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


## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . .

<b>1</b>					
Briefly describe the organization's mission WE DELIVER SUPERIOR HEALTH CARE WITH COMPASSION					
<b>2</b>	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				
<b>3</b>	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				
<b>4</b>	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				
<b>4a</b>	(Code )	(Expenses \$ 618,522,856	including grants of \$	364,038 )	(Revenue \$ )
<p>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" 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 2013, WE PROVIDED SERVICES TO 51,462 PATIENTS IN A BED, 307,654 EMERGENCY ROOM VISITS, 217,125 OUTPATIENT REGISTRATIONS (EXCLUDING ER), 2,309 NEWBORN DELIVERIES, 21,324 SURGERIES AND 418,924 PHYSICIAN OFFICE VISITS WELLMONT IS A TENNESSEE NOT-FOR-PROFIT CORPORATION SIX TAX-EXEMPT COMMUNITY BASED HOSPITALS - BRISTOL REGIONAL MEDICAL CENTER (BRISTOL, TENN ), HOLSTON VALLEY MEDICAL CENTER (KINGSPORT, TENN ), LONESOME PINEHOSPITAL (BIG STONE GAP, VA ), HANCOCK COUNTY HOSPITAL (SNEEDVILLE, TENN ),MOUNTAIN VIEW REGIONAL MEDICAL CENTER (NORTON, VA ) AND LEE REGIONALMEDICAL CENTER (PENNINGTON GAP, 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 51,042,187 IN BENEFITS TO OUR REGION, INCLUDING 38,798,967 OF COSTS FOR INDIGENT PATIENTS AND UNCOMPENSATED CARE FOR OTHER PATIENTS AND 51,042,187 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 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 BREASTCARE 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 24,151 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 WELLMONT PHYSICIANS SERVICES, A TAXABLE SUBSIDIARY OF WELLMONT 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 6,782,638 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 620,041 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 IN WELLMONT'S MOUNTAIN REGION HOSPITALS - MOUNTAIN VIEW REGIONAL AND LEE REGIONAL MEDICAL CENTER 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 OUR CONTRIBUTIONS TOTALED 1,029,041 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 33 SUCH PROGRAMS IN THE COUNTRY TO HELP TRAIN THE NEXT GENERATION OF SPECIALTY PHYSICIANS OUR CONTRIBUTIONS TOTALED 864,989 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 STARTED 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, -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 SU</p>					
<b>4b</b>	(Code )	(Expenses \$	including grants of \$	) (Revenue \$	)
<b>4c</b>	(Code )	(Expenses \$	including grants of \$	) (Revenue \$	)
<b>4d</b>	Other program services (Describe in Schedule O )				
	(Expenses \$	including grants of \$	) (Revenue \$		
<b>4e</b>	Total program service expenses ▶		618,522,856		

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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 to any question 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	17	
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			
b	Enter the number of voting members included in line 1a, above, who are independent	14	
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
b	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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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
b	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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 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
b	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	TN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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, physical address, and telephone number of the person who possesses the books and records of the organization	TODD J DOUGAN1905 AMERICAN WAY KINGSPO RT, TN (423) 230-8512

Check if Schedule O contains a response to any question in this Part VII . . . . . ☒

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	6,352,919	842,959	489,645

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 162

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	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
SOLSTAS LAB PARTNERS 4380 FEDERAL DRIVE GREENSBORO NC 27410	LAB SERVICES	13,684,325
HOLSTON ANESTHESIA ASSOCIATION 135 W RAVINE STREET SUITE 5B PO BOX 1308 KINGSPORT TN 37662	MEDICAL SERVICE	7,837,121
NORTHEAST TN EMERGENCY PHYSICIANS 415 BROAD STREET KINGSPORT TN 37660	PHYSICIAN SVS	3,115,540
HTA - MOUNTAIN EMPIRE LLC DEPT 2046 PO BOX 11407 BIRMINGHAM AL 35246	LEASE	2,794,656
HIGHLANDS PATHOLOGY CONSULTANTS SPC 10368 WALLACE ALLEY KINGSPORT TN 37663	MEDICAL SERVICE	2,133,342

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 ►53

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	1,101,725			
	e	Government grants (contributions)	1e	259,736			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	106,469			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		1,467,930			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621990	436,136,617	436,136,617		
	b	PHARMACY REVENUE	621990	215,687,439	215,687,439		
	c	BLOOD REVENUE	621990	11,536,558	11,536,558		
	d	ADMINISTRATIVE REVENUE	561000	838,067	838,067		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		664,198,681			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		15,719,801		15,719,801	
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties . . . . .					
	6a	Gross rents	(i) Real	(ii) Personal			
			6,552,896				
			1,963,950				
			4,588,946				
	d	Net rental income or (loss) . . . . .		4,588,946		4,588,946	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			90,603,404	4,927,450			
			87,817,247	4,924,477			
			2,786,157	2,973			
	d	Net gain or (loss) . . . . .		2,789,130	1,606	2,787,524	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances . . . . .	a				
	b	Less cost of goods sold . . . . .	b				
	c	Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue		Business Code				
	11a	MEANINGFUL USE FUNDS	621990	11,541,076	11,541,076		
	b	MISCELLANEOUS REVENUE	453220	5,207,727			5,207,727
c	CAFETERIA VENDING	900099	3,260,828			3,260,828	
d	All other revenue . . . . .		576,272		101,145	475,127	
e	Total. Add lines 11a-11d . . . . .		20,585,903				
12	Total revenue. See Instructions . . . . .		709,350,391	675,739,757	102,751	32,039,953	

