INC 1905 AMERICAN WAY KINGSPORT, TN37660 20-5564642	PHYSICIAN SVCS	TN	WELLMONT INC	C CORP	0	0	0 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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)

g 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)

l 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

o 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)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

Yes

Yes

No

Yes

No

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 62-1636465

Name: WELLMONT HEALTH SYSTEM

Form 990, Schedule R, 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 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
WELLMONT CARDIOLOGY SERVICES  1905 AMERICAN WAY KINGSPORT, TN37660 26-3557623	HEALTHCARE	TN	501(C)(3)	3	WHS

Form 990, Schedule R, 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	-12,890,251	-46,151,031	100 000 %
MCOT INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1325938	MEDICAL SVCS	TN	WELLMONT INC	C CORP	0	0	0 %
MEDICAL LAUNDRY OF TRI-CITIES INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1482226	MEDICAL SVCS	TN	WELLMONT INC	C CORP	0	0	0 %
MEDICAL MALL PHARMACY INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1565006	MEDICAL SVCS	TN	WELLMONT INC	C CORP	0	0	0 %
WELLMONT PHYSICIAN SERVICES INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1567353	PHYSICIAN SVCS	TN	WELLMONT INC	C CORP	0	0	0 %
WELLMONT HEALTH SERVICES INC 1905 AMERICAN WAY KINGSPORT, TN37660 62-1254373	HEALTHCARE	TN	WELLMONT INC	C CORP	0	0	0 %
WPS PROVIDERS INC 1905 AMERICAN WAY KINGSPORT, TN37660 20-5564642	PHYSICIAN SVCS	TN	WELLMONT INC	C CORP	0	0	0 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	WELLMONT MADISON HOUSE	B	610,224
(2)	WELLMONT HAWKINS COUNTY MEMORIAL HOSPITAL	B	5,122,476
(3)	WELLMONT FOUNDATION INC	C	1,666,687
(4)	HOLSTON VALLEY IMAGING CENTER INC	I	935,215
(5)	WELLMONT HAWKINS COUNTY MEMORIAL HOSPITAL	I	183,766
(6)	MEDICAL LAUNDRY OF TRI-CITIES INC	I	92,750
(7)	HOLSTON VALLEY AMBULATORY SURGERY CENTER	I	826,104
(8)	WELLMONT PHYSICIAN SERVICES INC	I	1,065,024
(9)	WELLMONT HAWKINS COUNTY MEMORIAL HOSPITAL	K	2,035,949
(10)	MCOT INC	L	2,290,699
(11)	MEDICAL MALL PHARMACY INC	L	239,220
(12)	MEDICAL LAUNDRY OF TRI-CITIES INC	L	1,996,746
(13)	WELLMONT PHYSICIAN SERVICES INC	L	132,140
(14)	WELLMONT CARDIOLOGY SERVICES INC	L	511,776
(15)	HOLSTON VALLEY IMAGING CENTER INC	P	592,313
(16)	SAPLING GROVE AMBULATORY SURGERY CENTER	R	495,000

**TY 2009 AffiliatedGroupAttachment**

**Name:** WELLMONT HEALTH SYSTEM

**EIN:** 62-1636465

**Explanation:** FOR SCHEDULE C PURPOSES, WELLMONT HEALTH SYSTEM WOULD BE CONSIDERED AN AFFILIATED GROUP WITH THE FOLLOWING ENTITIES: WELLMONT HEALTH SYSTEM (62-1636465) WELLMONT HAWKINS COUNTY MEMORIAL HOSPITAL (62-1816368) WELLMONT MADISON HOUSE (62-1308216) WELLMONT IMAGING SERVICES, INC. (86-1103148) WELLMONT CARDIOLOGY SERVICES, INC. (26-3557623) THE FILING ORGANIZATION, WELLMONT HEALTH SYSTEM, IS THE ONLY ENTITY ABOVE THAT INCURRED LOBBYING EXPENSES. THE FILING ORGANIZATION IS THE ONLY ENTITY LISTED ABOVE THAT HAS MADE AN ELECTION UNDER IRC SECTION 501(H).



