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Form 990  Department of the Treasury Internal Revenue Service	<h1>Return of Organization Exempt From Income Tax</h1> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p>▶ Do not enter social security numbers on this form as it may be made public</p> <p>▶ Information about Form 990 and its instructions is at www.irs.gov/form990</p>	OMB No 1545-0047 <h1>2014</h1> <p>Open to Public Inspection</p>
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A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WELLMONT HEALTH SYSTEM		D Employer identification number 62-1636465
	Doing business as		E Telephone number (423) 230-8200
	Number and street (or P O box if mail is not delivered to street address) 1905 AMERICAN WAY	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code KINGSFORT, TN 37660		G Gross receipts \$ 778,307,404
	F Name and address of principal officer TODD J DOUGAN 1905 AMERICAN WAY KINGSFORT, TN 37660		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.WELLMONT.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE DELIVER SUPERIOR HEALTH CARE WITH COMPASSION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6,429
6 Total number of volunteers (estimate if necessary)	6	665	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	240,009	
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	948,195	2,719,815
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	639,948,563	660,586,840
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,654,803	13,688,779
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,920,473	17,178,806
		675,472,034	694,174,240
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	217,972	236,312
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	257,742,877	263,568,679
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	7b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	395,430,883	378,942,408
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	653,391,732	642,747,399
	19 Revenue less expenses Subtract line 18 from line 12	22,080,302	51,426,841
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,136,872,750	1,107,547,852
	21 Total liabilities (Part X, line 26)	633,182,238	619,863,728
	22 Net assets or fund balances Subtract line 21 from line 20	503,690,512	487,684,124

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my 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.

Sign Here	*****			2016-05-16	
	Signature of officer			Date	
Paid Preparer Use Only	TODD J DOUGAN SR VP OF FINANCE				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	Firm's name		Firm's EIN		PTIN
	Firm's address		Phone no		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1

Briefly describe the organization's mission

WE DELIVER SUPERIOR HEALTH CARE WITH COMPASSION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes
☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes
☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 582,652,477 including grants of \$ 236,312) (Revenue \$ 661,974,457)

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 (7 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 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 (CON'T ON SCHEDULE O) 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" OF SCHEDULE H WELLMONT IS A PUBLIC TRUST FROM KINGSFORT TO BRISTOL, FROM SNEEDVILLE TO NORTON, THE MEMBER HOSPITALS OF OUR ORGANIZATION WERE BORN OF THEIR COMMUNITIES' COMMITMENT TO SUPERIOR HEALTH CARE FOR THEIR CITIZENS WE OFFER A VAST ARRAY OF MEDICAL SERVICES AND RESOURCES FOR THOUSANDS OF PATIENTS IN NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA IN 2015, WE PROVIDED SERVICES TO 47,949 PATIENTS IN A BED, 161,995 EMERGENCY ROOM VISITS, 2,246 NEWBORN DELIVERIES, AND 22,175 SURGERIES WELLMONT IS A TENNESSEE NOT-FOR-PROFIT CORPORATION FIVE TAX-EXEMPT COMMUNITY BASED HOSPITALS - BRISTOL REGIONAL MEDICAL CENTER (BRISTOL, TENN), HOLSTON VALLEY MEDICAL CENTER (KINGSFORT, TENN), LONESOME PINE HOSPITAL (BIG STONE GAP, VA), HANCOCK COUNTY HOSPITAL (SNEEDVILLE, TENN), AND MOUNTAIN VIEW REGIONAL MEDICAL CENTER (NORTON, VA)- ARE INCLUDED IN THIS CORPORATION BUT EVEN AS OUR SERVICE AREA SPANS MULTIPLE STATES AND OUR REVENUE IS REPORTED IN THE HUNDREDS OF MILLIONS OF DOLLARS, WE REMAIN A COMMUNITY- OWNED HEALTH SYSTEM IT IS OUR MISSION TO DELIVER SUPERIOR HEALTH CARE WITH COMPASSION TO THE PEOPLE WE SERVE IT IS OUR VISION TO DELIVER THE BEST HEALTH CARE ANYWHERE CONSISTENT WITH THIS MISSION, WE HAVE WORKED TOWARD IMPROVING OUR COMMUNITY'S ACCESS TO QUALITY, AFFORDABLE HEALTH CARE, EDUCATING OUR REGION'S CAREGIVERS, IMPROVING THE HEALTH STATUS OF OUR COMMUNITIES AND CONTRIBUTING TO THE OVERALL QUALITY OF LIFE IN THE AREAS WE SERVE OVERALL, WE RETURNED MORE THAN 77,548,134 IN BENEFITS TO OUR REGION, INCLUDING 67,498,149 OF COSTS FOR INDIGENT PATIENTS AND UNCOMPENSATED CARE FOR OTHER PATIENTS AND 10,049,985 FOR OTHER COMMUNITY ACTIVITIES OUTLINED BELOW WELLMONT IS IN COMPLIANCE WITH IRS GUIDELINES FOR FORM 990 SCHEDULE H REPORTING PURPOSES AND THE AMOUNTS REFLECTED ABOVE ARE NOT INCLUSIVE OF RESOURCES DESCRIBED IN WELLMONT'S COMMUNITY BENEFIT REPORT AS THE ABOVE AMOUNTS ARE REPORTED ON SCHEDULE H WE ARE MINDFUL OF OUR RESPONSIBILITIES AS ONE OF THE REGION'S LARGEST EMPLOYERS 6,429 FAMILIES COUNT ON US FOR THEIR LIVELIHOODS CITIES AND COUNTIES THROUGHOUT OUR SERVICE AREA RELY ON US AS A DRIVER OF ECONOMIC DEVELOPMENT IT IS OUR DUTY AS A CORPORATE CITIZEN TO SUPPORT THOSE ENDEAVORS AND CAUSES THAT IMPROVE THE QUALITY OF LIFE IN OUR REGION AND WE ALSO RECOGNIZE IT IS OUR RESPONSIBILITY TO CARE FOR THOSE IN NEED - REGARDLESS OF THEIR ABILITY TO PAY IT IS OUR COMMITMENT - INDEED, IT IS OUR MISSION - TO SUPPORT THE CAUSES AND DEVELOP THE INITIATIVES THAT WILL PROPEL OUR COMMUNITIES TOWARD A BETTER, BRIGHTER, HEALTHIER AND MORE VIBRANT FUTURE SERVING THE UNDERSERVED REGARDLESS OF RACE, RELIGION, ETHNICITY OR ABILITY TO PAY, WELLMONT'S HOSPITALS TREAT ALL PATIENTS FOR MEDICALLY NECESSARY CONDITIONS RECOGNIZING THAT SOME PATIENTS CANNOT AFFORD ESSENTIAL MEDICAL SERVICES, WELLMONT PROVIDED CARE FOR INDIGENT PATIENTS, WRITING OFF 58,016,379 OF CHARGES AND INCURRING COST OF 13,427,640 WELLMONT IS IN COMPLIANCE WITH IRS GUIDELINES FOR FORM 990 SCHEDULE H REPORTING PURPOSES AND THE AMOUNTS REFLECTED ABOVE ARE NOT INCLUSIVE OF RESOURCES DESCRIBED IN WELLMONT'S COMMUNITY BENEFIT REPORT AS THE ABOVE AMOUNTS ARE REPORTED ON SCHEDULE H OTHER RECENT INITIATIVES INCLUDE THE WELLMONT HEALTH COACH IS PART OF WELLMONT'S ONGOING EFFORTS TO IMPROVE THE HEALTH OF OUR COMMUNITIES AND ENCOURAGE WELLNESS IN THE MOUNTAINS OF NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA FUNDED BY COMMUNITY SUPPORT THROUGH THE WELLMONT FOUNDATION, THE COACH OFFERS A HOST OF COMPREHENSIVE SCREENINGS THAT HELP IDENTIFY POTENTIAL HEALTH PROBLEMS OUR HEALTH SYSTEM, IN CONJUNCTION WITH A GRANT FROM SUSAN G KOMEN FOR THE CURE TRI-CITIES, WAS ABLE TO FUND THE COST OF MAMMOGRAMS FOR SEVERAL HUNDRED WOMEN WHO WERE UNDERINSURED OR UNINSURED PROJECT ACCESS TO BREAST CARE IS DESIGNED TO REACH WOMEN WHO LIVE IN HAWKINS, SULLIVAN, WASHINGTON, JOHNSON, UNICOI, HANCOCK, CARTER AND GREENE COUNTIES IN TENNESSEE AND WOMEN IN SCOTT COUNTY, VA TO QUALIFY, WOMEN MUST BE BETWEEN THE AGES OF 35 AND 49 AND EITHER BE UNINSURED AND FINANCIALLY UNABLE TO PAY FOR A MAMMOGRAM OR INSURED AND HAVE A HIGH DEDUCTIBLE AND/OR CO-PAY THAT MAKES IT FINANCIALLY DIFFICULT TO OBTAIN A MAMMOGRAM BRISTOL REGIONAL MEDICAL CENTER PROVIDES SUPPLIES AND OTHER VARIOUS ITEMS VALUED AT 20,406 TO HEALING HANDS HEALTH CENTER IN BRISTOL, TENN , WHICH PROVIDES QUALITY HEALTH CARE TO THE WORKING POOR DR DAVE ARNOLD SERVES AS THE MEDICAL DIRECTOR OF HEALING HANDS HEALTH CENTER IN BRISTOL, TENN AND HIS SALARY AND BENEFITS ARE PAID BY HEALING HANDS HEALTH CENTER TRAINING AND EDUCATING OUR HEALTHCARE PROFESSIONALS WELLMONT WILL NOT SUCCEED IN OUR MISSION WITHOUT CONTINUALLY REINVESTING IN OUR MOST PRECIOUS RESOURCE - OUR PEOPLE TO THAT END, WE SUPPORTED THE EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS AT A DIRECT COST OF 5,748,416 RECENT INITIATIVES INCLUDE WELLMONT PROVIDED AND PARTICIPATED IN SEVERAL FORMAL TRAINING PROGRAMS FOR HEALTH PROFESSIONALS, INCLUDING EAST TENNESSEE STATE UNIVERSITY'S INTERNSHIP AND RESIDENCY PROGRAMS OUR CONTRIBUTIONS TOTALED 991,864 IN SUPPORT OF THE SCHOOL'S JAMES H QUILLEN COLLEGE OF MEDICINE RESIDENCY PROGRAM WELLMONT CONTINUES TO WELCOME OSTEOPATHIC MEDICAL STUDENTS FROM LINCOLN MEMORIAL UNIVERSITY'S DEBUSK COLLEGE OF OSTEOPATHIC MEDICINE THE STUDENTS PERFORM CLINICAL ROTATIONS IN WELLMONT HOSPITALS AS THEY MOVE TOWARD BECOMING THE NEXT GENERATION OF DOCTORS THE STUDENTS, WHO RECEIVE FREE HOUSING ON THE CAMPUS OF MOUNTAIN VIEW REGIONAL MEDICAL CENTER, COMPLETE THEIR CORE CLINICAL ROTATIONS AT MOUNTAIN VIEW REGIONAL THE STUDENTS PERFORM SUB-SPECIALTY ROTATIONS AT HOLSTON VALLEY MEDICAL CENTER AND BRISTOL REGIONAL MEDICAL CENTER AND PRIMARY CORE ROTATIONS AT HAWKINS COUNTY MEMORIAL HOSPITAL FREE HOUSING IS AVAILABLE ON THE MOUNTAIN VIEW REGIONAL MEDICAL CENTER AND HOLSTON VALLEY MEDICAL CENTER CAMPUSES FOR OUR MOUNTAIN REGION CORE SITE MEDICAL STUDENTS OUR CONTRIBUTIONS TOTALED 730,534 IN SUPPORT OF THE DEBUSK COLLEGE OF OSTEOPATHIC MEDICINE WELLMONT AND LINCOLN MEMORIAL UNIVERSITY'S DEBUSK COLLEGE OF OSTEOPATHIC MEDICINE ALSO PARTNER TO PROVIDE THE WELLMONT ORTHOPEDIC RESIDENCY PROGRAM AT HOLSTON VALLEY MEDICAL CENTER, ONE OF JUST 41 SUCH PROGRAMS IN THE COUNTRY TO HELP TRAIN THE NEXT GENERATION OF SPECIALTY PHYSICIANS OUR CONTRIBUTIONS TOTALED 20,738 IN SUPPORT OF THE LINCOLN MEMORIAL UNIVERSITY'S DEBUSK COLLEGE OF OSTEOPATHIC MEDICINE ORTHOPEDIC RESIDENCY PROGRAM WELLMONT CONTINUES TO EXERT TREMENDOUS EFFORT TO ACHIEVE MEANINGFUL USE OF AN ELECTRONIC HEALTH RECORD THIS NATIONAL MANDATE CREATES TREMENDOUS EFFICIENCIES FOR CAREGIVERS, ENHANCES PATIENT CARE AND ULTIMATELY IMPROVES PATIENT SAFETY BY REDUCING THE POTENTIAL FOR ERRORS ASSOCIATED WITH PAPER DOCUMENTATION AS WELL AS INCREASING THE SECURITY AND SHARING OF DATA AMONG PROVIDERS WELLMONT COMPLETED THE IMPLEMENTATION OF MYWELLMONT, WHICH IS AN ONLINE PORTAL THAT ALLOWS WELLMONT PATIENTS TO SECURELY ACCESS THEIR HEALTH INFORMATION FROM VIRTUALLY ANYWHERE PATIENTS CAN ELECTRONICALLY REQUEST APPOINTMENTS, VIEW TEST RESULTS, RENEW PRESCRIPTIONS, PAY BILLS AND PERFORM MANY OTHER ROUTINE ACTIVITIES MOST IMPORTANTLY, PATIENTS AND PROVIDERS CAN CONNECT IN MORE WAYS THAN EVER BEFORE, ENHANCING RELATIONSHIPS AND BUILDING A TEAM-BASED APPROACH TO CARE WELLMONT HAS MADE AVAILABLE CONTINUING EDUCATION AND TRAINING TO EMPLOYEES, MEDICAL STAFF, MEMBERS OF AFFILIATED HEALTH CAREORGANIZATIONS AND SCHOOLS AND INTERESTED MEMBERS OF THE PUBLIC SOME OF THOSE OPPORTUNITIES INCLUDED -ANNUAL STROKE SYMPOSIUM, OPEN TO WELLMONT PHYSICIANS AND STAFF AND THE COMMUNITY, -ANNUAL CRITICAL CARE AND TRAUMA CONFERENCE, OPEN TO WELLMONT PHYSICIANS AND STAFF AND THE COMMUNITY, -ANNUAL CARDIOVASCULAR SUMMIT, OPEN TO WELLMONT PHYSICIANS AND STAFFAND THE COMMUNITY, -ANNUAL WOMEN AND CHILDREN'S EXPOSITION, OPEN TO WELLMONT PHYSICIANS AND STAFF AND THE COMMUNITY, -ANNUAL DIABETES EXPOSITION, OPEN TO WELLMONT PHYSICIANS AND STAFF AND THE COMMUNITY, -A PRESCRIPTION DRUG ABUSE CONFERENCE -REGULAR EDUCATION FOR CLINICAL STAFF ON TOPIC