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 to any question 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 governments and organizations in the United States. See Part IV, line 21.	364,038	364,038		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	5,733,811		5,733,811	
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.	201,887,470	184,456,132	17,431,338	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10,798,205	7,487,914	3,310,291	
9	Other employee benefits.	34,813,891	32,413,172	2,400,719	
10	Payroll taxes.	14,569,999	13,242,278	1,327,721	
11	Fees for services (non-employees):				
a	Management.	1,217,609	61,229	1,156,380	
b	Legal.	815,827	790,008	25,819	
c	Accounting.	957,405	919,405	38,000	
d	Lobbying.	64,174	64,174		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	413,832	413,832		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	85,261,121	82,206,050	3,055,071	
12	Advertising and promotion.	1,236,682	1,226,377	10,305	
13	Office expenses.	29,276,516	26,470,484	2,806,032	
14	Information technology.	11,165,931	10,653,939	511,992	
15	Royalties.				
16	Occupancy.	19,184,534	15,738,168	3,446,366	
17	Travel.	1,339,695	637,558	702,137	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	11,397	11,397		
20	Interest.	21,431,105	21,429,438	1,667	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	45,202,544	42,957,448	2,245,096	
23	Insurance.	4,598,691	4,598,691		
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	119,083,741	119,083,741		
b	PROVISION FOR BAD DEBTS	51,183,441	51,082,419	101,022	
c	MISC EXPENSE	2,069,213	1,483,432	585,781	
d	PHYSICIAN RECRUITMENT	1,425,230	210,680	1,214,550	
e	All other expenses	1,117,079	520,852	596,227	
25	Total functional expenses. Add lines 1 through 24e.	665,223,181	618,522,856	46,700,325	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 to any question in this Part X

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		948,014	1	321,617
	2	Savings and temporary cash investments		35,772,409	2	49,779,799
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		118,465,911	4	115,810,678
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		8,681	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		15,281,656	8	16,664,616
	9	Prepaid expenses and deferred charges		6,897,997	9	8,333,651
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a987,960,886			
	b	Less: accumulated depreciation	10b539,626,200	429,068,956	10c	448,334,686
	11	Investments—publicly traded securities		343,401,965	11	380,769,767
	12	Investments—other securities. See Part IV, line 11.			12	
	13	Investments—program-related. See Part IV, line 11.		20,328,086	13	20,038,518
	14	Intangible assets		11,618,870	14	8,745,924
	15	Other assets. See Part IV, line 11.		5,420,624	15	8,052,583
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		987,213,169	16	1,056,851,839
Liabilities	17	Accounts payable and accrued expenses		60,100,983	17	67,473,674
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		442,481,059	20	450,196,234
	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		950,645	23	10,955,180
	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.		97,277,820	25	81,033,005
	26	<b>Total liabilities.</b> Add lines 17 through 25.		600,810,507	26	609,658,093
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		386,402,662	27	447,193,746
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>		386,402,662	33	447,193,746
	34	<b>Total liabilities and net assets/fund balances</b>		987,213,169	34	1,056,851,839

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	709,350,391
2	Total expenses (must equal Part IX, column (A), line 25)	2	665,223,181
3	Revenue less expenses Subtract line 2 from line 1	3	44,127,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	386,402,662
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	16,663,874
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	447,193,746

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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			
PIERRE ISTFAN MD BOARD MEMBER	40 00	X						0	576,762	39,934
JULIE P BENNETT SECRETARY	6 00	X						0	0	0
MARVIN CAMERON EX-OFFICIO B	6 00	X						0	0	0
DAVE CROCKETT BOARD MEMBER	6 00	X						0	0	0
WAYNE J KENNEDY VICE CHAIR	6 00	X						0	0	0
RAVEN KRICKBAUM BOARD MEMBER	6 00	X						0	0	0
ROGER L LEONARD BOARD MEMBER	6 00	X						0	0	0
T ARTHUR BUDDY SCOTT JR CHAIRMAN	6 00	X						0	0	0
GLEN SKIP SKINNER BOARD MEMBER	6 00	X						0	0	0
DOUGLAS J SPRINGER MD BOARD MEMBER	6 00	X						0	0	0
JOHN WILLIAMS BOARD MEMBER	6 00	X						0	0	0
JACK BUTTERWORTH MD BOARD MEMBER	6 00	X						0	0	0
DAVID LESTER ASST SECT/TR	6 00	X						0	0	0
WILLIAM SMITH MD BOARD MEMBER	6 00	X						0	0	0
DAVID SPARKS MD BOARD MEMBER	6 00	X						0	0	0
MARY HALL BOARD MEMBER	6 00	X						0	0	0
CHARLIE FLOYD BOARD MEMBER	6 00	X						0	0	0
MARGARET DENARVAEZ PRESIDENT &	40 00			X				1,031,881	0	47,176
JOHN HOWARD EVP-LEGAL &	40 00			X				532,845	0	13,270
TRACEY P MOFFATT SR VP & WHS	40 00			X				455,389	0	25,885
ALICE POPE EVP & CFO	40 00			X				339,958	0	27,519
HAMLIN J WILSON SR VP-HUMAN	40 00			X				323,035	0	22,753
KENT PETTY CHIEF INFORM	40 00			X				308,767	0	30,528
TODD J DOUGAN SR VP-FINAN	40 00			X				271,725	0	26,356
LOWELL TODD NORRIS SYSTEM VP-MA	8 00 32 00			X				48,885	195,538	24,848