Additional Data

Software ID:  
Software Version:  
EIN: 62-1636465  
Name: WELLMONT HEALTH SYSTEM

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER GALE MD BOARD MEMBER	6 0	X						0	0	0
E WAYNE KIRK TREASURER/ASSISTANT SECRETARY	6 0	X						0	0	0
THOMAS F PUGH MD BOARD MEMBER	6 0	X						0	0	0
SPENCER QUESENBERRY SECRETARY	6 0	X						0	0	0
FIELDING ROLSTON BOARD MEMBER	6 0	X						0	0	0
DAVID THOMPSON MD BOARD MEMBER/PHYSICIAN	40 0	X						369,456	0	14,934
DAVID CROCKETT VICE-CHAIR	6 0	X						0	0	0
ROGER MOWEN CHAIRMAN	6 0	X						0	0	0
SKIP SKINNER BOARD MEMBER	6 0	X						0	0	0
JOHN WILLIAMS EX-OFFICIO	6 0	X						0	0	0
ROGER LEONARD BOARD MEMBER	6 0	X						0	0	0
RAVAN KRICKBAUM BOARD MEMBER	6 0	X						0	0	0
PIERRE ISTFAN MD BOARD MEMBER	6 0	X						0	0	0
JULIE BENNETT BOARD MEMBER	6 0	X						0	0	0
WAYNE KENNEDY EX-OFFICIO	6 0	X						0	0	0
ROBERT F BURGIN INTERIM PRES & CEO/BOARD MEM	6 0	X		X				0	0	0
HAMLIN WILSON SR VP OF HUMAN RESOURCES (WHS)	40 0			X				281,491	0	18,601
GARY D MILLER SR VP LEGAL AFFAIRS (WHS)	40 0			X				260,312	0	25,437
PATRICK KANE SR VP MARKETING & COMM (WHS)	40 0			X				249,610	0	26,223
TODD J DOUGAN SR VP FINANCE (WHS)	40 0			X				227,391	0	26,053
MICHAEL SNOW PRESIDENT & CEO (WHS)	40 0			X				719,633	0	25,078
TRUMAN ESMOND INTERIM CFO	40 0			X				286,614	0	0
MICHAEL BUNDY SR VP OF OPERATIONS (WHS)	40 0			X				267,286	0	26,843
ELIZABETH WARD EXECUTIVE VP & CFO	40 0			X				0	0	0
RON PREWITT PRESIDENT (LRMC)	40 0				X			295,040	0	26,468

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN COMBS MD PRESIDENT (WPS)	40 0				X			328,275	0	18,232
BLAINE DOUGLAS PRESIDENT (HVMC)	40 0				X			383,059	0	31,009
BARTHOLEMEW A HOVE PRESIDENT (BRMC)	40 0				X			385,043	0	30,957
DAVID L BRASH REGIONAL VP-VA DIVISION	40 0				X			266,517	0	27,421
DALE SARGENT MD CHIEF MEDICAL OFFICER	40 0				X			171,513	0	14,386
FRED PELLE PRESIDENT (HCMH)	2 0				X			24,218	217,955	23,593
JORGE LODEIRO MD PHYSICIAN	40 0					X		857,251	0	59,553
ROBERT HARRIS MD PHYSICIAN	40 0					X		760,815	0	52,562
EDWIN A MCELROY MD PHYSICIAN	40 0					X		742,893	0	50,781
MALCOLM R MATTHEWS MD PHYSICIAN	40 0					X		652,783	0	40,570
ASHEESH SHIPSTONE MD PHYSICIAN	40 0					X		642,232	0	42,648

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROVISION FOR BAD DEBTS	32,321,089	32,321,089		
PHYSICIAN RECRUITMENT	2,749,435	738,831	2,010,604	
DUES AND MEMBERSHIPS	737,672	257,654	480,018	
MISCELLANEOUS EXPENSE	1,760,453	1,500,308	260,145	
BOOKS AND PUBLICATIONS	330,328	317,024	13,304	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 62-1636465  
**Name:** WELLMONT HEALTH SYSTEM

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

WELLMONT HEALTH SYSTEM PREPARES A CONSOLIDATED COMMUNITY BENEFIT REPORT WHICH INCLUDES THE ACTIVITIES OF ALL ITS OPERATIONS AND AFFILIATES IN CONTRAST, AN IRS FORM 990 IS FILED FOR EACH TAX EXEMPT CORPORATION (6 SEPARATE FORM 990S) AND THERE IS NO SUCH IRS FORM FOR THE TAXABLE CORPORATIONS IN ADDITION, THE IRS INSTRUCTIONS TO FORM 990 HAVE SPECIFIC DEFINITIONS, METHODS AND WORKSHEETS TO CALCULATE THE COMMUNITY BENEFITS TO BE INCLUDED ON THE FORM 990 AS A RESULT, THERE ARE SIGNIFICANT DIFFERENCES BETWEEN THE COMMUNITY BENEFITS REPORTED IN THE CONSOLIDATED COMMUNITY BENEFIT REPORT AND THE VARIOUS FORM 990S FOR EXAMPLE, THERE ARE SIGNIFICANT LOSSES INCURRED IN THE TAXABLE CORPORATIONS THAT CANNOT BE REFLECTED IN THE VARIOUS FORM 990S, THE LARGEST OF WHICH ARE THE COSTS AND REVENUES ASSOCIATED WITH THE PHYSICIANS AND OTHER PROVIDERS WITHIN THESE CORPORATIONS WHO PROVIDE INDISPENSABLE SERVICES TO PATIENTS OF WELLMONT HEALTH SYSTEM THERE ARE ALSO FUNDS AND SERVICES THAT ARE PROVIDED THAT DO NOT MEET THE SPECIFIC DEFINITIONS OF THE IRS INSTRUCTIONS, SUCH AS CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS THAT DO NOT MEET THE DEFINITION OF "RESTRICTED TO ONE OR MORE OF THE ACTIVITIES DESCRIBED IN THE TABLE IN PART I, LINE 7 "