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d





















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 582,652,477

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 (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b 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 	11b	No
c 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 	11c	No
d 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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	358	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	6,429	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?		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 as charitable contributions?		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	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

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.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	16	
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	Yes

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, 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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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▶
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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶TODD J DOUGAN 1905 AMERICAN WAY KINGSPORT, TN 37660 (423) 230-8200

Check if Schedule O contains a response or note to any line in this Part VII

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2014)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	9,225,736	2,053,871	498,439

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶147

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION P O BOX 88314 MILWAUKEE, WI 532880314	SOFTWARE	11,979,650
SOLSTAS LAB PARTNERS P O BOX 751337 CHARLOTTE, NC 28275	LAB SERVICES	9,225,937
SPENCER THOMAS GROUP 1931 WOODBURY AVE 125 PORTSMOUTH, NH 03801	SOFTWARE CONSUL	8,188,867
SODEXO INC & AFFILIATES P O BOX 536922 ATLANTA, GA 303536922	MGMT SERVICES	5,978,650
ESD LLC 4352 WEST SYLVANIA AVE SUITE M TOLEDO, OH 43623	SOFTWARE CONSUL	5,518,456
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶139		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,700,214			
	e	Government grants (contributions)	1e	19,601			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,719,815			
Program Service Revenue	2a	PHARMACY REVENUE	Business Code 621990	334,559,482	334,559,482		
	b	NET PATIENT REVENUE	621990	319,523,794	319,523,794		
	c	BLOOD REVENUE	621990	6,417,164	6,417,164		
	d	ADMINISTRATIVE REVENUE	561000	86,400	86,400		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		660,586,840			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,314,497			12,314,497
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		(i) Real		4,335,692			4,335,692
		(ii) Personal					
		Gross rents					
		Less rental expenses					
b		Rental income or (loss)					
c		Net rental income or (loss)					
7a		(i) Securities		1,374,282		24,169	1,350,113
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
b		Gain or (loss)					
c		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
a		Less direct expenses					
b		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19					
a		Less direct expenses					
b		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
a	Less cost of goods sold						
b	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE	900099	5,012,393			5,012,393	
b	CAFETERIA VENDING	900099	3,373,493			3,373,493	
c	MEDICAL LAUNDRY REVENUE	900099	2,453,984			2,453,984	
d	All other revenue		2,003,244	1,387,617	215,840	399,787	
e	Total. Add lines 11a-11d		12,843,114				
12	Total revenue. See Instructions		694,174,240	661,974,457	240,009	29,239,959	

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)

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments See Part IV, line 21	236,312	236,312		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,343,761		7,343,761	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	205,086,337	177,219,235	27,867,102	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,084,075	4,976,820	1,107,255	
9	Other employee benefits	30,331,070	26,363,705	3,967,365	
10	Payroll taxes	14,723,436	12,594,408	2,129,028	
11	Fees for services (non-employees)				
a	Management	840,922		840,922	
b	Legal	1,585,502		1,585,502	
c	Accounting	1,718,814		1,718,814	
d	Lobbying	146,182	146,182		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	362,237	362,237		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,676,400	60,709,938	2,966,462	
12	Advertising and promotion	1,338,101	1,338,101		
13	Office expenses	34,158,387	31,295,244	2,863,143	
14	Information technology	10,769,216	10,764,359	4,857	
15	Royalties				
16	Occupancy	15,322,874	13,124,699	2,198,175	
17	Travel	1,750,451	1,454,310	296,141	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,473	43,310	1,163	
20	Interest	18,589,181	18,589,181		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,132,186	51,437,210	2,694,976	
23	Insurance	3,430,190	3,430,190		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	DRUGS & MEDICAL SUPPLIES	124,783,498	124,783,348	150	
b	PROVISION FOR BAD DEBTS	41,655,746	41,655,746		
c	MISCELLANEOUS EXPENSE	3,463,821	1,705,884	1,757,937	
d	PHYSICIAN RECRUITMENT	932,528	188,471	744,057	
e	All other expenses	241,699	233,587	8,112	
25	Total functional expenses. Add lines 1 through 24e	642,747,399	582,652,477	60,094,922	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		553,847	1	305,060
	2	Savings and temporary cash investments		25,886,422	2	45,263,215
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		175,220,510	4	116,357,945
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		17,170,337	8	18,417,121
	9	Prepaid expenses and deferred charges		9,662,119	9	9,676,575
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,089,340,217		
	b	Less accumulated depreciation	10b	635,247,983	10c	454,092,234
	11	Investments—publicly traded securities		412,922,328	11	411,522,813
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		18,220,889	13	7,213,553
	14	Intangible assets		7,993,380	14	37,609,295
	15	Other assets See Part IV, line 11		7,099,105	15	7,090,041
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,136,872,750	16	1,107,547,852
Liabilities	17	Accounts payable and accrued expenses		84,562,491	17	81,970,064
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		471,816,681	20	459,668,669
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		9,564,971	23	9,297,968
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		67,238,095	25	68,927,027
	26	Total liabilities. Add lines 17 through 25		633,182,238	26	619,863,728
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		503,690,512	27	487,684,124
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		503,690,512	33	487,684,124
	34	Total liabilities and net assets/fund balances		1,136,872,750	34	1,107,547,852

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	694,174,240
2	Total expenses (must equal Part IX, column (A), line 25)	2	642,747,399
3	Revenue less expenses Subtract line 2 from line 1	3	51,426,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	503,690,512
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-67,433,229
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	487,684,124

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 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	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b	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	3b	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) STANLEY GALL MD BOARD MEMBER	..... 40 00	X						0	564,321	29,544
(1) DAVID THOMPSON MD BOARD MEMBER	..... 40 00	X						0	433,561	8,407
(2) JULIE P BENNETT VICE CHAIR	6 00	X						0	0	0
(3) R DAVID CROCKETT SR BOARD MEMBER	6 00	X						0	0	0
(4) WAYNE J KENNEDY SECRETARY	6 00	X						0	0	0
(5) RAVEN KRICKBAUM BOARD MEMBER	6 00	X						0	0	0
(6) ROGER L LEONARD CHAIRMAN	6 00	X						0	0	0
(7) ROGER K MOWEN TREASURER/AS	6 00	X						0	0	0
(8) GLEN SKIP SKINNER BOARD MEMBER	6 00	X						0	0	0
(9) DOUGLAS J SPRINGER MD BOARD MEMBER	6 00	X						0	0	0
(10) DAVID LESTER BOARD MEMBER	6 00	X						0	0	0
(11) WILLIAM SMITH MD BOARD MEMBER	6 00	X						0	0	0
(12) DAVID SPARKS MD BOARD MEMBER	6 00	X						0	0	0
(13) MARY HALL BOARD MEMBER	6 00	X						0	0	0
(14) TERRY BEGLEY BOARD MEMBER	6 00	X						0	0	0
(15) NELSON GWALTNEY MD BOARD MEMBER	6 00	X						0	0	0
(16) KEITH WILSON BOARD MEMBER	6 00	X						0	0	0
(17) TED WOOD BOARD MEMBER	6 00	X						0	0	0
(18) MARGARET DENARVAEZ TERMED 91614 PRESIDENT/CE	40 00 0 00			X				2,554,461	0	65,341
(19) TRACEY P MOFFATT TERMED 10314 SR VP & WHS	40 00			X				575,375	0	21,418
(20) ALICE POPE EVP & CFO	40 00			X				479,861	0	27,467
(21) BARTON A HOVE WHS PRESIDEN	40 00			X				394,913	0	16,374
(22) WILLIAM SHOWALTER TERMED 41715 SR VP - INFO	40 00			X				393,336	0	8,697
(23) HAMLIN J WILSON SR VP-HUMAN	40 00			X				347,552	0	16,364
(24) GARY D MILLER SR VP & GEN	40 00			X				346,188	0	16,104

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(26) TODD J DOUGAN SR VP-FINANC	40 00			X				292,465	0	19,822
(1) LOWELL TODD NORRIS SR VP INST &	8 00 32 00			X				55,653	222,610	19,670
(2) BUFORD E DEATON EXEC VP & WH	40 00			X				66,293	0	370
(3) TIMOTHY ATTEBERY PRESIDENT/CE	40 00				X			446,896	0	25,151
(4) GREG NEAL PRESIDENT/CE	40 00				X			409,637	0	24,122
(5) FRED PELLE PRESIDENT &	40 00				X			68,173	265,643	21,490
(6) DAVID L BRASH SR VP OF BUS	40 00				X			319,658	0	21,654
(7) MARTHA CHILL SYSTEM VP/EM	40 00				X			310,170	0	21,720
(8) VIRGINIA FRANK TERMED 8814 PRESIDENT-HV	40 00				X			231,607	0	6,440
(9) DANIEL CARLSON TERMED 5815 CHIEF MEDICA	40 00					X		415,496	0	25,648
(10) SUSAN LINDENBUSCH VP WHS ONCOL	40 00					X		325,826	0	15,619
(11) WILLIAM TROY CLARK TERMED 121214 VP/HV CHIEF	40 00					X		316,207	0	21,301
(12) DAVID ARROWOOD CRNA	40 00					X		285,795	0	18,803
(13) BRAD PRICE SR VP-RESOUR	40 00					X		285,597	0	11,032
(14) PIERRE ISTFAN MD BOARD MEMBER	..... 40 00						X	0	567,736	29,881
(15) KENT PETTY TERMED 4114 CHIEF INFORM	40 00						X	304,577	0	6,000

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization WELLMONT HEALTH SYSTEM	Employer identification number 62-1636465
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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)	146,182													
c	Total lobbying expenditures (add lines 1a and 1b)	146,182													
d	Other exempt purpose expenditures	652,131,919													
e	Total exempt purpose expenditures (add lines 1c and 1d)	652,278,101													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	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													
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 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable 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	63,081	64,174	169,101	146,182	442,538
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total. Add 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).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization WELLMONT HEALTH SYSTEM	Employer identification number 62-1636465
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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 value of contributions to (during year)	
3	Aggregate value of 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 can 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)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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?

☐ Yes ☐ No

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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

a

Revenue 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 acquisition, 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 XIII
- 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 XIII 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, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	107,181	31,544,344		31,651,525
b Buildings		521,877,129	267,122,794	254,754,335
c Leasehold improvements		8,357,291	1,925,145	6,432,146
d Equipment		373,376,522	299,554,384	73,822,138
e Other		154,077,750	66,645,660	87,432,090
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				454,092,234

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE WELLMONT HEALTH SYSTEM ENTITIES ARE PRIMARILY CLASSIFIED AS ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) AS ENTITIES DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED FOR THESE ENTITIES IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE OPERATIONS OF WELLMONT HEALTH SYSTEM ARE SUBJECT TO STATE AND FEDERAL INCOME TAXES WHICH ARE ACCOUNTED FOR IN ACCORDANCE WITH ASC 740, INCOME TAXES, HOWEVER, SUCH AMOUNTS ARE NOT MATERIAL.

[illegible]

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
WELLMONT HEALTH SYSTEM

Employer identification number
62-1636465

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance 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	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did 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

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			13,427,640		13,427,640	2 090 %
b Medicaid (from Worksheet 3, column a)			75,090,879	21,020,370	54,070,509	8 410 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			88,518,519	21,020,370	67,498,149	10 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	230	175,745	4,226,815		4,226,815	0 660 %
f Health professions education (from Worksheet 5)	72	5,646	5,555,001		5,555,001	0 860 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	202	32	135,640		135,640	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	62		132,529		132,529	0 020 %
j Total. Other Benefits	566	181,423	10,049,985		10,049,985	1 560 %
k Total. Add lines 7d and 7j	566	181,423	98,568,504	21,020,370	77,548,134	12 070 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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
1Physical improvements and housing						
2Economic development						
3Community support	4	280	9,306		9,306	
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy	69	4,102	15,668		15,668	
8Workforce development						
9Other						
10Total	73	4,382	24,974		24,974	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

10,621,284

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

145,042,286

6Enter Medicare allowable costs of care relating to payments on line 5.