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			
BARTHOLEMEW A HOVE PRESIDENT-BR	40 00				X			497,375	0	37,534
VIRGINIA FRANK PRESIDENT-HV	40 00				X			406,608	0	31,727
GREG NEAL PRESIDENT/CE	32 00 8 00				X			282,637	70,659	27,618
DAVID L BRASH SR VP OF BU	40 00				X			299,749	0	29,484
SUSAN LINDENBUSCH VP WHS ONCOL	40 00					X		343,679	0	22,424
DANIEL CARLSON CHIEF MEDICA	40 00					X		340,118	0	5,620
TROY SYBERT CHIEF QUALIT	40 00					X		303,601	0	29,543
WILLIAM TROY CLARK VP/HV CHIEF	40 00					X		289,403	0	25,553
MARTHA CHILL SYSTEM VP/EM	40 00					X		277,264	0	21,873

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. 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—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIIPart III

Support 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

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.  
▶ See separate instructions.

OMB No 1545-0047

2012

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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization WELLMONT HEALTH SYSTEM	Employer identification number  62-1636465
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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)		64,174													
c Total lobbying expenditures (add lines 1a and 1b)		64,174													
d Other exempt purpose expenditures		665,159,007													
e Total exempt purpose expenditures (add lines 1c and 1d)		665,223,181													
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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	96,271	143,581	63,081	64,174	367,107
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
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i.			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912.			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
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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. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
WELLMONT HEALTH SYSTEM

Employer identification number  
  
62-1636465

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

a Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

3

Using the organization's 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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?

☐ 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

**Part VI Land, Buildings, and Equipment.** 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	32,684,199		32,791,380
b Buildings		534,273,701	239,583,667	294,690,034
c Leasehold improvements		6,670,029	1,050,329	5,619,700
d Equipment		326,585,985	260,501,663	66,084,322
e Other		87,639,791	38,490,541	49,149,250
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				448,334,686

Schedule D (Form 990) 2012





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part 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

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

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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	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.

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

OMB No 1545-0047

2012

Open to Public Inspection

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

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 income based criteria 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  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"? . . . . .	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	3b		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	4	Yes	
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? . . . . .	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	5b		No
b	If "Yes," did the organization make it available to the public? . . . . .	5c		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	Yes	
		6b	Yes	

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) . . . . .			15,364,503		15,364,503	2 310 %
b Medicaid (from Worksheet 3, column a) . . . . .			100,347,494	76,913,030	23,434,464	3 520 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			115,711,997	76,913,030	38,798,967	5 830 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	272	94,067	5,172,124		5,172,124	0 780 %
f Health professions education (from Worksheet 5) . . . . .	62	3,232	6,716,405		6,716,405	1 010 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .	76	1,606	96,143	37	96,106	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	88	2,400	258,585		258,585	0 040 %
j <b>Total.</b> Other Benefits . . . . .	498	101,305	12,243,257	37	12,243,220	1 840 %
k <b>Total.</b> Add lines 7d and 7j . . . . .	498	101,305	127,955,254	76,913,067	51,042,187	7 670 %

Part III

Community 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
1	Physical improvements and housing					
2	Economic development					
3	Community support	12	6,290	13,464	3,500	9,964
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building	12		342		342
7	Community health improvement advocacy	15	1,091	2,002		2,002
8	Workforce development	2	1,005	1,281		1,281
9	Other					
10	Total	41	8,386	17,089	3,500	13,589

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

No

2

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

2

13,585,633

3

Enter 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

4

Provide 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

5

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

5

150,503,719

6

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

6

144,346,758

7

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

7

6,156,961

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐

Cost accounting system

☐

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

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

9a

Yes

b

If "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 IV

Management 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 %
1	HOLSTON VALLEY IMAG	RADIOLOGY SERVICES	75 000 %	25 000 %
2	HOLSTON VALLEY AMB	SURGICAL SERVICES	52 000 %	48 000 %
3	SAPLING GROVE AMB	SURGICAL SERVICES	65 000 %	35 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2012

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?  
6

Name, address, and primary website address

		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
1	HOLSTON VALLEY MEDICAL CENTER 130 RAVINE STREET KINGSPORT, TN 37660	X	X		X			X			
2	BRISTOL REGIONAL MEDICAL CENTER 1 MEDICAL PARK BLVD BRISTOL, TN 37620	X	X		X			X			
3	LONESOME PINE HOSPITAL 1990 HOLTON AVENUE BIG STONE GAP, VA 24219	X	X		X			X			
4	MOUNTAIN VIEW REGIONAL MEDICAL CENT 310 3RD STREET NE NORTON, VA 24273	X	X					X			
5	LEE REGIONAL MEDICAL CENTER PO BOX 589 PENNINGTON GAP, VA 24277	X	X					X			
6	HANCOCK COUNTY HOSPITAL 1519 MAIN STREET SNEEDVILLE, TN 37869	X				X		X			

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)

HOLSTON VALLEY MEDICAL CENTER

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 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 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1	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 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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes	
5 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)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input type="checkbox"/> Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input type="checkbox"/> Participation in the development of a community-wide plan			
d <input type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7		No
8a 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)? . . . . .	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b		
c If "Yes" to line 8b, 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)