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

RATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO DETERMINE THE COSTS FOR AMOUNTS IN LINE 7A AND 7B COLUMN (C) BY FACILITY THE COSTS INCLUDED IN THE COST-TO-CHARGE RATIO INCLUDED THE COSTS FROM ALL PATIENT SEGMENTS ACTUAL COSTS FROM THE GENERAL LEDGER WERE USED FOR AMOUNTS IN LINE 7F AND 7I COLUMN (C)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE BAD DEBT EXPENSE OF \$32,321,089 WAS INCLUDED ON FORM 990 PART IX, LINE 25 COLUMN (A) BUT WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN IN ADDITION, \$22,331 WAS SUBTRACTED FOR WELLMONT HEALTH SYSTEM'S SHARE OF JOINT VENTURE BAD DEBT EXPENSE

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

THE COST REPORTED ON LINE 2 IS CALCULATED AS THE BAD DEBT EXPENSE FROM THE GENERAL LEDGER TIMES THE RATIO OF COST TO CHARGES AS CALCULATED ON WORKSHEET 2 BY FACILITY (INCLUDING JOINT VENTURES) THERE ARE NO AMOUNTS REPORTED ON LINE 3 DISCOUNTS ON PATIENT ACCOUNTS ARE NOT INCLUDED IN BAD DEBT EXPENSE PAYMENTS ON PATIENT ACCOUNTS THAT HAVE PREVIOUSLY BEEN WRITTEN OFF AS BAD DEBT ARE USED TO REDUCE BAD DEBT EXPENSE A THIRD PARTY VENDOR IS USED TO HELP DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE CHARITY CARE POLICY TEXT OF NOTE TO FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE NET PATIENT SERVICE REVENUE IS REPORTED ON THE ACCRUAL BASIS IN THE PERIOD IN WHICH SERVICES ARE PROVIDED AT THE ESTIMATED NET REALIZABLE AMOUNTS EXPECTED TO BE COLLECTED NET PATIENT SERVICE REVENUE INCLUDES AMOUNTS ESTIMATED BY MANAGEMENT TO BE REIMBURSABLE BY PATIENTS AND VARIOUS THIRD-PARTY PAYORS UNDER PROVISIONS OF REIMBURSEMENT FORMULAS IN EFFECT, INCLUDING RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS ESTIMATED RETROACTIVE ADJUSTMENTS ARE ACCRUED IN THE PERIOD RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS FINAL AND OTHER SETTLEMENTS ARE DETERMINED WELLMONT PROVIDES CARE TO PATIENTS WHO MEET CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES BECAUSE WELLMONT DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUE PATIENT ACCOUNTS RECEIVABLE ARE REPORTED NET OF BOTH AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS THE CONTRACTUAL ALLOWANCE REPRESENTS THE DIFFERENCE BETWEEN ESTABLISHED BILLING RATES AND ESTIMATED REIMBURSEMENT FROM MEDICARE, TENNCARE, MEDICAID, AND OTHER THIRD-PARTY PAYMENT PROGRAMS WELLMONT'S POLICY DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FOR PATIENT ACCOUNTS RECEIVABLE WELLMONT ROUTINELY OBTAINS ASSIGNMENT OF, OR IS OTHERWISE ENTITLED TO RECEIVE, PATIENT BENEFITS PAYABLE UNDER HEALTH INSURANCE PROGRAMS, PLANS, OR POLICIES