6

141,633,052

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

3,409,234

8Describe 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.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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 %
1HOLSTON VALLEY AMBUL	SURGICAL SERVICES	52 000 %		48 000 %
2SAPLING GROVE AMBULA	SURGICAL SERVICES	65 000 %		35 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

5
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.WELLMONT.ORG</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>WWW.WELLMONT.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

A

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u> </u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	No
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWWWELLMONTORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWWWELLMONTORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWWWELLMONTORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
<div>19</div> <div>Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</div> <div>If "Yes," check all actions in which the hospital facility or a third party engaged</div> <div><div>a</div><div><input type="checkbox"/></div><div>Reporting to credit agency(ies)</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>Selling an individual's debt to another party</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>Actions that require a legal or judicial process</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other similar actions (describe in Section C)</div></div>	<div>19</div> <div>Yes</div>	
<div>20</div> <div>Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)</div> <div><div>a</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy on admission</div></div> <div><div>b</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy prior to discharge</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</div></div> <div><div>e</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div><div>f</div><div><input type="checkbox"/></div><div>None of these efforts were made</div></div>		
<div>Policy Relating to Emergency Medical Care</div>		
<div>21</div> <div>Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</div> <div>If "No," indicate why</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility did not provide care for any emergency medical conditions</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility's policy was not in writing</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div>	<div>21</div> <div>Yes</div>	
<div>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</div>		
<div>22</div> <div>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Other (describe in Section C)</div></div>		
<div>23</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</div> <div>If "Yes," explain in Section C</div>	<div>23</div>	No
<div>24</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</div> <div>If "Yes," explain in Section C</div>	<div>24</div>	No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 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 financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)
- 6
- Affiliated health care system.** 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
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION	PART I, LINE 6A 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 (7 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 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 and Line Reference	Explanation
PART I, LINE 7, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	THE BAD DEBT EXPENSE OF 41,617,056 WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	RATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO DETERMINE THE COSTS FOR AMOUNTS IN LINE 7A AND 7B, COL (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, COL (C)

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	WELLMONT HEALTH SYSTEM PROMOTED THE HEALTH OF THE COMMUNITIES IT SERVES IN A VARIETY OF WAYS COMMUNITY SUPPORT A MEMBER OF THE BRISTOL REGIONAL MEDICAL CENTER PHYSICAL THERAPY DEPARTMENT PROVIDED VOLUNTEER HOURS WITH HEALING HANDS HEALTH CENTER AND SAMARITAN'S PURSE SAMARITAN'S PURSE HOLDS AN ANNUAL OPERATION CHRISTMAS CHILD EVENT TO SHIP GIFTS IN SHOEBOXES THAT REACHES 8 5 MILLION CHILDREN AROUND THE WORLD THE HOLSTON VALLEY MEDICAL CENTER TRAUMA AND EMERGENCY DEPARTMENTS HOSTED AN APPRECIATION PICNIC FOR LOCAL EMS MEMBERS COMMUNITY HEALTH IMPROVEMENT ADVOCACY TO PROMOTE COMMUNITY HEALTH IMPROVEMENTS AND SAFETY, HOLSTON VALLEY MEDICAL CENTER (HVMC) PROVIDED RESOURCES TO CONDUCT VARIOUS PRESENTATIONS TO THE COMMUNITY SUCH AS TRAUMA NURSES TALK TOUGH, EBOLA EDUCATION, DISTRACTED DRIVER SIMULATOR PROGRAM, AND BATTLE OF THE BELT/SEAT BELT CHECK PROGRAM

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	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 and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	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

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	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, TAZEWELL, DICKENSON, AND WYTHE COUNTIES OF VIRGINIA THE DEMOGRAPHICS OF THESE AREAS ARE AS FOLLOWS PSA- POPULATION 362,438, MEDIAN HOUSEHOLD INCOME 38,234 SSA- POPULATION 457,850, MEDIAN HOUSEHOLD INCOME 36,557 APPROXIMATELY 17 24% OF OUR PATIENTS ARE MEDICAID RECIPIENTS, AND 10 17% ARE UNINSURED AND TWO OF THE PSA COUNTIES ARE DESIGNATED AS MEDICALLY UNDERSERVED AREAS (HAWKINS COUNTY, TENNESSEE, AND LEE COUNTY, VIRGINIA)

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	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 2015, WELLMONT PROVIDED 72,940,011 IN UNCOMPENSATED CARE THE HEALTH SYSTEM ALSO DONATED 288,632 TO COMMUNITY ORGANIZATIONS SUCH AS CHILDREN'S MIRACLE NETWORK, UNITED WAY, SUSAN G KOMEN FOR THE CURE, AND THE AMERICAN CANCER SOCIETY WELLMONT PROVIDED 5,761,249 FOR COMMUNITY HEALTH AND OUTREACH, 1,531 FOR COMMUNITY BENEFIT OPERATIONS, 30,007 FOR COMMUNITY BUILDING ACTIVITIES, 5,748,416 FOR TRAINING AND EDUCATION OF HEALTHCARE PROFESSIONALS AND 140,715 FOR CLINICAL TRIALS AND RESEARCH EMPLOYEES, PHYSICIANS, AND VOLUNTEERS DONATED IN EXCESS OF 74,936 HOURS OF COMMUNITY SERVICE

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	<p>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 18 YEARS, WELLMONT HAS GROWN TO INCLUDE FIVE 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 FIVE ACUTE CARE HOSPITAL FACILITIES AND ONE CRITICAL ACCESS HOSPITAL WITH A TOTAL OF 1,091 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, 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 ALSO, DIRECTLY OR INDIRECTLY, CONTROLS, OWNS, OR IS AFFILIATED WITH VARIOUS NON-PROFIT 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.</p>

Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	TENNESSEE

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	<p>PART III, LINE 4 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 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 BEEN PREVIOUSLY WRITTEN OFF AS BAD DEBT ARE USED TO REDUCE BAD DEBT EXPENSE A THIRD PARTY VENDOR IS USED TO HELP DETERMINE THE AMOUNT THAT COULD REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO LIKELY COULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE CHARITY CARE POLICY</p> <p>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 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 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 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 APPLICABLE 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 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 PART III, LINE 9B A THIRD PARTY VENDOR IS USED TO HELP DETERMINE THE AMOUNT THAT COULD REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO LIKELY COULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE CHARITY CARE POLICY</p>