Financial Assistance Policy		Yes	No		
9	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 includes free or discounted care?	9	Yes		
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 0% If "No," explain in Part VI the criteria the hospital facility used	10	Yes		
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used	11	No		
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input checked="" type="checkbox"/> State regulation					
h <input type="checkbox"/> Other (describe in Part VI)					
13	Explained the method for applying for financial assistance? . . . . .	13	Yes		
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15	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 actions the hospital facility may take upon non-payment? . . . . .	15	Yes		
16	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 patient's eligibility under the facility's FAP				
a <input checked="" type="checkbox"/> Reporting to credit agency					
b <input checked="" type="checkbox"/> Lawsuits					
c <input checked="" type="checkbox"/> Liens on residences					
d <input checked="" type="checkbox"/> Body attachments					
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)					
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . .			17	Yes
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input checked="" type="checkbox"/> Reporting to credit agency					
b <input checked="" type="checkbox"/> Lawsuits					
c <input checked="" type="checkbox"/> Liens on residences					
d <input checked="" type="checkbox"/> Body attachments					
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)					

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No



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)

BRISTOL REGIONAL MEDICAL CENTER

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

2

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 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 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1	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 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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes	
5 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)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input type="checkbox"/> Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input type="checkbox"/> Participation in the development of a community-wide plan			
d <input type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7		No
8a 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)? . . . . .	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b		
c If "Yes" to line 8b, 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)

Financial Assistance Policy		Yes	No		
9	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 includes free or discounted care?	9	Yes		
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 0% If "No," explain in Part VI the criteria the hospital facility used	10	Yes		
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used	11	No		
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input checked="" type="checkbox"/> State regulation					
h <input type="checkbox"/> Other (describe in Part VI)					
13	Explained the method for applying for financial assistance? . . . . .	13	Yes		
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15	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 actions the hospital facility may take upon non-payment? . . . . .	15	Yes		
16	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 patient's eligibility under the facility's FAP				
a <input checked="" type="checkbox"/> Reporting to credit agency					
b <input checked="" type="checkbox"/> Lawsuits					
c <input checked="" type="checkbox"/> Liens on residences					
d <input checked="" type="checkbox"/> Body attachments					
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)					
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . .			17	Yes
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input checked="" type="checkbox"/> Reporting to credit agency					
b <input checked="" type="checkbox"/> Lawsuits					
c <input checked="" type="checkbox"/> Liens on residences					
d <input checked="" type="checkbox"/> Body attachments					
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)					

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

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)

LONESOME PINE HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

3

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 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 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply) <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input checked="" type="checkbox"/> Demographics of the community <b>c</b> <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 <b>d</b> <input checked="" type="checkbox"/> How data was obtained <b>e</b> <input checked="" type="checkbox"/> The health needs of the community <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs <b>j</b> <input type="checkbox"/> Other (describe in Part VI)	1	Yes	
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes	
5 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) <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website <b>b</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility <b>c</b> <input type="checkbox"/> Other (describe in Part VI)	5	Yes	
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date) <b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA <b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy <b>c</b> <input type="checkbox"/> Participation in the development of a community-wide plan <b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide plan <b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans <b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA <b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community <b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community <b>i</b> <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7		No
8a 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)? . . . . .	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b		
c If "Yes" to line 8b, 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)

Financial Assistance Policy		Yes	No
9	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 includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 0% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care ____% If "No," explain in Part VI the criteria the hospital facility used	11	No
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15	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 actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	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 patient's eligibility under the facility's FAP		
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input checked="" type="checkbox"/> Lawsuits			
c <input checked="" type="checkbox"/> Liens on residences			
d <input checked="" type="checkbox"/> Body attachments			
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	Yes
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input checked="" type="checkbox"/> Lawsuits			
c <input checked="" type="checkbox"/> Liens on residences			
d <input checked="" type="checkbox"/> Body attachments			
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . . If "No," indicate why		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

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)

MOUNTAIN VIEW REGIONAL MEDICAL CENT

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

4

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	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 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1	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 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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes
5	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)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7	No
8a	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)? . . . . .	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b	
c	If "Yes" to line 8b, 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)

Financial Assistance Policy		Yes	No
9	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 includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 0% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used	11	No
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15	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 actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	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 patient's eligibility under the facility's FAP		
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input checked="" type="checkbox"/> Lawsuits			
c <input checked="" type="checkbox"/> Liens on residences			
d <input checked="" type="checkbox"/> Body attachments			
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	Yes
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input checked="" type="checkbox"/> Lawsuits			
c <input checked="" type="checkbox"/> Liens on residences			
d <input checked="" type="checkbox"/> Body attachments			
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			



Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

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)

LEE REGIONAL MEDICAL CENTER

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

5

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 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 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1	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 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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes	
5 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)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input type="checkbox"/> Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input type="checkbox"/> Participation in the development of a community-wide plan			
d <input type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7		No
8a 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)? . . . . .	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b		
c If "Yes" to line 8b, 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)

Financial Assistance Policy		Yes	No
9	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 includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 0% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care ____% If "No," explain in Part VI the criteria the hospital facility used	11	No
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15	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 actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	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 patient's eligibility under the facility's FAP		
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input checked="" type="checkbox"/> Lawsuits			
c <input checked="" type="checkbox"/> Liens on residences			
d <input checked="" type="checkbox"/> Body attachments			
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	Yes
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input checked="" type="checkbox"/> Lawsuits			
c <input checked="" type="checkbox"/> Liens on residences			
d <input checked="" type="checkbox"/> Body attachments			
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