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

THE MEDICARE COST REPORT COST FINDING METHODOLOGY AND COST TO CHARGE RATIOS WERE USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6. LINE 7 IS A SURPLUS SO IT IS NOT INCLUDED AS COMMUNITY BENEFIT. THE IRS INSTRUCTIONS FOR SCHEDULE H, PART III, SECTION B, LINES 5-7 SPECIFICALLY INDICATE TO INCLUDE ONLY THOSE ALLOWABLE COSTS AND MEDICARE REIMBURSEMENTS THAT ARE REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT FOR THE YEAR. THIS REPORTING DOES NOT TAKE INTO ACCOUNT THOSE COSTS AND REVENUES ASSOCIATED WITH PHYSICIANS WHO ARE TREATING MEDICARE PATIENTS AT HOSPITAL-OWNED CLINIC AND PHYSICIAN PRACTICE SITES. ACCORDINGLY, THE NET RESULT OF TREATING MEDICARE PATIENTS FROM A FINANCIAL PERSPECTIVE MAY DIFFER AS REPORTED FOR FINANCIAL REPORTING PURPOSES AND COMMUNITY BENEFIT REPORTING PURPOSES FROM THE SURPLUS OR SHORTFALL SHOWN ON LINE 7 OF SECTION B OF PART III OF SCHEDULE H.



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

A THIRD PARTY VENDOR WAS USED BEGINNING IN FISCAL YEAR 2010 (TAX YEAR 2009) TO IDENTIFY PATIENTS WHO HAD BEEN SENT TO A COLLECTION AGENCY BUT WHO LIKELY WOULD QUALIFY FOR CHARITY CARE THESE PATIENTS' ACCOUNTS ARE THEN WRITTEN OFF AS CHARITY CARE SUCH PATIENTS ARE NOTIFIED OF THE REDUCTION OR ELIMINATION OF THE OUTSTANDING CHARGES AND COLLECTIONS ARE NOT PURSUED

**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

WELLMONT HEALTH SYSTEM EXAMINES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING PHYSICIAN NEEDS ASSESSMENTS FOR ITS HOSPITALS AS PART OF THIS EFFORT, WELLMONT REVIEWS ITS SERVICE AREA AND DEMOGRAPHICS, EXAMINES PHYSICIAN DEMOGRAPHICS AND CONDUCTS FOCUS GROUPS IT MAKES A DETERMINATION OF PHYSICIAN NEED WHILE CALCULATING ITS PHYSICIAN SURPLUSES AND DEFICITS AND HIGHLIGHTING ITS RECRUITMENT PRIORITIES AND PLANS WELLMONT ANNUALLY DETERMINES ITS PRIMARY, SECONDARY AND TERTIARY MARKETS THROUGH THE USE OF COUNTY-BY-COUNTY ANALYSIS TO IDENTIFY THE FOLLOWING CUSTOMER GROUPS PATIENTS AND POTENTIAL PATIENTS, COMMUNITY/EMPLOYER GROUPS AND LOCAL PHYSICIANS THE HEALTH SYSTEM ALSO RELIES ON THE EXPERTISE OF CONSULTANTS TO PERIODICALLY REVIEW ALL FACETS OF OPERATIONS AND MAKE RECOMMENDATIONS FOR CHANGES

**Form 990 Schedule H, Part VI - Supplemental Information, Line 4**

WELLMONT HEALTH SYSTEM'S SERVICE AREA IS DEFINED BY MANAGEMENT AT THE COUNTY LEVEL BASED ON PATIENT ACTIVITY AND LOCATIONS OF OUR CAMPUSES THE PRIMARY SERVICE AREA ("PSA") INCLUDES THE TENNESSEE COUNTIES OF SULLIVAN, HAWKINS AND HANCOCK AND THE VIRGINIA COUNTIES OF WASHINGTON, WISE, LEE AND SCOTT THE SECONDARY SERVICE AREA ("SSA") IS DEFINED AS WASHINGTON, GREENE, CARTER, JOHNSON AND UNICOI COUNTIES OF TENNESSEE AND RUSSELL, BUCHANAN, SMYTH, TAZEVELL, DICKENSON AND WYTHE COUNTIES OF VIRGINIA THE DEMOGRAPHICS OF THESE AREAS ARE AS FOLLOWS PSA - POPULATION 384,685, MEDIAN HOUSEHOLD INCOME \$37,711 SSA - POPULATION 456,180, MEDIAN HOUSEHOLD INCOME \$33,982 APPROXIMATELY 13 5% OF OUR PATIENTS ARE MEDICAID RECIPIENTS AND 6 5% ARE UNINSURED AND TWO OF THE PSA COUNTIES ARE DESIGNATED AS MEDICALLY UNDERSERVED AREAS (HAWKINS COUNTY, TENNESSEE AND LEE COUNTY, VIRGINIA)