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 1, HOLSTON VALLEY MEDICAL CENTER - PART V, LINE 5	INFORMATION FOR THE CHNA ASSESSMENT WAS GATHERED FROM A VARIETY OF SOURCES, INCLUDING - INTERVIEWS WITH PATIENTS - INTERVIEWS WITH KEY COMMUNITY LEADERS AND STAKEHOLDERS, INCLUDING REPRESENTATIVE OF UNDERSERVED POPULATIONS AND AREAS WITH HEALTHCARE DISPARITIES - INTERVIEWS WITH LEADERS AND STAFF IN OTHER HEALTHCARE ORGANIZATIONS OR CIVIC ORGANIZATIONS WITH A SHARED MISSION TO POSITIVELY IMPACT THE HEALTH STATUS OF THE COMMUNITY - PHYSICIAN NEEDS ASSESSMENT - COMMUNITY HEALTH FACILITY ASSESSMENT - MENTAL HEALTH NEEDS ASSESSMENT - DIALYSIS AND DENTAL NEEDS ASSESSMENT - PUBLICLY AVAILABLE POPULATION AND DEMOGRAPHIC INFORMATION - PUBLICLY AVAILABLE POPULATION HEALTH INFORMATION THE INFORMATION WAS THEN COLLATED AND ASSESSED TO DETERMINE THE GREATEST UNMET HEALTH NEEDS FACING OUR REGION STRATEGIES TO ADDRESS THESE NEEDS WERE THEN DEVELOPED, UTILIZING INTERNAL RESOURCES AND PARTNERSHIPS WITH OTHER HEALTHCARE ORGANIZATIONS AND PHYSICIANS SEVERAL COMMUNITY LEADERS PARTICIPATED IN THE CHNA THROUGH PERSONAL INTERVIEWS, SURVEYS AND OTHER MEANS THEIR FEEDBACK WAS INVALUABLE IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES WE SERVE AND DEVELOPING ACTIONS PLANS TO ENSURE THOSE NEEDS WERE MET THE TIME, TALENT AND INSIGHT OF ELECTED REPRESENTATIVES AND LEADERS OF BUSINESSES, MUNICIPALITIES AND ORGANIZATIONS LISTED BELOW WERE GREATLY APPRECIATED - ADVANCED HOME CARE - BELIEVE IN BRISTOL - BILL GATTON AUTOMOTIVE GROUP - BRISTOL COMPRESSORS INTERNATIONAL - BRISTOL TENNESSEE CITY SCHOOLS - VIRGINIA STATE SENATOR BILL CARRICO - CHILTERN INTERNATIONAL - CITY OF BRISTOL, TN - CITY OF BRISTOL, VA - CITY OF KINGSPORT, TN - CITY OF NORTON, VA - CITY OF NORTON SCHOOL SYSTEM - CITY OF ROGERSVILLE, TN - CITY OF SNEEDVILLE, TN - DICKENSON COUNTY CHAMBER OF COMMERCE - DOMTAR - DR GLENN E VANCE, JR , DDS - ELECTRO-MECHANICAL CORPORATION - FIRST TENNESSEE BANK - FRIENDS IN NEED HEALTHCARE, INC - FRONTIER HEALTH - US REPRESENTATIVE MORGAN GRIFFITH - HANCOCK MANOR NURSING HOME - HAWKINS COUNTY GAS UTILITY - HAWKINS AND HANCOCK COUNTY HEALTH DEPARTMENTS - HEALING HANDS HEALTH CENTER - THE HEALTH WAGON - HUNTER, SMITH & DAVIS, ATTORNEYS AT LAW - INDUSTRIAL DEVELOPMENT AUTHORITY OF DICKENSON COUNTY - K VAT FOOD STORES - KAVANAUGH CALL CENTER GROUP - VIRGINIA STATE DELEGATE TERRY KILGORE - KINGSPORT AREA CHAMBER OF COMMERCE - KINGSPORT OFFICE OF SMALL BUSINESS DEVELOPMENT & ENTREPRENEURSHIP - LANDMARK REALTY, INC - LEE COUNTY, VA - MEADOWVIEW CONFERENCE RESORT & CONVENTION CENTER - VIRGINIA STATE DELEGATE JAMES "WILL" MOREFIELD - MOUNTAIN EMPIRE OLDER CITIZENS, INC - NASH AND POWERS INSURANCE SERVICES - NORTON INDUSTRIAL DEVELOPMENT AUTHORITY - OAK HILL CEMETERY - VIRGINIA STATE DELEGATE ISRAEL O'QUINN - PHARMACEUTICAL PRODUCT DEVELOPMENT - VIRGINIA STATE SENATOR PHILLIP PUCKETT - TENNESSEE LT GOVERNOR RON RAMSEY - THE REGIONAL EYE CENTER - THE ROBINETTE COMPANY - RURAL HEALTH SERVICES CONSORTIUM - SOUTHWEST VIRGINIA COMMUNITY HEALTH SYSTEMS, INC - STRONGWELL CORPORATION - SULLIVAN COUNTY, TN - SULLIVAN COUNTY REGIONAL HEALTH DEPARTMENT - SULLIVAN COUNTY SCHOOL SYSTEM - TELE-OPTICS, INC - TOWN OF ABINGDON, VA - TOWN OF BIG STONE GAP, VA - TOWN OF PENNINGTON GAP, VA - TOWN OF JONESVILLE, VA - TRISUMMIT BANK - UNIVERSAL FIBERS - UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE - VIRGINIA CITY HYBRID ENERGY CENTER - VIRGINIA DEPARTMENT OF HEALTH - CUMBERLAND PLATEAU HEALTH DISTRICT - VIRGINIA DEPARTMENT OF HEALTH - LENOWISCO DISTRICT - WCYB-TV - WELLMONT MEDICAL ASSOCIATES - WISE COUNTY CHAMBER OF COMMERCE - WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - WISE COUNTY, VA - YWCA BRISTOL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 1, HOLSTON VALLEY MEDICAL CENTER - PART V, LINE 6A	- BRISTOL REGIONAL MEDICAL CENTER - LONESOME PINE HOSPITAL - HAWKINS COUNTY MEMORIAL HOSPITAL - HANCOCK COUNTY HOSPITAL - MOUNTAIN VIEW REGIONAL MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 1, HOLSTON VALLEY MEDICAL CENTER - PART V, LINE 11	KEY FINDINGS NOTED DURING THE CHNA WERE LACK OF SUFFICIENT PSYCHIATRIC HEALTH AND DENTAL CARE THESE FINDINGS FALL OUTSIDE THE CORE BUSINESS AND MISSION OF WELLMONT HEALTH SYSTEM TO HELP MEET THESE NEEDS, WELLMONT HEALTH SYSTEM WILL CONTINUE TO STRENGTHEN OUR PARTNERSHIPS AND CONTINUUM OF CARE OPPORTUNITIES WITH AREA HEALTH DEPARTMENTS, FEDERALLY QUALIFIED HEALTH CENTERS AND FRONTIER HEALTH, THE REGION'S LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 1, HOLSTON VALLEY MEDICAL CENTER - PART V, LINE 22D	HOLSTON VALLEY MEDICAL CENTER FOLLOWS TENNESSEE STATUTE WHICH IS 175% OF AVERAGE COST FOR ITS HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 2, BRISTOL REGIONAL MEDICAL CENTER - PART V, LINE 5	INFORMATION FOR THE CHNA ASSESSMENT WAS GATHERED FROM A VARIETY OF SOURCES, INCLUDING - INTERVIEWS WITH PATIENTS - INTERVIEWS WITH KEY COMMUNITY LEADERS AND STAKEHOLDERS, INCLUDING REPRESENTATIVE OF UNDERSERVED POPULATIONS AND AREAS WITH HEALTHCARE DISPARITIES - INTERVIEWS WITH LEADERS AND STAFF IN OTHER HEALTHCARE ORGANIZATIONS OR CIVIC ORGANIZATIONS WITH A SHARED MISSION TO POSITIVELY IMPACT THE HEALTH STATUS OF THE COMMUNITY - PHYSICIAN NEEDS ASSESSMENT - COMMUNITY HEALTH FACILITY ASSESSMENT - MENTAL HEALTH NEEDS ASSESSMENT - DIALYSIS AND DENTAL NEEDS ASSESSMENT - PUBLICLY AVAILABLE POPULATION AND DEMOGRAPHIC INFORMATION - PUBLICLY AVAILABLE POPULATION HEALTH INFORMATION THE INFORMATION WAS THEN COLLATED AND ASSESSED TO DETERMINE THE GREATEST UNMET HEALTH NEEDS FACING OUR REGION STRATEGIES TO ADDRESS THESE NEEDS WERE THEN DEVELOPED, UTILIZING INTERNAL RESOURCES AND PARTNERSHIPS WITH OTHER HEALTHCARE ORGANIZATIONS AND PHYSICIANS SEVERAL COMMUNITY LEADERS PARTICIPATED IN THE CHNA THROUGH PERSONAL INTERVIEWS, SURVEYS AND OTHER MEANS THEIR FEEDBACK WAS INVALUABLE IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES WE SERVE AND DEVELOPING ACTIONS PLANS TO ENSURE THOSE NEEDS WERE MET THE TIME, TALENT AND INSIGHT OF ELECTED REPRESENTATIVES AND LEADERS OF BUSINESSES, MUNICIPALITIES AND ORGANIZATIONS LISTED BELOW WERE GREATLY APPRECIATED - ADVANCED HOME CARE - BELIEVE IN BRISTOL - BILL GATTON AUTOMOTIVE GROUP - BRISTOL COMPRESSORS INTERNATIONAL - BRISTOL TENNESSEE CITY SCHOOLS - VIRGINIA STATE SENATOR BILL CARRICO - CHILTERN INTERNATIONAL - CITY OF BRISTOL, TN - CITY OF BRISTOL, VA - CITY OF KINGSFORT, TN - CITY OF NORTON, VA - CITY OF NORTON SCHOOL SYSTEM - CITY OF ROGERSVILLE, TN - CITY OF SNEEDVILLE, TN - DICKENSON COUNTY CHAMBER OF COMMERCE - DOMTAR - DR GLENN E VANCE, JR , DDS - ELECTRO-MECHANICAL CORPORATION - FIRST TENNESSEE BANK - FRIENDS IN NEED HEALTHCARE, INC - FRONTIER HEALTH - US REPRESENTATIVE MORGAN GRIFFITH - HANCOCK MANOR NURSING HOME - HAWKINS COUNTY GAS UTILITY - HAWKINS AND HANCOCK COUNTY HEALTH DEPARTMENTS - HEALING HANDS HEALTH CENTER - THE HEALTH WAGON - HUNTER, SMITH & DAVIS, ATTORNEYS AT LAW - INDUSTRIAL DEVELOPMENT AUTHORITY OF DICKENSON COUNTY - K VAT FOOD STORES - KAVANAUGH CALL CENTER GROUP - VIRGINIA STATE DELEGATE TERRY KILGORE - KINGSFORT AREA CHAMBER OF COMMERCE - KINGSFORT OFFICE OF SMALL BUSINESS DEVELOPMENT & ENTREPRENEURSHIP - LANDMARK REALTY, INC - LEE COUNTY, VA - MEADOWVIEW CONFERENCE RESORT & CONVENTION CENTER - VIRGINIA STATE DELEGATE JAMES "WILL" MOREFIELD - MOUNTAIN EMPIRE OLDER CITIZENS, INC - NASH AND POWERS INSURANCE SERVICES - NORTON INDUSTRIAL DEVELOPMENT AUTHORITY - OAK HILL CEMETERY - VIRGINIA STATE DELEGATE ISRAEL O'QUINN - PHARMACEUTICAL PRODUCT DEVELOPMENT - VIRGINIA STATE SENATOR PHILLIP PUCKETT - TENNESSEE LT GOVERNOR RON RAMSEY - THE REGIONAL EYE CENTER - THE ROBINETTE COMPANY - RURAL HEALTH SERVICES CONSORTIUM - SOUTHWEST VIRGINIA COMMUNITY HEALTH SYSTEMS, INC - STRONGWELL CORPORATION - SULLIVAN COUNTY, TN - SULLIVAN COUNTY REGIONAL HEALTH DEPARTMENT - SULLIVAN COUNTY SCHOOL SYSTEM - TELE-OPTICS, INC - TOWN OF ABINGDON, VA - TOWN OF BIG STONE GAP, VA - TOWN OF PENNINGTON GAP, VA - TOWN OF JONESVILLE, VA - TRISUMMIT BANK - UNIVERSAL FIBERS - UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE - VIRGINIA CITY HYBRID ENERGY CENTER - VIRGINIA DEPARTMENT OF HEALTH - CUMBERLAND PLATEAU HEALTH DISTRICT - VIRGINIA DEPARTMENT OF HEALTH - LENOWISCO DISTRICT - WCYB-TV - WELLMONT MEDICAL ASSOCIATES - WISE COUNTY CHAMBER OF COMMERCE - WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - WISE COUNTY, VA - YWCA BRISTOL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 2, BRISTOL REGIONAL MEDICAL CENTER - PART V, LINE 6A	- HOLSTON VALLEY MEDICAL CENTER - LONESOME PINE HOSPITAL - HAWKINS COUNTY MEMORIAL HOSPITAL - HANCOCK COUNTY HOSPITAL - MOUNTAIN VIEW REGIONAL MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 2, BRISTOL REGIONAL MEDICAL CENTER - PART V, LINE 11	KEY FINDINGS NOTED DURING THE CHNA WERE LACK OF SUFFICIENT PSYCHIATRIC HEALTH AND DENTAL CARE THESE FINDINGS FALL OUTSIDE THE CORE BUSINESS AND MISSION OF WELLMONT HEALTH SYSTEM TO HELP MEET THESE NEEDS, WELLMONT HEALTH SYSTEM WILL CONTINUE TO STRENGTHEN OUR PARTNERSHIPS AND CONTINUUM OF CARE OPPORTUNITIES WITH AREA HEALTH DEPARTMENTS, FEDERALLY QUALIFIED HEALTH CENTERS AND FRONTIER HEALTH, THE REGION'S LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
GROUP A, FACILITY 2, BRISTOL REGIONAL MEDICAL CENTER - PART V, LINE 22D	BRISTOL REGIONAL MEDICAL CENTER FOLLOWS TENNESSEE STATUTE WHICH IS 175% OF AVERAGE COST FOR ITS HOSPITALS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 3, LONESOME PINE HOSPITAL - PART V, LINE 5	INFORMATION FOR THE CHNA ASSESSMENT WAS GATHERED FROM A VARIETY OF SOURCES, INCLUDING - INTERVIEWS WITH PATIENTS - INTERVIEWS WITH KEY COMMUNITY LEADERS AND STAKEHOLDERS, INCLUDING REPRESENTATIVE OF UNDERSERVED POPULATIONS AND AREAS WITH HEALTHCARE DISPARITIES - INTERVIEWS WITH LEADERS AND STAFF IN OTHER HEALTHCARE ORGANIZATIONS OR CIVIC ORGANIZATIONS WITH A SHARED MISSION TO POSITIVELY IMPACT THE HEALTH STATUS OF THE COMMUNITY - PHYSICIAN NEEDS ASSESSMENT - COMMUNITY HEALTH FACILITY ASSESSMENT - MENTAL HEALTH NEEDS ASSESSMENT - DIALYSIS AND DENTAL NEEDS ASSESSMENT - PUBLICLY AVAILABLE POPULATION AND DEMOGRAPHIC INFORMATION - PUBLICLY AVAILABLE POPULATION HEALTH INFORMATION THE INFORMATION WAS THEN COLLATED AND ASSESSED TO DETERMINE THE GREATEST UNMET HEALTH NEEDS FACING OUR REGION STRATEGIES TO ADDRESS THESE NEEDS WERE THEN DEVELOPED, UTILIZING INTERNAL RESOURCES AND PARTNERSHIPS WITH OTHER HEALTHCARE ORGANIZATIONS AND PHYSICIANS SEVERAL COMMUNITY LEADERS PARTICIPATED IN THE CHNA THROUGH PERSONAL INTERVIEWS, SURVEYS AND OTHER MEANS THEIR FEEDBACK WAS INVALUABLE IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES WE SERVE AND DEVELOPING ACTIONS PLANS TO ENSURE THOSE NEEDS WERE MET THE TIME, TALENT AND INSIGHT OF ELECTED REPRESENTATIVES AND LEADERS OF BUSINESSES, MUNICIPALITIES AND ORGANIZATIONS LISTED BELOW WERE GREATLY APPRECIATED - ADVANCED HOME CARE - BELIEVE IN BRISTOL - BILL GATTON AUTOMOTIVE GROUP - BRISTOL COMPRESSORS INTERNATIONAL - BRISTOL TENNESSEE CITY SCHOOLS - VIRGINIA STATE SENATOR BILL CARRICO - CHILTERN INTERNATIONAL - CITY OF BRISTOL, TN - CITY OF BRISTOL, VA - CITY OF KINGSFORT, TN - CITY OF NORTON, VA - CITY OF NORTON SCHOOL SYSTEM - CITY OF ROGERSVILLE, TN - CITY OF SNEEDVILLE, TN - DICKENSON COUNTY CHAMBER OF COMMERCE - DOMTAR - DR GLENN E VANCE, JR , DDS - ELECTRO-MECHANICAL CORPORATION - FIRST TENNESSEE BANK - FRIENDS IN NEED HEALTHCARE, INC - FRONTIER HEALTH - US REPRESENTATIVE MORGAN GRIFFITH - HANCOCK MANOR NURSING HOME - HAWKINS COUNTY GAS UTILITY - HAWKINS AND HANCOCK COUNTY HEALTH DEPARTMENTS - HEALING HANDS HEALTH CENTER - THE HEALTH WAGON - HUNTER, SMITH & DAVIS, ATTORNEYS AT LAW - INDUSTRIAL DEVELOPMENT AUTHORITY OF DICKENSON COUNTY - K VAT FOOD STORES - KAVANAUGH CALL CENTER GROUP - VIRGINIA STATE DELEGATE TERRY KILGORE - KINGSFORT AREA CHAMBER OF COMMERCE - KINGSFORT OFFICE OF SMALL BUSINESS DEVELOPMENT & ENTREPRENEURSHIP - LANDMARK REALTY, INC - LEE COUNTY, VA - MEADOWVIEW CONFERENCE RESORT & CONVENTION CENTER - VIRGINIA STATE DELEGATE JAMES "WILL" MOREFIELD - MOUNTAIN EMPIRE OLDER CITIZENS, INC - NASH AND POWERS INSURANCE SERVICES - NORTON INDUSTRIAL DEVELOPMENT AUTHORITY - OAK HILL CEMETERY - VIRGINIA STATE DELEGATE ISRAEL O'QUINN - PHARMACEUTICAL PRODUCT DEVELOPMENT - VIRGINIA STATE SENATOR PHILLIP PUCKETT - TENNESSEE LT GOVERNOR RON RAMSEY - THE REGIONAL EYE CENTER - THE ROBINETTE COMPANY - RURAL HEALTH SERVICES CONSORTIUM - SOUTHWEST VIRGINIA COMMUNITY HEALTH SYSTEMS, INC - STRONGWELL CORPORATION - SULLIVAN COUNTY, TN - SULLIVAN COUNTY REGIONAL HEALTH DEPARTMENT - SULLIVAN COUNTY SCHOOL SYSTEM - TELE-OPTICS, INC - TOWN OF ABINGDON, VA - TOWN OF BIG STONE GAP, VA - TOWN OF PENNINGTON GAP, VA - TOWN OF JONESVILLE, VA - TRISUMMIT BANK - UNIVERSAL FIBERS - UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE - VIRGINIA CITY HYBRID ENERGY CENTER - VIRGINIA DEPARTMENT OF HEALTH - CUMBERLAND PLATEAU HEALTH DISTRICT - VIRGINIA DEPARTMENT OF HEALTH - LENOWISCO DISTRICT - WCYB-TV - WELLMONT MEDICAL ASSOCIATES - WISE COUNTY CHAMBER OF COMMERCE - WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - WISE COUNTY, VA - YWCA BRISTOL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 3, LONESOME PINE HOSPITAL - PART V, LINE 6A	- BRISTOL REGIONAL MEDICAL CENTER - HOLSTON VALLEY MEDICAL CENTER - HAWKINS COUNTY MEMORIAL HOSPITAL - HANCOCK COUNTY HOSPITAL - MOUNTAIN VIEW REGIONAL MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 3, LONESOME PINE HOSPITAL - PART V, LINE 11	KEY FINDINGS NOTED DURING THE CHNA WERE LACK OF SUFFICIENT PSYCHIATRIC HEALTH AND DENTAL CARE THESE FINDINGS FALL OUTSIDE THE CORE BUSINESS AND MISSION OF WELLMONT HEALTH SYSTEM TO HELP MEET THESE NEEDS, WELLMONT HEALTH SYSTEM WILL CONTINUE TO STRENGTHEN OUR PARTNERSHIPS AND CONTINUUM OF CARE OPPORTUNITIES WITH AREA HEALTH DEPARTMENTS, FEDERALLY QUALIFIED HEALTH CENTERS AND FRONTIER HEALTH, THE REGION'S LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
GROUP A, FACILITY 3, LONESOME PINE HOSPITAL - PART V, LINE 22D	LONESOME PINE HOSPITAL FOLLOWS TENNESSEE STATUTE WHICH IS 175% OF AVERAGE COST FOR ITS HOSPITALS (IN THE ABSENCE OF VIRGINIA STATUTE)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 4, MOUNTAIN VIEW REGIONAL MEDICAL CTR - PART V, LINE 5	INFORMATION FOR THE CHNA ASSESSMENT WAS GATHERED FROM A VARIETY OF SOURCES, INCLUDING - INTERVIEWS WITH PATIENTS - INTERVIEWS WITH KEY COMMUNITY LEADERS AND STAKEHOLDERS, INCLUDING REPRESENTATIVE OF UNDERSERVED POPULATIONS AND AREAS WITH HEALTHCARE DISPARITIES - INTERVIEWS WITH LEADERS AND STAFF IN OTHER HEALTHCARE ORGANIZATIONS OR CIVIC ORGANIZATIONS WITH A SHARED MISSION TO POSITIVELY IMPACT THE HEALTH STATUS OF THE COMMUNITY - PHYSICIAN NEEDS ASSESSMENT - COMMUNITY HEALTH FACILITY ASSESSMENT - MENTAL HEALTH NEEDS ASSESSMENT - DIALYSIS AND DENTAL NEEDS ASSESSMENT - PUBLICLY AVAILABLE POPULATION AND DEMOGRAPHIC INFORMATION - PUBLICLY AVAILABLE POPULATION HEALTH INFORMATION THE INFORMATION WAS THEN COLLATED AND ASSESSED TO DETERMINE THE GREATEST UNMET HEALTH NEEDS FACING OUR REGION STRATEGIES TO ADDRESS THESE NEEDS WERE THEN DEVELOPED, UTILIZING INTERNAL RESOURCES AND PARTNERSHIPS WITH OTHER HEALTHCARE ORGANIZATIONS AND PHYSICIANS SEVERAL COMMUNITY LEADERS PARTICIPATED IN THE CHNA THROUGH PERSONAL INTERVIEWS, SURVEYS AND OTHER MEANS THEIR FEEDBACK WAS INVALUABLE IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES WE SERVE AND DEVELOPING ACTIONS PLANS TO ENSURE THOSE NEEDS WERE MET THE TIME, TALENT AND INSIGHT OF ELECTED REPRESENTATIVES AND LEADERS OF BUSINESSES, MUNICIPALITIES AND ORGANIZATIONS LISTED BELOW WERE GREATLY APPRECIATED - ADVANCED HOME CARE - BELIEVE IN BRISTOL - BILL GATTON AUTOMOTIVE GROUP - BRISTOL COMPRESSORS INTERNATIONAL - BRISTOL TENNESSEE CITY SCHOOLS - VIRGINIA STATE SENATOR BILL CARRICO - CHILTERN INTERNATIONAL - CITY OF BRISTOL, TN - CITY OF BRISTOL, VA - CITY OF KINGSFORT, TN - CITY OF NORTON, VA - CITY OF NORTON SCHOOL SYSTEM - CITY OF ROGERSVILLE, TN - CITY OF SNEEDVILLE, TN - DICKENSON COUNTY CHAMBER OF COMMERCE - DOMTAR - DR GLENNE E VANCE, JR , DDS - ELECTRO-MECHANICAL CORPORATION - FIRST TENNESSEE BANK - FRIENDS IN NEED HEALTHCARE, INC - FRONTIER HEALTH - US REPRESENTATIVE MORGAN GRIFFITH - HANCOCK MANOR NURSING HOME - HAWKINS COUNTY GAS UTILITY - HAWKINS AND HANCOCK COUNTY HEALTH DEPARTMENTS - HEALING HANDS HEALTH CENTER - THE HEALTH WAGON - HUNTER, SMITH & DAVIS, ATTORNEYS AT LAW - INDUSTRIAL DEVELOPMENT AUTHORITY OF DICKENSON COUNTY - K VAT FOOD STORES - KAVANAUGH CALL CENTER GROUP - VIRGINIA STATE DELEGATE TERRY KILGORE - KINGSFORT AREA CHAMBER OF COMMERCE - KINGSFORT OFFICE OF SMALL BUSINESS DEVELOPMENT & ENTREPRENEURSHIP - LANDMARK REALTY, INC - LEE COUNTY, VA - MEADOWVIEW CONFERENCE RESORT & CONVENTION CENTER - VIRGINIA STATE DELEGATE JAMES "WILL" MOREFIELD - MOUNTAIN EMPIRE OLDER CITIZENS, INC - NASH AND POWERS INSURANCE SERVICES - NORTON INDUSTRIAL DEVELOPMENT AUTHORITY - OAK HILL CEMETERY - VIRGINIA STATE DELEGATE ISRAEL O'QUINN - PHARMACEUTICAL PRODUCT DEVELOPMENT - VIRGINIA STATE SENATOR PHILLIP PUCKETT - TENNESSEE LT GOVERNOR RON RAMSEY - THE REGIONAL EYE CENTER - THE ROBINETTE COMPANY - RURAL HEALTH SERVICES CONSORTIUM - SOUTHWEST VIRGINIA COMMUNITY HEALTH SYSTEMS, INC - STRONGWELL CORPORATION - SULLIVAN COUNTY, TN - SULLIVAN COUNTY REGIONAL HEALTH DEPARTMENT - SULLIVAN COUNTY SCHOOL SYSTEM - TELE-OPTICS, INC - TOWN OF ABINGDON, VA - TOWN OF BIG STONE GAP, VA - TOWN OF PENNINGTON GAP, VA - TOWN OF JONESVILLE, VA - TRISUMMIT BANK - UNIVERSAL FIBERS - UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE - VIRGINIA CITY HYBRID ENERGY CENTER - VIRGINIA DEPARTMENT OF HEALTH - CUMBERLAND PLATEAU HEALTH DISTRICT - VIRGINIA DEPARTMENT OF HEALTH - LENOWISCO DISTRICT - WCYB-TV - WELLMONT MEDICAL ASSOCIATES - WISE COUNTY CHAMBER OF COMMERCE - WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - WISE COUNTY, VA - YWCA BRISTOL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
GROUP A, FACILITY 4, MOUNTAIN VIEW REGIONAL MEDICAL CTR - PART V, LINE 6A	- BRISTOL REGIONAL MEDICAL CENTER - HOLSTON VALLEY MEDICAL CENTER - LONESOME PINE HOSPITAL - HAWKINS COUNTY MEMORIAL HOSPITAL - HANCOCK COUNTY HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 4, MOUNTAIN VIEW REGIONAL MEDICAL CTR - PART V, LINE 11	KEY FINDINGS NOTED DURING THE CHNA WERE LACK OF SUFFICIENT PSYCHIATRIC HEALTH AND DENTAL CARE THESE FINDINGS FALL OUTSIDE THE CORE BUSINESS AND MISSION OF WELLMONT HEALTH SYSTEM TO HELP MEET THESE NEEDS, WELLMONT HEALTH SYSTEM WILL CONTINUE TO STRENGTHEN OUR PARTNERSHIPS AND CONTINUUM OF CARE OPPORTUNITIES WITH AREA HEALTH DEPARTMENTS, FEDERALLY QUALIFIED HEALTH CENTERS AND FRONTIER HEALTH, THE REGION'S LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 4, MOUNTAIN VIEW REGIONAL MEDICAL CTR - PART V, LINE 22D	MOUNTAIN VIEW REGIONAL MEDICAL CENTER FOLLOWS TENNESSEE STATUTE WHICH IS 175% OF AVERAGE COST FOR ITS HOSPITALS (IN THE ABSENCE OF VIRGINIA STATUTE)