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)

HANCOCK COUNTY HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

6

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	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 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1	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 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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes
5	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)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7	No
8a	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)? . . . . .	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b	
c	If "Yes" to line 8b, 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)

Financial Assistance Policy		Yes	No	
9	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 includes free or discounted care?	9	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>200</u> 0% If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>  </u> % If "No," explain in Part VI the criteria the hospital facility used	11		No
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes	
a	<input checked="" type="checkbox"/> Income level			
b	<input checked="" type="checkbox"/> Asset level			
c	<input checked="" type="checkbox"/> Medical indigency			
d	<input checked="" type="checkbox"/> Insurance status			
e	<input checked="" type="checkbox"/> Uninsured discount			
f	<input checked="" type="checkbox"/> Medicaid/Medicare			
g	<input checked="" type="checkbox"/> State regulation			
h	<input type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance? . . . . .	13	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b	<input type="checkbox"/> The policy was attached to billing invoices			
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f	<input checked="" type="checkbox"/> The policy was available upon request			
g	<input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections				
15	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 actions the hospital facility may take upon non-payment? . . . . .	15	Yes	
16	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 patient's eligibility under the facility's FAP			
a	<input checked="" type="checkbox"/> Reporting to credit agency			
b	<input checked="" type="checkbox"/> Lawsuits			
c	<input checked="" type="checkbox"/> Liens on residences			
d	<input checked="" type="checkbox"/> Body attachments			
e	<input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	Yes	
a	<input checked="" type="checkbox"/> Reporting to credit agency			
b	<input checked="" type="checkbox"/> Lawsuits			
c	<input checked="" type="checkbox"/> Liens on residences			
d	<input checked="" type="checkbox"/> Body attachments			
e	<input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

**Section C. 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

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
SUBSIDIZED HEALTH SERVICES EXPLANATION	PART I LINE 7G	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
EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	PART I LINE 7 COLUMN F	THE BAD DEBT EXPENSE OF 51183441 WAS INCLUDED ON FORM 990 PART IX LINE 25 COLUMN A BUT WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY EXPLANATION	PART I LINE 7	RATIO OF PATIENT CARE COSTTOCHARGES WAS USED TO DETERMINE THE COSTS FOR AMOUNTS IN LINE 7A AND 7B COL C BY FACILITY THE COSTS INCLUDED IN THE COSTTOCHARGE RATIO INCLUDED THE COSTS FROM ALL PATIENT SEGMENTS ACTUAL COSTS FROM THE GENERAL LEDGER WERE USED FOR AMOUNTS IN LINE 7F AND 7I COLC
COMMUNITY BUILDING ACTIVITIES	PART II	WELLMONT HEALTH SYSTEM PROMOTED THE HEALTH OF THE COMMUNITIES IT SERVES IN A VARIETY OF WAYS COMMUNITY SUPPORT SEVERAL EMPLOYEES OF HOLSTON VALLEY MEDICAL CENTER HVMCSERVE AS BOARD MEMBERS FOR SUSAN G KOMEN AND RONALD MCDONALD HOUSE COALITION BUILDING STAFF FROM HOLSTON VALLEY MEDICAL CENTER HVMC PARTICIPATED IN SEVERAL COMMUNITY GROUPS TO INCLUDE INTEGRATED EMERGENCY PLANNING COMMITTEE REGIONAL MEDICAL COMMUNICATION COMMITTEE KINGSPOUT AREA SAFETY COUNCIL AND NORTHEAST TENNESSEE REGIONAL HOSPITAL EMERGENCY PREPAREDNESS COMMITTEE THE CHIEF ADMINISTRATIVE OFFICER FOR THE COMMUNITY HOSPITALS SERVED ON THE REMOTE AREA MEDICAL RAM EVENT PLANNING COMMITTEE THE RAM CLINIC BRINGS FREE HEALTH DENTAL AND VISION CARE TO UNINSURED AND UNDERINSURED PEOPLE THE WISE VA CLINIC HELD ON JULY 1921 2013 WAS THE 648TH RAM EXPEDITION SINCE 1985 AND DREW 3459 PATIENT ENCOUNTERS FOR VARIOUS MEDICAL EYE AND DENTAL NEEDS COMMUNITY HEALTH IMPROVEMENT ADVOCACY TO PROMOTE COMMUNITY HEALTH IMPROVEMENTS AND SAFETY HOLSTON VALLEY MEDICAL CENTER HVMC PROVIDED RESOURCES TO CONDUCT VARIOUS PRESENTATIONS SUCH AS TRAUMA NURSE TALK TOUGH TN GOVERNORS COMMISSION ON INJURY PREVENTION AND HEARING CONSERVATION WORKFORCE DEVELOPMENT BRISTOL REGIONAL MEDICAL CENTER BRMC ORGANIZED A DISCUSSION WITH BRISTOL TENNESSEE CITY SCHOOL SYSTEM TEACHERS REGARDING SKILLS THEIR STUDENTS NEED TO BE TAUGHT IN ORDER TO WORK AT BRMC IN VARIOUS DEPARTMENTS