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

WELLMONT HEALTH SYSTEM'S HOSPITALS AND OTHER HEALTHCARE FACILITIES FURTHER THEIR EXEMPT PURPOSE BY PROVIDING MILLIONS IN UNCOMPENSATED CARE AND OTHER CHARITABLE DONATIONS IN FISCAL YEAR 2009-10, WELLMONT PROVIDED \$71,028,000 IN UNCOMPENSATED CARE THE HEALTH SYSTEM ALSO DONATED \$918,448 TO COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN HEART ASSOCIATION, UNITED WAY, SUSAN G KOMEN FOR THE CURE AND THE AMERICAN CANCER SOCIETY WELLMONT PROVIDED NEARLY \$5,375,454 FOR COMMUNITY HEALTH AND OUTREACH AND \$6,991,127 FOR TRAINING AND EDUCATION OF HEALTHCARE PROFESSIONALS EMPLOYEES, PHYSICIANS, AND VOLUNTEERS DONATED 102,619 HOURS OF COMMUNITY SERVICE

**Form 990 Schedule H, Part VI - Supplemental Information, Line 7**

WELLMONT HEALTH SYSTEM ("WELLMONT") IS A TENNESSEE NON-PROFIT CORPORATION BASED IN KINGSFORT, TENNESSEE AND A PREMIER PROVIDER OF HEALTHCARE SERVICES IN NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA. WELLMONT WAS FORMED IN JULY 1996 WITH THE MERGER OF BRISTOL MEMORIAL HOSPITAL IN BRISTOL, TENNESSEE AND HOLSTON VALLEY MEDICAL CENTER IN KINGSFORT, TENNESSEE. OVER THE PAST DECADE, WELLMONT HAS GROWN TO INCLUDE SIX ADDITIONAL HOSPITALS, AN INTEGRATED PHYSICIAN NETWORK AND SEVERAL AMBULATORY SITES. WELLMONT HOSPITALS OFFER A BROAD SCOPE OF SERVICES RANGING FROM COMMUNITY-BASED ACUTE CARE TO HIGHLY SPECIALIZED TERTIARY SERVICES INCLUDING TWO TRAUMA CENTERS, COMPREHENSIVE HEART CARE AND CANCER CARE. WELLMONT OWNS AND OPERATES AN INTEGRATED HEALTH CARE DELIVERY SYSTEM PROVIDING INPATIENT, OUTPATIENT AND OTHER HEALTH CARE SERVICES AT MULTIPLE LOCATIONS IN NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA. CURRENTLY, WELLMONT OWNS AND OPERATES SIX ACUTE CARE HOSPITAL FACILITIES AND ONE CRITICAL ACCESS HOSPITAL WITH A TOTAL OF 1,253 LICENSED BEDS AND, THROUGH A JOINT VENTURE, PARTNERS TO OPERATE AN ADDITIONAL ACUTE CARE HOSPITAL FACILITY WITH 100 LICENSED BEDS. THE ACUTE CARE FACILITIES OWNED BY WELLMONT INCLUDE HOLSTON VALLEY MEDICAL CENTER, BRISTOL REGIONAL MEDICAL CENTER, MOUNTAIN VIEW REGIONAL MEDICAL CENTER IN NORTON, VIRGINIA, LEE REGIONAL MEDICAL CENTER IN PENNINGTON GAP, VIRGINIA, LONESOME PINE HOSPITAL IN BIG STONE GAP, VIRGINIA, HAWKINS COUNTY MEMORIAL HOSPITAL IN ROGERSVILLE, TENNESSEE AND THE CRITICAL ACCESS HOSPITAL, HANCOCK COUNTY HOSPITAL IN SNEEDVILLE, TENNESSEE. WELLMONT IS THE MAJORITY PARTNER WITH ADVENTIST HEALTH SYSTEM AT TAKOMA REGIONAL HOSPITAL, AN ACUTE CARE HOSPITAL IN GREENEVILLE, TENNESSEE. WELLMONT ALSO, DIRECTLY OR INDIRECTLY, CONTROLS, OWNS OR IS AFFILIATED WITH VARIOUS NONPROFIT AND FOR-PROFIT CORPORATIONS AND OTHER ORGANIZATIONS THAT CURRENTLY PROVIDE HEALTH CARE AND HEALTH CARE-RELATED SERVICES THROUGHOUT THE SERVICE AREA. IN ADDITION TO THE HOSPITAL CAMPUSES AND AMBULATORY CARE CENTERS DESCRIBED ABOVE, WELLMONT ALSO OPERATES MEDICAL CLINICS, AMBULATORY SURGERY CENTERS, COMPREHENSIVE CANCER CARE CENTERS, AND IMAGING FACILITIES.