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WELLMONT HEALTH SYSTEM

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) BARTER THEATRE PO BOX 867 ABINDGON,VA 24212	54-6000120	501(C)	10,000				SPONSORSHIP
(2) EAST TENNESSEE STATE UNIVERSITY PO BOX 70732 JOHNSON CITY,TN 37614	23-7092731	501(C)	5,100				ATHLETIC SPONSORSHIP
(3) GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PARKWAY KINGSPORT,TN 37660	58-1564232	501(C)	10,000				SPONSORSHIP
(4) KINGSPORT CHAMBER OF COMMERCE 151 EAST MAIN ST KINGSPORT,TN 37662	62-0446834	501(C)	25,835				ANNUAL SPONSORSHIP
(5) NORTHEAST STATE COMMUNITY COLLEGE PO BOX 246 2425 HWY 75 BLOUNTVILLE,TN 37617	62-1033870	501(C)	5,500				SPONSORSHIP
(6) SUSAN G KOMEN FOR THE CURE PO BOX 5835 KINGSPORT,TN 37663	84-1689067	501(C)	25,150				SPONSORSHIP
(7) FRIENDS IN NEED HEALTH CENTER INC 1105 W STONE DRIVE KINGSPORT,TN 37660	62-1541637	501(C)	15,000				NEED
(8) UNITED WAY OF BRISTOL PO BOX 696 BRISTOL,TN 376210698	62-0476656	501(C)	10,000				SPONSORSHIP

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	ALL REQUESTS FOR CHARITABLE ASSISTANCE ARE REVIEWED BY THE SENIOR VICE PRESIDENT OF SYSTEM ADVANCEMENT THE REQUEST FOR GRANT FUNDS IS EVALUATED ON THE BASIS OF THE FOLLOWING ITEMS THE DEGREE TO WHICH THE REQUEST SUPPORTS WELLMONT HEALTH SYSTEM'S MISSION, REPRESENTATION OF WELLMONT HEALTH SYSTEM AS A GOOD CORPORATE CITIZEN, AND THE ANNUAL BUDGET THE SENIOR VICE PRESIDENT THEN MAKES A DETERMINATION OF APPROVAL FOR ALL REQUESTS AND THE REQUEST IS SENT DIRECTLY TO ACCOUNTS PAYABLE FOR PAYMENT WELLMONT HEALTH SYSTEM MAKES MINIMAL GRANTS (LESS THAN 5,000 PER ENTITY) THROUGHOUT THE YEAR THE USE OF THESE GRANT FUNDS IS NOT MONITORED BY WELLMONT HEALTH SYSTEM AS THESE GRANTS ARE MADE IN GENERAL SUPPORT OF THE GRANT RECIPIENT