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI	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 COUNTYBYCOUNTY ANALYSIS TO IDENTIFY THE FOLLOWING CUSTOMER GROUPS PATIENTS AND POTENTIAL PATIENTS COMMUNITYEMPLOYER 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
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI	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

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI	WELLMONT HEALTH SYSTEMS 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 TAZEWEEL DICKENSON AND WYTHE COUNTIES OF VIRGINIA THE DEMOGRAPHICS OF THESE AREAS ARE AS FOLLOWS PSA POPULATION 363395 MEDIAN HOUSEHOLD INCOME 38282 SSA POPULATION 459656 MEDIAN HOUSEHOLD INCOME 36763 APPROXIMATELY 1949 OF OUR PATIENTS ARE MEDICAID RECIPIENTS AND 1058 ARE UNINSURED AND TWO OF THE PSA COUNTIES ARE DESIGNATED AS MEDICALLY UNDERSERVED AREAS HAWKINS COUNTY TENNESSEE AND LEE COUNTY VIRGINIA
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	WELLMONT HEALTH SYSTEMS HOSPITALS AND OTHER HEALTHCARE FACILITIES FURTHER THEIR EXEMPT PURPOSE BY PROVIDING MILLIONS IN UNCOMPENSATED CARE AND OTHER CHARITABLE DONATIONS IN FISCAL YEAR 2013 WELLMONT PROVIDED 70 050546 IN UNCOMPENSATED CARE THE HEALTH SYSTEM ALSO DONATED 758810 TO COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN HEART ASSOCIATION UNITED WAY SUSAN G KOMEN FOR THE CURE AND THE AMERICAN CANCER SOCIETY WELLMONT PROVIDED NEARLY 5966504 FOR COMMUNITY HEALTH AND OUTREACH 47093 FOR COMMUNITY BENEFIT OPERATIONS 21332 FOR COMMUNITY BUILDING ACTIVITIES 6782638 FOR TRAINING AND EDUCATION OF HEALTHCARE PROFESSIONALS AND 96106 FOR CLINICAL TRIALS AND RESEARCH EMPLOYEESPHYSICIANS AND VOLUNTEERS DONATED IN EXCESS OF 88446 HOURS OF COMMUNITY SERVICE

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE INFORMATION	PART VI	WELLMONT HEALTH SYSTEMWELLMONT IS A TENNESSEE NONPROFIT CORPORATION BASED IN KINGSFORT TENNESSEEAND 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 17 YEARS WELLMONT HAS GROWN TO INCLUDE SIX ADDITIONAL HOSPITALS AN INTEGRATED PHYSICIAN NETWORK AND SEVERAL AMBULATORY SITES WELLMONT HOSPITALS OFFER A BROAD SCOPE OF SERVICES RANGING FROM COMMUNITY BASED ACUTE CARE TO HIGHLY SPECIALIZED TERTIARY SERVICES INCLUDING TWO TRAUMA CENTERS COMPREHENSIVE HEART CARE AND CANCER CARE WELLMONT OWNS AND OPERATES AN INTEGRATED HEALTH CARE DELIVERY SYSTEM PROVIDING INPATIENT OUTPATIENT AND OTHER HEALTH CARE SERVICES AT MULTIPLE LOCATIONS IN NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA CURRENTLY WELLMONT OWNS AND OPERATES SIX ACUTE CARE HOSPITAL FACILITIES AND ONE CRITICAL ACCESS HOSPITAL WITH A TOTAL OF 1253 LICENSED BEDS AND THROUGH A JOINT VENTURE PARTNERS TO OPERATE AN ADDITIONAL ACUTE CARE HOSPITAL FACILITY WITH 100 LICENSED BEDS THE ACUTE CARE FACILITIES OWNED BY WELLMONT INCLUDE HOLSTON VALLEY MEDICAL CENTER BRISTOL REGIONAL MEDICAL CENTER MOUNTAIN VIEW REGIONAL MEDICAL CENTER IN NORTON VIRGINIA LEE REGIONAL MEDICAL CENTER IN PENNINGTON GAP VIRGINIA LONESOME PINE HOSPITAL IN BIG STONE GAP VIRGINIA HAWKINS COUNTY MEMORIAL HOSPITAL IN ROGERSVILLE TENNESSEE AND THE CRITICAL ACCESS HOSPITAL HANCOCK COUNTY HOSPITAL IN SNEEDVILLE TENNESSEE WELLMONT IS THE MAJORITY PARTNER WITH ADVENTIST HEALTH SYSTEM AT TAKOMA REGIONAL HOSPITAL AN ACUTE CARE HOSPITAL IN GREENEVILLE TENNESSEE WELLMONT ALSO DIRECTLY OR INDIRECTLY CONTROLS OWNS OR IS AFFILIATED WITH VARIOUS NONPROFIT AND FORPROFIT CORPORATIONS AND OTHER ORGANIZATIONS THAT CURRENTLY PROVIDE HEALTH CARE AND HEALTH CARERELATED 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
LIST OF STATES WHERE COMMUNITY BENEFIT REPORT IS FILED	PART VI	TENNESSEE

Identifier	ReturnReference	Explanation
ADDITIONAL INFORMATION	PART VI	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 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 THIRDPARTY 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 THIRDPARTY PAYMENT PROGRAMS WELLMONTS 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 57 SPECIFICALLY INDICATE TO INCLUDE ONLY THOSE APPLICABLE COSTS AND MEDICARE REIMBURSEMENTS THAT ARE REPORTED IN THE ORGANIZATIONS 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 HOSPITALOWNED 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
HOLSTON VALLEY MEDICAL CENTER LINE NUMBER 1 PART V LINE 3	PART V LINE 3	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 TENNESEE 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 ELECTROMECHANICAL 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 KVAT 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 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 TELEOPTICS 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 VIRGINIAS COLLEGE AT WISE VIRGINIA CITY HYBRID ENERGY CENTER VIRGINIA DEPARTMENT OF HEALTH CUMBERLAND PLATEAU HEALTH DISTRICT VIRGINIA DEPARTMENT OF HEALTH LENOWISCO DISTRICT WCYBTV WELLMONT MEDICAL ASSOCIATES WISE COUNTY CHAMBER OF COMMERCE WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY WISE COUNTY VA YWCA BRISTOL

Identifier	ReturnReference	Explanation
HOLSTON VALLEY MEDICAL CENTER LINE NUMBER 1 PART V LINE 4	PART V LINE 4	BRISTOL REGIONAL MEDICAL CENTER LONESOME PINE HOSPITAL HAWKINS COUNTY MEMORIAL HOSPITAL HANCOCK COUNTY HOSPITAL MOUNTAIN VIEW REGIONAL MEDICAL CENTER LEE REGIONAL MEDICAL CENTER TAKOMA REGIONAL MEDICAL CENTER
HOLSTON VALLEY MEDICAL CENTER LINE NUMBER 1 PART V LINE 7	PART V LINE 7	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 REGIONS LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES

Identifier	ReturnReference	Explanation
HOLSTON VALLEY MEDICAL CENTER LINE NUMBER 1 PART V LINE 15E	PART V LINE 15E	WELLMONT HOLSTON VALLEY MEDICAL CENTERS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES
HOLSTON VALLEY MEDICAL CENTER LINE NUMBER 1 PART V LINE 16E	PART V LINE 16E	WELLMONT HOLSTON VALLEY MEDICAL CENTERS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES



Identifier	ReturnReference	Explanation
HOLSTON VALLEY MEDICAL CENTER LINE NUMBER 1 PART V LINE 19D	PART V LINE 19D	WELLMONT LEE REGIONAL MEDICAL CENTER FOLLOWS TENNESSEE STATUTE WHICH IS 175 OF AVERAGE COST FOR ITS HOSPITALS
BRISTOL REGIONAL MEDICAL CENTER LINE NUMBER 2 PART V LINE 3	PART V LINE 3	<p>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 TENNESEE 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 ELECTROMECHANICAL 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 KVAT 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 OQUINN 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 TELEOPTICS 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 VIRGINIAS COLLEGE AT WISE VIRGINIA CITY HYBRID ENERGY CENTER VIRGINIA DEPARTMENT OF HEALTH CUMBERLAND PLATEAU HEALTH DISTRICT VIRGINIA DEPARTMENT OF HEALTH LENOWISCO DISTRICT WCYBTV WELLMONT MEDICAL ASSOCIATES WISE COUNTY CHAMBER OF COMMERCE WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY WISE COUNTY VA YWCA BRISTOL</p>

Identifier	ReturnReference	Explanation
BRISTOL REGIONAL MEDICAL CENTER LINE NUMBER 2 PART V LINE 4	PART V LINE 4	HOLSTON VALLEY MEDICAL CENTER LONESOME PINE HOSPITAL HAWKINS COUNTY MEMORIAL HOSPITAL HANCOCK COUNTY HOSPITAL MOUNTAIN VIEW REGIONAL MEDICAL CENTER LEE REGIONAL MEDICAL CENTER TAKOMA REGIONAL MEDICAL CENTER
BRISTOL REGIONAL MEDICAL CENTER LINE NUMBER 2 PART V LINE 7	PART V LINE 7	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 REGIONS LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES

Identifier	ReturnReference	Explanation
BRISTOL REGIONAL MEDICAL CENTER LINE NUMBER 2 PART V LINE 15E	PART V LINE 15E	WELLMONT BRISTOL REGIONAL MEDICAL CENTERS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES
BRISTOL REGIONAL MEDICAL CENTER LINE NUMBER 2 PART V LINE 16E	PART V LINE 16E	WELLMONT BRISTOL REGIONAL MEDICAL CENTERS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES

Identifier	ReturnReference	Explanation
BRISTOL REGIONAL MEDICAL CENTER LINE NUMBER 2 PART V LINE 19D	PART V LINE 19D	WELLMONT HOLSTON VALLEY MEDICAL CENTER FOLLOWS TENNESSEE STATUTE WHICH IS 175 OF AVERAGE COST FOR ITS HOSPITALS
LONESOME PINE HOSPITAL LINE NUMBER 3 PART V LINE 3	PART V LINE 3	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 TENNESEE 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 ELECTROMECHANICAL 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 KVAT 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 OQUINN 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 TELEOPTICS 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 VIRGINIAS COLLEGE AT WISE VIRGINIA CITY HYBRID ENERGY CENTER VIRGINIA DEPARTMENT OF HEALTH CUMBERLAND PLATEAU HEALTH DISTRICT VIRGINIA DEPARTMENT OF HEALTH LENOWISCO DISTRICT WCYBTV WELLMONT MEDICAL ASSOCIATES WISE COUNTY CHAMBER OF COMMERCE WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY WISE COUNTY VA YWCA BRISTOL