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BARTER THEATREPO BOX 867 ABINDGON,VA 24212	54-6000120	501(C)	10,000				SPONSORSHIP
EAST TENNESSEE STATE UNIVERSITYPO BOX 70732 JOHNSON CITY,TN 37614	23-7092731	501(C)	5,100				ATHLETIC SPONSORSHIP
GREATER KINGSPORT FAMILY YMCA1840 MEADOWVIEW PARKWAY KINGSPORT,TN 37660	58-1564232	501(C)	10,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KINGSPORT CHAMBER OF COMMERCE151 EAST MAIN ST KINGSPORT, TN 37662	62-0446834	501(C)	25,835				ANNUAL SPONSORSHIP
NORTHEAST STATE COMMUNITY COLLEGEPO BOX 246 2425 HWY 75 BLOUNTVILLE, TN 37617	62-1033870	501(C)	5,500				SPONSORSHIP
SUSAN G KOMEN FOR THE CUREPO BOX 5835 KINGSPORT, TN 37663	84-1689067	501(C)	25,150				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRIENDS IN NEED HEALTH CENTER INC1105 W STONE DRIVE KINGSPORT, TN 37660	62-1541637	501(C)	15,000				NEED
UNITED WAY OF BRISTOL PO BOX 696 BRISTOL, TN 376210698	62-0476656	501(C)	10,000				SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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 checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" 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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</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><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></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a	Yes	
		4b	Yes	
		4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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><div>a The organization?</div><div>b Any related organization?</div></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><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a	Yes	
		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 Regulations 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		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	CHARTER TRAVEL AND TRAVEL FOR COMPANIONS. WELLMONT HEALTH SYSTEM PROVIDED AIRPLANE TRAVEL FOR ITS EXECUTIVES THROUGH A PARTIAL OWNERSHIP OF AN AIRPLANE. IN SEPTEMBER 2014, WELLMONT HEALTH SYSTEM SOLD ITS OWNERSHIP INTEREST IN THE AIRPLANE. ON OCCASION, TRAVEL WAS PROVIDED FOR EXECUTIVES AND THEIR COMPANIONS FOR PERSONAL USE. WELLMONT HEALTH SYSTEM FOLLOWED IRS GUIDELINES AND INCLUDED THE APPROPRIATE AMOUNTS IN THEIR TAXABLE COMPENSATION. HEALTH OR SOCIAL CLUB DUES DURING THE FISCAL YEAR ENDED JUNE 30, 2015, WELLMONT HEALTH SYSTEM PROVIDED COUNTRY CLUB MEMBERSHIPS TO BARTON A HOVE, MARGARET D DENARVAEZ AND TRACEY P MOFFATT. THESE AMOUNTS ARE INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PAGE 1, PART I, LINE 4	MARGARET DENARVAEZ (TERMED 9/16/14) 1,745,528 0 0 TRACEY P MOFFATT (TERMED 10/3/14) 275,000 0 0
SCHEDULE J, PAGE 1, PART I, LINE 6A	INCENTIVE COMPENSATION IS PARTIALLY BASED ON MEETING BUDGETED OPERATING MARGIN GOALS.
SCHEDULE J, PART III	PART I, LINE 4A - SEVERANCE PAYMENT. MARGARET DENARVAEZ, FORMER CEO OF WELLMONT HEALTH SYSTEM, ENTERED INTO A CONFIDENTIAL SEPARATION AGREEMENT AND GENERAL RELEASE (THE "AGREEMENT") AS OF SEPTEMBER 16, 2014. THE TERMS OF THIS AGREEMENT INCLUDED THE PAYMENT OF 1,745,538 FOR ITEMS WHICH ARE CONSIDERED "SEVERANCE", INCLUDING PAYMENT IN LIEU OF A NOTICE PERIOD, EARLY TERMINATION CLAUSE, RELEASE OF CLAIMS, AND REIMBURSEMENT OF HEALTH INSURANCE PREMIUMS FOLLOWING TERMINATION. THERE WERE OTHER PAYMENTS FOR EARNED INCENTIVE COMPENSATION, ACCRUED VACATION, AND REIMBURSEMENT OF RELOCATION COSTS THAT ARE NOT CONSIDERED "SEVERANCE". TRACEY P MOFFATT, FORMER COO OF WELLMONT HEALTH SYSTEM, ENTERED INTO A CONFIDENTIAL SEPARATION AGREEMENT AND MUTUAL RELEASE (THE "AGREEMENT") AS OF OCTOBER 3, 2014. THE TERMS OF THIS AGREEMENT INCLUDED THE PAYMENT OF 275,000 FOR ITEMS WHICH ARE CONSIDERED "SEVERANCE", INCLUDING PAYMENT FOR RELEASE OF CLAIMS. PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. WELLMONT HEALTH SYSTEM HAS AN EXECUTIVE RETIREMENT PROGRAM THAT INCLUDED MARGARET DENARVAEZ AND ALICE POPE FOR THE FISCAL YEAR ENDING JUNE 30, 2015. THIS PROGRAM HAS A TARGET BENEFIT OF 60% OF THE HIGHEST THREE YEAR AVERAGE SALARY (LESS EMPLOYER PROVIDER BENEFITS) AND THE EXECUTIVE MUST HAVE TWENTY YEARS OF SERVICE TO RECEIVE THE FULL BENEFIT. THE EXECUTIVE MAY RETIRE EARLY AT AGE 60 AND RECEIVE REDUCED BENEFITS. THERE WERE NO PAYMENTS MADE UNDER THIS PROGRAM FOR THE FISCAL YEAR ENDING JUNE 30, 2015.

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STANLEY GALL MD, BOARD MEMBER	(i) (ii)	549,641	14,266	414	19,924	19,240	593,865	
DAVID THOMPSON MD, BOARD MEMBER	(i) (ii)	288,751	66,310	78,500		16,814	441,968	
MARGARET DENARVAEZ TERMED 91614, PRESIDENT/CEO	(i) (ii)	544,420	265,980	1,744,061	58,432	6,909	2,619,802	
TRACEY P MOFFATT TERMED 10314, SR VP & WHS COO	(i) (ii)	334,601	230,000	10,774	18,100	6,636	596,793	
ALICE POPE, EVP & CFO	(i) (ii)	383,559	87,632	8,670	15,897	23,140	507,328	
BARTON A HOVE, WHS PRESIDENT & CEO	(i) (ii)	315,138	50,000	29,775	6,754	19,240	411,287	
WILLIAM SHOWALTER TERMED 41715, SR VP - INFO TECH	(i) (ii)	325,000	67,714	622		17,394	402,033	
HAMLIN J WILSON, SR VP-HUMAN RESOURC	(i) (ii)	293,968	52,810	774	12,365	7,998	363,916	
GARY D MILLER, SR VP & GEN COUNSEL	(i) (ii)	287,236	57,296	1,656	12,920	6,368	362,292	
TODD J DOUGAN, SR VP-FINANCE	(i) (ii)	248,894	43,571		10,202	19,240	312,287	
LOWELL TODD NORRIS, SR VP INST & SYS ADV	(i) (ii)	46,377 185,506	9,222 36,888	54 216	2,123 8,490	3,622 14,492	59,587 238,346	
TIMOTHY ATTEBERY, PRESIDENT/CEO-HVMC	(i) (ii)	379,628	66,854	414	16,454	17,394	472,047	
GREG NEAL, PRESIDENT/CEO-BRMC	(i) (ii)	338,462	62,505	8,670	14,502	19,240	433,759	
FRED PELLE, PRESIDENT & CEO COMM	(i) (ii)	67,899 220,691		274 9,139	2,576 9,294	4,440 14,800	72,969 282,337	
DAVID L BRASH, SR VP OF BUS DEV	(i) (ii)	277,473	41,832	353	12,034	19,250	341,312	
MARTHA CHILL, SYSTEM VP/EMR DIR	(i) (ii)	266,160	42,189	1,821	10,150	23,140	331,890	
VIRGINIA FRANK TERMED 8814, PRESIDENT-HVMC	(i) (ii)	231,000		607		12,880	238,047	
DANIEL CARLSON TERMED 5815, CHIEF MEDICAL OFFICE	(i) (ii)	358,717	54,607	2,172	16,028	19,240	441,144	
SUSAN LINDENBUSCH, VP WHS ONCOLOGY SVS	(i) (ii)	266,147	50,505	9,174	11,967	7,304	341,445	
WILLIAM TROY CLARK TERMED 121214, VP/HV CHIEF OPER OFF	(i) (ii)	274,297	41,730	180	11,681	19,240	337,508	

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID ARROWOOD, CRNA	(i) (ii)	271,484	11,278	3,033	9,219	19,168	304,598
BRAD PRICE, SR VP-RESOURCE MGT	(i) (ii)	247,069	38,348	180	11,032	11,032	296,629
PIERRE ISTFAN MD, BOARD MEMBER-FORMER	(i) (ii)	552,696	14,266	774	20,369	19,024	597,617
KENT PETTY TERMED 4114, CHIEF INFORM OFF	(i) (ii)	4,577	300,000		6,000		310,577

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
WELLMONT HEALTH SYSTEM

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A SULLIVAN CNTY TENN HEALTH EDL & HSG	62-1256662	865293AC8	11-02-2006	200,000,000	CONSTRUCTION AT HVMC		X		X		X
B VIRGINIA SMALL BUSINESS FING AUTH H	54-1300845	928101AC8	07-31-2007	55,000,000	PURCHASE OF HOSPITALS		X		X		X
C SULLIVAN CNTY TENN HEALTH EDL & HSG	62-1256662	865293AG9	05-05-2011	76,165,000	REFUND 2006A BOND		X		X		X
D SULLIVAN CNTY TENN HEALTH EDL& HSG 2012 TAX-EXEMPT MASTER LEASE/SUBLEA	62-1256662		12-01-2012	42,500,000	PURCHASE EPIC EMR		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	207,055,314		55,658,570		76,165,000		42,500,000	
4	Gross proceeds in reserve funds	18,977,995		5,464,590					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows					74,942,165			
7	Issuance costs from proceeds	2,164,568		1,026,366		1,298,533		31,809	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	182,892,751		49,167,614				42,468,191	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2011		2007		2011		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X	X		X	
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider					BANK OF AMERICA			
c	Term of hedge					2 000000000000			
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						X		

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	MASS MUTUAL LIF							
c	Term of GIC	4 000000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	SULLIVAN CNTY TENN HEALTH EDL & HSG 10/31/11 VIRGINIA SMALL BUSINESS FING AUTH HO 07/31/12

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization WELLMONT HEALTH SYSTEM	Employer identification number 62-1636465
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total	▶ \$			
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Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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
(1) NELSON GWALTNEY MD	VENDOR/BRD MEMB	142,000	MEDICAL DIRECTORSHIP		No
(2) RAVAN KRICKBAUM	BOARD MEMBER	74,334	COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	NELSON GWALTNEY, MD IS PART OWNER OF BRISTOL SURGICAL ASSOCIATES, MEMBER AND BOARD MEMBER OF QUALUABLE, MEMBER AND BOARD MEMBER OF HIGHLANDS PHYSICIANS, INC , BOARD MEMBER OF HIGHLANDS WELLMONT HEALTH NETWORK, INC , AND MEDICAL DIRECTOR OF BRISTOL REGIONAL MEDICAL CENTER VASCULAR LAB AND WOUND CARE CLINIC DR GWALTNEY'S OWNERSHIP IS LESS THAN 35% IN ALL OF THE ABOVE ENTITIES TWO OF RAVEN KRICKBAUM'S DAUGHTERS ARE EMPLOYEES OF WELLMONT HAWKINS COUNTY MEMORIAL HOSPITAL, INC , WHICH IS AN AFFILIATE OF WELLMONT HEALTH SYSTEM

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization WELLMONT HEALTH SYSTEM	Employer identification number 62-1636465
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Return Reference	Explanation
FORM 990	FORM 990, PART X, BALANCE SHEET CERTAIN BALANCE SHEET ACCOUNTS HAVE BEEN RECLASSIFIED FOR BETTER COMPARISON TO THE CURRENT YEAR FINANCIAL STATEMENTS

Return Reference	Explanation	
	FORM 990, PAGE 2, PART III, LINE 4A	<p>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" OF SCHEDULE H. WELLMONT IS A PUBLIC TRUST FROM KINGSPORT TO BRISTOL, FROM SNEEDVILLE TO NORTON, THE MEMBER HOSPITALS OF OUR ORGANIZATION WERE BORN OF THEIR COMMUNITIES' COMMITMENT TO SUPERIOR HEALTH CARE FOR THEIR CITIZENS. WE OFFER A VAST ARRAY OF MEDICAL SERVICES AND RESOURCES FOR THOUSANDS OF PATIENTS IN NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA. IN 2015, WE PROVIDED SERVICES TO 47,949 PATIENTS IN A BED, 161,995 EMERGENCY ROOM VISITS, 2,246 NEWBORN DELIVERIES, AND 22,175 SURGERIES. WELLMONT IS A TENNESSEE NOT-FOR-PROFIT CORPORATION. FIVE TAX-EXEMPT COMMUNITY-BASED HOSPITALS - BRISTOL REGIONAL MEDICAL CENTER (BRISTOL, TENN.), HOLSTON VALLEY MEDICAL CENTER (KINGSPORT, TENN.), LONESOME PINE HOSPITAL (BIG STONE GAP, VA), HANCOCK COUNTY HOSPITAL (SNEEDVILLE, TENN.), AND MOUNTAIN VIEW REGIONAL MEDICAL CENTER (NORTON, VA) - ARE INCLUDED IN THIS CORPORATION. BUT EVEN AS OUR SERVICE AREA SPANS MULTIPLE STATES AND OUR REVENUE IS REPORTED IN THE HUNDREDS OF MILLIONS OF DOLLARS, WE REMAIN A COMMUNITY-OWNED HEALTH SYSTEM. IT IS OUR MISSION TO DELIVER SUPERIOR HEALTH CARE WITH COMPASSION TO THE PEOPLE WE SERVE. IT IS OUR VISION TO DELIVER THE BEST HEALTH CARE ANYWHERE. CONSISTENT WITH THIS MISSION, WE HAVE WORKED TOWARD IMPROVING OUR COMMUNITY'S ACCESS TO QUALITY, AFFORDABLE HEALTH CARE, EDUCATING OUR REGION'S CAREGIVERS, IMPROVING THE HEALTH STATUS OF OUR COMMUNITIES AND CONTRIBUTING TO THE OVERALL QUALITY OF LIFE IN THE AREAS WE SERVE. OVERALL, WE RETURNED MORE THAN 77,548,134 IN BENEFITS TO OUR REGION, INCLUDING 67,498,149 OF COSTS FOR INDIGENT PATIENTS AND UNCOMPENSATED CARE FOR OTHER PATIENTS AND 10,049,985 FOR OTHER COMMUNITY ACTIVITIES OUTLINED BELOW. WELLMONT IS IN COMPLIANCE WITH IRS GUIDELINES FOR FORM 990 SCHEDULE H REPORTING PURPOSES AND THE AMOUNTS REFLECTED ABOVE ARE NOT INCLUSIVE OF RESOURCES DESCRIBED IN WELLMONT'S COMMUNITY BENEFIT REPORT AS THE ABOVE AMOUNTS ARE REPORTED ON SCHEDULE H. WE ARE MINDFUL OF OUR RESPONSIBILITIES AS ONE OF THE REGION'S LARGEST EMPLOYERS. 6,429 FAMILIES COUNT ON US FOR THEIR LIVELIHOODS. CITIES AND COUNTIES THROUGHOUT OUR SERVICE AREA RELY ON US AS A DRIVER OF ECONOMIC DEVELOPMENT. IT IS OUR DUTY AS A CORPORATE CITIZEN TO SUPPORT THOSE ENDEAVORS AND CAUSES THAT IMPROVE THE QUALITY OF LIFE IN OUR REGION. AND WE ALSO RECOGNIZE IT IS OUR RESPONSIBILITY TO CARE FOR THOSE IN NEED - REGARDLESS OF THEIR ABILITY TO PAY. IT IS OUR COMMITMENT - INDEED, IT IS OUR MISSION - TO SUPPORT THE CAUSES AND DEVELOP THE INITIATIVES THAT WILL PROPEL OUR COMMUNITIES TOWARD A BETTER, BRIGHTER, HEALTHIER AND MORE VIBRANT FUTURE. SERVING THE UNDERSERVED REGARDLESS OF RACE, RELIGION, ETHNICITY OR ABILITY TO PAY, WELLMONT'S HOSPITALS TREAT ALL PATIENTS FOR MEDICALLY NECESSARY CONDITIONS. RECOGNIZING THAT SOME PATIENTS CANNOT AFFORD ESSENTIAL MEDICAL SERVICES, WELLMONT PROVIDED CARE FOR INDIGENT PATIENTS, WRITING OFF 58,016,379 OF CHARGES AND INCURRING COST OF 13,427,640. WELLMONT IS IN COMPLIANCE WITH IRS GUIDELINES FOR FORM 990 SCHEDULE H REPORTING PURPOSES AND THE AMOUNTS REFLECTED ABOVE ARE NOT INCLUSIVE OF RESOURCES DESCRIBED IN WELLMONT'S COMMUNITY BENEFIT REPORT AS THE ABOVE AMOUNTS ARE REPORTED ON SCHEDULE H. OTHER RECENT INITIATIVES INCLUDE THE WELLMONT HEALTH COACH IS PART OF WELLMONT'S ONGOING EFFORTS TO IMPROVE THE HEALTH OF OUR COMMUNITIES AND ENCOURAGE WELLNESS IN THE MOUNTAINS OF NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA. FUNDED BY COMMUNITY SUPPORT THROUGH THE WELLMONT FOUNDATION, THE COACH OFFERS A HOST OF COMPREHENSIVE SCREENINGS THAT HELP IDENTIFY POTENTIAL HEALTH PROBLEMS. OUR HEALTH SYSTEM, IN CONJUNCTION WITH A GRANT FROM SUSAN G. KOMEN FOR THE CURE TRI-CITIES, WAS ABLE TO FUND THE COST OF MAMMOGRAMS FOR SEVERAL HUNDRED WOMEN WHO WERE UNDERINSURED OR UNINSURED. PROJECT ACCESS TO BREAST CARE IS DESIGNED TO REACH WOMEN WHO LIVE IN HAWKINS, SULLIVAN, WASHINGTON, JOHNSON, UNICOI, HANCOCK, CARTER AND GREENE COUNTIES IN TENNESSEE AND WOMEN IN SCOTT COUNTY, VA. TO QUALIFY, WOMEN MUST BE BETWEEN THE AGES OF 35 AND 49 AND EITHER BE UNINSURED AND FINANCIALLY UNABLE TO PAY FOR A MAMMOGRAM OR INSURED AND HAVE A HIGH DEDUCTIBLE AND/OR CO-PAY THAT MAKES IT FINANCIALLY DIFFICULT TO OBTAIN A MAMMOGRAM. BRISTOL REGIONAL MEDICAL CENTER PROVIDES SUPPLIES AND OTHER VARIOUS ITEMS VALUED AT 20,406 TO HEALING HANDS HEALTH CENTER IN BRISTOL, TENN., WHICH PROVIDES QUALITY HEALTH CARE TO THE WORKING POOR. DR. DAVE ARNOLD SERVES AS THE MEDICAL DIRECTOR OF HEALING HANDS HEALTH CENTER IN BRISTOL, TENN. AND HIS SALARY AND BENEFITS ARE PAID BY HEALING HANDS HEALTH CENTER. TRAINING AND EDUCATING OUR HEALTHCARE PROFESSIONALS. WELLMONT WILL NOT SUCCEED IN OUR MISSION WITHOUT CONTINUALLY REINVESTING IN OUR MOST PRECIOUS RESOURCE - OUR PEOPLE. TO THAT END, WE SUPPORTED THE EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS AT A DIRECT COST OF 5,748,416. RECENT INITIATIVES INCLUDE</p>

Return Reference	Explanation	
	FORM 990, PAGE 2, PART III, LINE 4A	<p>UDE. WELLMONT PROVIDED AND PARTICIPATED IN SEVERAL FORMAL TRAINING PROGRAMS FOR HEALTH PROFESSIONALS, INCLUDING EAST TENNESSEE STATE UNIVERSITY'S INTERNSHIP AND RESIDENCY PROGRAMS. OUR CONTRIBUTIONS TOTALED 991,864 IN SUPPORT OF THE SCHOOL'S JAMES H. QUILLEN COLLEGE OF MEDICINE RESIDENCY PROGRAM. WELLMONT CONTINUES TO WELCOME OSTEOPATHIC MEDICAL STUDENTS FROM LINCOLN MEMORIAL UNIVERSITY'S DEBUSK COLLEGE OF OSTEOPATHIC MEDICINE. THE STUDENTS PERFORM CLINICAL ROTATIONS IN WELLMONT HOSPITALS AS THEY MOVE TOWARD BECOMING THE NEXT GENERATION OF DOCTORS. THE STUDENTS, WHO RECEIVE FREE HOUSING ON THE CAMPUS OF MOUNTAIN VIEW REGIONAL MEDICAL CENTER, COMPLETE THEIR CORE CLINICAL ROTATIONS AT MOUNTAIN VIEW REGIONAL. THE STUDENTS PERFORM SUB-SPECIALTY ROTATIONS AT HOLSTON VALLEY MEDICAL CENTER AND BRISTOL REGIONAL MEDICAL CENTER AND PRIMARY CORE ROTATIONS AT HAWKINS COUNTY MEMORIAL HOSPITAL. FREE HOUSING IS AVAILABLE ON THE MOUNTAIN VIEW REGIONAL MEDICAL CENTER AND HOLSTON VALLEY MEDICAL CENTER CAMPUSES FOR OUR MOUNTAIN REGION CORE SITE MEDICAL STUDENTS. OUR CONTRIBUTIONS TOTALED 730,534 IN SUPPORT OF THE DEBUSK COLLEGE OF OSTEOPATHIC MEDICINE. WELLMONT AND LINCOLN MEMORIAL UNIVERSITY'S DEBUSK COLLEGE OF OSTEOPATHIC MEDICINE ALSO PARTNER TO PROVIDE THE WELLMONT ORTHOPEDIC RESIDENCY PROGRAM AT HOLSTON VALLEY MEDICAL CENTER, ONE OF JUST 41 SUCH PROGRAMS IN THE COUNTRY TO HELP TRAIN THE NEXT GENERATION OF SPECIALTY PHYSICIANS. OUR CONTRIBUTIONS TOTALED 20,738 IN SUPPORT OF THE LINCOLN MEMORIAL UNIVERSITY'S DEBUSK COLLEGE OF OSTEOPATHIC MEDICINE ORTHOPEDIC RESIDENCY PROGRAM. WELLMONT CONTINUES TO EXERT TREMENDOUS EFFORT TO ACHIEVE MEANINGFUL USE OF AN ELECTRONIC HEALTH RECORD. THIS NATIONAL MANDATE CREATES TREMENDOUS EFFICIENCIES FOR CAREGIVERS, ENHANCES PATIENT CARE AND ULTIMATELY IMPROVES PATIENT SAFETY BY REDUCING THE POTENTIAL FOR ERRORS ASSOCIATED WITH PAPER DOCUMENTATION AS WELL AS INCREASING THE SECURITY AND SHARING OF DATA AMONG PROVIDERS. WELLMONT COMPLETED THE IMPLEMENTATION OF MYWELLMONT, WHICH IS AN ONLINE PORTAL THAT ALLOWS WELLMONT PATIENTS TO SECURELY ACCESS THEIR HEALTH INFORMATION FROM VIRTUALLY ANYWHERE. PATIENTS CAN ELECTRONICALLY REQUEST APPOINTMENTS, VIEW TEST RESULTS, RENEW PRESCRIPTIONS, PAY BILLS AND PERFORM MANY OTHER ROUTINE ACTIVITIES. MOST IMPORTANTLY, PATIENTS AND PROVIDERS CAN CONNECT IN MORE WAYS THAN EVER BEFORE, ENHANCING RELATIONSHIPS AND BUILDING A TEAM-BASED APPROACH TO CARE. WELLMONT HAS MADE AVAILABLE CONTINUING EDUCATION AND TRAINING TO EMPLOYEES, MEDICAL STAFF, MEMBERS OF AFFILIATED HEALTH CARE ORGANIZATIONS AND SCHOOLS AND INTERESTED MEMBERS OF THE PUBLIC. SOME OF THOSE OPPORTUNITIES INCLUDED -ANNUAL STROKE SYMPOSIUM, OPEN TO WELLMONT PHYSICIANS AND STAFF AND THE COMMUNITY, -ANNUAL CRITICAL CARE AND TRAUMA CONFERENCE, OPEN TO WELLMONT PHYSICIANS AND STAFF AND THE COMMUNITY, -ANNUAL CARDIOVASCULAR SUMMIT, OPEN TO WELLMONT PHYSICIANS AND STAFF AND THE COMMUNITY, -ANNUAL WOMEN AND CHILDREN'S EXPOSITION, OPEN TO WELLMONT PHYSICIANS AND STAFF AND THE COMMUNITY, -ANNUAL DIABETES EXPOSITION, OPEN TO WELLMONT PHYSICIANS AND STAFF AND THE COMMUNITY, -A PRESCRIPTION DRUG ABUSE CONFERENCE -REGULAR EDUCATION FOR CLINICAL STAFF ON TOPICS INCLUDING CPR PROGRAMS, ADVANCED CARDIOVASCULAR LIFE SUPPORT, PEDIATRIC ADVANCED LIFE SUPPORT, ADVANCED TRAUMA LIFE SUPPORT AND ADVANCED TRAUMA COURSE FOR NURSING. WELLMONT SUPPORTS A NURSE EXTERN PROGRAM THAT UTILIZES NURSING STAFF THAT HAVE COMPLETED A DEGREE BUT NOT YET PASSED BOARD CERTIFICATION. THIS PROVIDES INVALUABLE EXPERIENCE FOR NEW NURSES, WHO ARE SUPERVISED BY BOARD CERTIFIED NURSES DURING THIS TIME. THE EXTERNS ARE NOT REQUIRED TO WORK FOR WELLMONT AFTER EARNING THEIR CERTIFICATION. AT A DIRECT COST OF 180,771, OUR ORGANIZATION STAFFED AND MAINTAINED A MEDICAL LIBRARY PROGRAM FOR EMPLOYEES, MEDICAL STAFF AND MEMBERS OF AFFILIATED HEALTHCARE ORGANIZATIONS TO HELP ENHANCE KNOWLEDGE WITH THE LATEST RESEARCH FINDING AND THINKING. WELLMONT AND NORTHEAST STATE TECHNICAL COM.</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 9	MARGARET DENARVAEZ (TERMED 9/16/14) 1905 AMERICAN WAY KINGSFORT, TN 37660 TRACEY P MOFFATT (TERMED 10/3/14) 1905 AMERICAN WAY KINGSFORT, TN 37660 KENT PETTY (TERMED 4/1/14) 1905 AMERICAN WAY KINGSFORT, TN 37660 VIRGINIA FRANK (TERMED 8/8/14) 1905 AMERICAN WAY KINGSFORT, TN 37660 WILLIAM TROY CLARK (TERMED 12/12/14) 1905 AMERICAN WAY KINGSFORT, TN 37660 WILLIAM SHOWALTER (TERMED 4/17/15)

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	WELLMONT HEALTH SYSTEM'S FORM 990 IS REVIEWED BY THREE INDIVIDUALS OF WELLMONT HEALTH SYSTEM (THE SENIOR VICE PRESIDENT OF FINANCE, THE CORPORATE CONTROLLER, AND THE MANAGER OF ACCOUNTING) AND THE BOARD OF DIRECTORS OF WELLMONT HEALTH SYSTEM. ANY QUESTIONS OR COMMENTS ARISING FROM THE INITIAL REVIEW ARE ADDRESSED TO ENSURE THE RETURN IS COMPLETE AND ACCURATE. ANY CHANGES OR CORRECTIONS ARE IDENTIFIED, REVISED IN THE RETURN, AND REVIEWED BY THE INDIVIDUALS LISTED ABOVE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT ANY POTENTIAL CONFLICTS ARE DISCUSSED WITH THE COMPLIANCE AND AUDIT SERVICES DEPARTMENT AS THEY ARISE. WELLMONT HEALTH SYSTEM ALSO HAS A POLICY ON BUSINESS PRACTICES THAT DISCUSSES CONFLICT OF INTEREST AND INFORMS THE WORKFORCE TO DISCLOSE ANY ISSUES TO THE COMPLIANCE AND AUDIT SERVICES DEPARTMENT, FOR RESOLUTION. WELLMONT HEALTH SYSTEM ALSO USES A HOTLINE THAT ALLOWS ANONYMOUS REPORTING OF POSSIBLE CONFLICT OF INTEREST SITUATIONS FOR INVESTIGATION BY THE COMPLIANCE AND AUDIT SERVICES DEPARTMENT.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>THE COMPENSATION OF BARTON A HOVE, THE PRESIDENT AND CEO OF WELLMONT HEALTH SYSTEM, IS REVIEWED, APPROVED AND DOCUMENTED BY THE WELLMONT HEALTH SYSTEM HUMAN RESOURCES COMMITTEE AND THE BOARD OF DIRECTORS. BARTON A HOVE IS ALSO ON THE BOARD OF DIRECTORS OF WELLMONT FOUNDATION, INC. THE LAST COMPENSATION DELIBERATION AND REVIEW PROCESS FOR BARTON A HOVE WAS COMPLETED AND APPROVED BY THE BOARD OF DIRECTORS OF WELLMONT HEALTH SYSTEM ON MARCH 20, 2015. THE COMPENSATION OF MARGARET D DENARVAEZ, THE FORMER PRESIDENT AND CEO OF WELLMONT HEALTH SYSTEM THROUGH SEPTEMBER 16, 2014, IS REVIEWED, APPROVED AND DOCUMENTED BY THE WELLMONT HEALTH SYSTEM HUMAN RESOURCES COMMITTEE AND THE BOARD OF DIRECTORS. MARGARET D DENARVAEZ IS ALSO ON THE BOARD OF DIRECTORS OF WELLMONT FOUNDATION, INC. THE LAST COMPENSATION DELIBERATION AND REVIEW PROCESS FOR MARGARET D DENARVAEZ WAS COMPLETED NOVEMBER 29, 2012, AND APPROVED BY THE BOARD OF DIRECTORS OF WELLMONT HEALTH SYSTEM ON DECEMBER 4, 2012. IN ADDITION, THESE BODIES USE COMPARABILITY DATA TO DETERMINE THE APPROPRIATE COMPENSATION. ALL COMPENSATION DELIBERATIONS AND REVIEWS ARE CONTEMPORANEOUSLY DOCUMENTED.</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	<p>THE COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES OF WELLMONT HEALTH SYSTEM ARE REVIEWED, APPROVED AND DOCUMENTED BY THE WELLMONT HEALTH SYSTEM HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS. OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION HAVE WRITTEN EMPLOYMENT CONTRACTS, AND COMPENSATION IS BASED ON SURVEY S/STUDIES AND THEN APPROVED BY THE WELLMONT HEALTH SYSTEM CEO. IN ADDITION, THESE BODIES USE COMPARABILITY DATA TO DETERMINE THE APPROPRIATE COMPENSATION. ALL COMPENSATION DELIBERATIONS AND REVIEWS ARE CONTEMPORANEOUSLY DOCUMENTED. THIS PROCESS IS COMPLETED ON AN ANNUAL BASIS. THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE SALARY AND MARKET COMPENSATION DATA FOR THE FOLLOWING OTHER OFFICERS AND KEY EMPLOYEES ON DECEMBER 10, 2013 - WELLMONT HEALTH SYSTEM CHIEF OPERATIONS OFFICER - TRACEY P. MOFFAT -WELLMONT HEALTH SYSTEM EXECUTIVE VP AND CHIEF FINANCIAL OFFICER - ALICE POPE -WELLMONT HEALTH SYSTEM SR. VP OF HUMAN RESOURCES - HAMLIN J. WILSON -WELLMONT HEALTH SYSTEM VP OF MARKETING AND COMMUNICATIONS - LOWELL TODD NORRIS -BRISTOL REGIONAL MEDICAL CENTER PRESIDENT - GREG NEAL -COMMUNITY HOSPITAL PRESIDENT AND CEO - FRED PELLE -HOLSTON VALLEY MEDICAL CENTER PRESIDENT - TIM ATTEBERY. WELLMONT HEALTH SYSTEM USES ONE OR MORE OF THE METHODS DESCRIBED TO ESTABLISH THE COMPENSATION OF THE FOLLOWING OTHER OFFICERS AND KEY EMPLOYEES -WELLMONT HEALTH SYSTEM SR. VP OF FINANCE - TODD J. DOUGAN -WELLMONT HEALTH SYSTEM CHIEF INFORMATION OFFICER - KENT PETTY -WELLMONT HEALTH SYSTEM SR. VP OF BUSINESS DEVELOPMENT & RURAL STRATEGY - DAVID L. BRASH - WELLMONT HEALTH SYSTEM SR. VP GENERAL COUNSEL - GARY MILLER -WELLMONT HEALTH SYSTEM SR. VP INFORMATION TECHNOLOGY - WILLIAM SHOWALTER.</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	WELLMONT HEALTH SYSTEM'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT AVAILABLE TO THE PUBLIC. WELLMONT HEALTH SYSTEM'S AUDITED FINANCIAL STATEMENTS AND QUARTERLY UNAUDITED FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED SWAP LOSS -563,153 INTERCOMPANY RESOLUTION -37,543,799 UNREALIZED LOSS ON INVESTMENTS - 16,777,139 CHANGE IN PENSION LIABILITY -2,495,449 LOSS ON BOND DISSOLUTION -1,388,700 DISTRIBUTIONS TO WHS - 1,186,676 INTERCOMPANY - RELATED ORGANIZATIONS -7,478,313

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 (if applicable) 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
(1) WELLMONT HEALTH MANAGEMENT WELLMONT HEALTH MANAGEMENT 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1825259	HEALTHCARE	TN			WHS
(2) WELLMONT INTEGRATED NETWORK LLC WELLMONT INTEGRATED NETWORK LLC 1905 AMERICAN WAY KINGSPORT, TN 37660 45-5443060	HEALTHCARE	TN	-8,518	-8,518	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	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

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) Disproptrtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SAPLING GROVE AMBULATORY SURGERY 220 MEDICAL PARK BOULEVARD BRISTOL, TN 37620		TN	WHS	RELATED	618,640	3,595,432		No			No	65 000 %
(2) HOLSTON VALLEY AMBULATORY SURGERY 103 WEST STONE DRIVE KINGSPORT, TN 37660		TN	WHS	RELATED	1,353,805	1,100,560		No			No	52 000 %
(3) HOLSTON VALLEY IMAGING CENTER 103 WEST STONE DRIVE KINGSPORT, TN 37660		TN	WHS IMAGING	RELATED				No			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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WELLMONT INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1320035	PHYS SVCS	TN	WHS	C CORP	823,312	-89,243,614			No
(2) MCOT INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1325938	MED SVCS	TN	N/A						No
(3) MEDICAL LAUNDRY OF TRI-CITIES MEDICAL LAUNDRY OF TRI- CITIES 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1482226	MED SVCS	TN	N/A						No
(4) MEDICAL MALL PHARMACY INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1565006	MED SVCS	TN	N/A						No
(5) WELLMONT PHYSICIAN SERVICES WELLMONT PHYSICIAN SERVICES 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1567353	PHYS SVCS	TN	N/A						No
(6) WPS PROVIDERS INC 1905 AMERICAN WAY KINGSPORT, TN 37660 20-5564642	PHYS SVCS	TN	N/A						No
(7) WELLMONT HEALTH SERVICES INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1254373	HEALTHCARE	TN	N/A						No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R	PART V, LINE 2 WELLMONT FOUNDATION PERFORMS FUNDRAISING SERVICES FOR WELLMONT HEALTH SYSTEM AND ITS RELATED 501(C)(3) ENTITIES THE COST OF THESE SERVICES IS 568,576 AND CANNOT BE DETERMINED BY ENTITY OTHER RELATED ORGANIZATION TRANSACTIONS WITH WELLMONT CARDIOLOGY SERVICES, WELLMONT MADISON HOUSE AND WELLMONT WEXFORD HOUSE TOTALED 76,934 DURING THE FISCAL YEAR ENDED JUNE 30, 2015, AND DID NOT MEET THE 50,000 THRESHOLD AMOUNT FOR SEPARATE DISCLOSURE ORGANIZATION TRANS TYPE AMOUNT METHOD DETERMINATION WELLMONT CARDIOLOGY SERVICES K 25,225 LEASE AGREEMENT WELLMONT MADISON HOUSE B 13,042 CAPITAL CONTRIBUTIONS WELLMONT MADISON HOUSE L 34,190 SERVICE AGREEMENTS WELLMONT WEXFORD HOUSE L 4,477 INVOICES

Additional Data

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) WELLMONT HAWKINS CO MEMORIAL HOSPI 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1816368	HEALTHCARE	TN	501C3	3	WHS	Yes	
(1) WELLMONT CARDIOLOGY SERVICES 1905 AMERICAN WAY KINGSPORT, TN 37660 26-3557623	HEALTHCARE	TN	501C3	9	WHS	Yes	
(2) WELLMONT MEDICAL ASSOCIATES 1905 AMERICAN WAY KINGSPORT, TN 37660 27-0898372	HEALTHCARE	TN	501C3	7	WHS	Yes	
(3) WELLMONT FOUNDATION 1905 AMERICAN WAY KINGSPORT, TN 37660 58-1594191	HEALTHCARE	TN	501C3	7	WHS	Yes	
(4) WELLMONT MADISON HOUSE 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1308216	HEALTHCARE	TN	501C3	9	WHS	Yes	
(5) WELLMONT WEXFORD HOUSE 1905 AMERICAN WAY KINGSPORT, TN 37660 58-1859039	HEALTHCARE	TN	501C3	9	WHS		No
(6) WELLMONT IMAGING SERVICES INC 1905 AMERICAN WAY KINGSPORT, TN 37660 86-1103148	HEALTHCARE	TN	501C3	11A	WHS	Yes	
(7) WELLMONT SLEEP SERVICES 1905 AMERICAN WAY KINGSPORT, TN 37660	HEALTHCARE	TN	501C3	3	WHS	Yes	

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	(i) Section 512(b)(13) controlled entity?
Yes	No							
WELLMONT INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1320035	PHYS SVCS	TN	WHS	C CORP	823,312	-89,243,614		No
MCOT INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1325938	MED SVCS	TN	N/A					No
MEDICAL LAUNDRY OF TRI-CITIES MEDICAL LAUNDRY OF TRI-CITIES 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1482226	MED SVCS	TN	N/A					No
MEDICAL MALL PHARMACY INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1565006	MED SVCS	TN	N/A					No
WELLMONT PHYSICIAN SERVICES WELLMONT PHYSICIAN SERVICES 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1567353	PHYS SVCS	TN	N/A					No
WPS PROVIDERS INC 1905 AMERICAN WAY KINGSPORT, TN 37660 20-5564642	PHYS SVCS	TN	N/A					No
WELLMONT HEALTH SERVICES INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1254373	HEALTHCARE	TN	N/A					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WELLMONT CARDIOLOGY SERVICES	B	12,439,471	CAPITAL CONTRIBUTIONS
WELLMONT MEDICAL ASSOCIATES	B	26,943,241	CAPITAL CONTRIBUTIONS
WELLMONT HAWKINS COUNTY MEMORIAL HO	C	3,585,497	CAPITAL CONTRIBUTIONS
WELLMONT FOUNDATION	C	3,971,218	NEED
WELLMONT WEXFORD HOUSE	C	797,234	CAPITAL CONTRIBUTIONS
MCOT INC	C	1,316,832	CAPITAL CONTRIBUTIONS
WELLMONT MEDICAL ASSOCIATES	I	167,734	ASSET TRANSFER
HOLSTON VALLEY IMAGING CENTER INC	I	5,477,046	ASSET TRANSFER
WELLMONT HAWKINS COUNTY MEMORIAL HO	J	257,705	LEASE AGREEMENT
WELLMONT CARDIOLOGY SERVICES	J	384,323	LEASE AGREEMENT
WELLMONT MEDICAL ASSOCIATES	J	1,466,772	LEASE AGREEMENT
HOLSTON VALLEY AMBULATORY SURGERY C	J	878,578	LEASE AGREEMENT
HOLSTON VALLEY IMAGING CENTER INC	J	234,758	LEASE AGREEMENT
WELLMONT MEDICAL ASSOCIATES	K	55,313	LEASE AGREEMENT
WELLMONT HAWKINS COUNTY MEMORIAL HO	L	9,198,996	SUPPORT SERVICES
WELLMONT HAWKINS COUNTY MEMORIAL HO	L	90,464	INVOICES
WELLMONT HAWKINS COUNTY MEMORIAL HO	L	85,544	SUPPORT SERVICES
WELLMONT CARDIOLOGY SERVICES	L	114,415	INVOICES
WELLMONT MEDICAL ASSOCIATES	L	111,231	SUPPORT SERVICES
WELLMONT CARDIOLOGY SERVICES	M	2,051,924	COST - INVOICES
WELLMONT MEDICAL ASSOCIATES	M	545,532	SERVICE AGREEMENT
WELLMONT FOUNDATION	M	568,576	INVOICES
MCOT INC	M	2,250,877	COLLECTION AGREEMENT
WELLMONT HAWKINS COUNTY MEMORIAL HO	O	348,498	NEED
SAPLING GROVE AMBULATORY SURGE	R	380,676	DISTRIBUTION

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HOLSTON VALLEY AMBULATORY SURGERY C	R	806,000	DISTRIBUTION