Identifier	ReturnReference	Explanation
LONESOME PINE HOSPITAL LINE NUMBER 3 PART V LINE 4	PART V LINE 4	BRISTOL REGIONAL MEDICAL CENTER HOLSTON VALLEY MEDICAL CENTER HAWKINS COUNTY MEMORIAL HOSPITAL HANCOCK COUNTY HOSPITAL MOUNTAIN VIEW REGIONAL MEDICAL CENTER LEE REGIONAL MEDICAL CENTER TAKOMA REGIONAL MEDICAL CENTER
LONESOME PINE HOSPITAL LINE NUMBER 3 PART V LINE 7	PART V LINE 7	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 REGIONS LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES

Identifier	ReturnReference	Explanation
LONESOME PINE HOSPITAL LINE NUMBER 3 PART V LINE 15E	PART V LINE 15E	WELLMONT LONESOME PINE HOSPITALS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES
LONESOME PINE HOSPITAL LINE NUMBER 3 PART V LINE 16E	PART V LINE 16E	WELLMONT LONESOME PINE HOSPITALS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES

Identifier	ReturnReference	Explanation
LONESOME PINE HOSPITAL LINE NUMBER 3 PART V LINE 19D	PART V LINE 19D	WELLMONT BRISTOL REGIONAL MEDICAL CENTER FOLLOWS TENNESSEE STATUTE WHICH IS 175 OF AVERAGE COST FOR ITS HOSPITALS
MOUNTAIN VIEW REGIONAL MEDICAL CENT LINE NUMBER 4 PART V LINE 3	PART V LINE 3	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 TENNESEE 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 ELECTROMECHANICAL 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 KVAT 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 OQUINN 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 TELEOPTICS 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 VIRGINIAS COLLEGE AT WISE VIRGINIA CITY HYBRID ENERGY CENTER VIRGINIA DEPARTMENT OF HEALTH CUMBERLAND PLATEAU HEALTH DISTRICT VIRGINIA DEPARTMENT OF HEALTH LENOWISCO DISTRICT WCYBTV WELLMONT MEDICAL ASSOCIATES WISE COUNTY CHAMBER OF COMMERCE WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY WISE COUNTY VA YWCA BRISTOL

Identifier	ReturnReference	Explanation
MOUNTAIN VIEW REGIONAL MEDICAL CENT LINE NUMBER 4 PART V LINE 4	PART V LINE 4	BRISTOL REGIONAL MEDICAL CENTER HOLSTON VALLEY MEDICAL CENTER LONESOME PINE HOSPITAL HAWKINS COUNTY MEMORIAL HOSPITAL HANCOCK COUNTY HOSPITAL LEE REGIONAL MEDICAL CENTER TAKOMA REGIONAL MEDICAL CENTER
MOUNTAIN VIEW REGIONAL MEDICAL CENT LINE NUMBER 4 PART V LINE 7	PART V LINE 7	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 REGIONS LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES



Identifier	ReturnReference	Explanation
MOUNTAIN VIEW REGIONAL MEDICAL CENT LINE NUMBER 4 PART V LINE 15E	PART V LINE 15E	WELLMONT MOUNTAIN VIEW REGIONAL MEDICAL CENTERS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES
MOUNTAIN VIEW REGIONAL MEDICAL CENT LINE NUMBER 4 PART V LINE 16E	PART V LINE 16E	WELLMONT MOUNTAIN VIEW REGIONAL MEDICAL CENTERS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES

Identifier	ReturnReference	Explanation
MOUNTAIN VIEW REGIONAL MEDICAL CENT LINE NUMBER 4 PART V LINE 19D	PART V LINE 19D	WELLMONT LONESOME PINE HOSPITAL FOLLOWS TENNESSEE STATUTE WHICH IS 175 OF AVERAGE COST FOR ITS HOSPITALS IN THE ABSENCE OF VIRGINIA STATUTE
LEE REGIONAL MEDICAL CENTER LINE NUMBER 5 PART V LINE 1J	PART V LINE 1J	LEE REGIONAL MEDICAL CENTER CEASED OPERATIONS EFFECTIVE OCTOBER 1 2013 DUE TO THE COMMUNITYS LOW USE OF THE HOSPITAL AND A LACK OF CONSISTENT PHYSICIAN COVERAGE IN ADDITION THE CLOSURE IS DUE IN PART TO MAJOR CUTS IN MEDICARE REIMBURSEMENTS BY THE FEDERAL GOVERNMENT ASSOCIATED WITH THE AFFORDABLE CARE ACT AND A LACK OF MEDICAID EXPANSION BY THE COMMONWEALTH OF VIRGINIA

Identifier	ReturnReference	Explanation
LEE REGIONAL MEDICAL CENTER LINE NUMBER 5 PART V LINE 3	PART V LINE 3	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 TENNESEE 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 ELECTROMECHANICAL 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 OQUINN 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 TELEOPTICS 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 VIRGINIAS COLLEGE AT WISE VIRGINIA CITY HYBRID ENERGY CENTER VIRGINIA DEPARTMENT OF HEALTH CUMBERLAND PLATEAU HEALTH DISTRICT VIRGINIA DEPARTMENT OF HEALTH LENOWISCO DISTRICT WCYBTV WELLMONT MEDICAL ASSOCIATES WISE COUNTY CHAMBER OF COMMERCE WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY WISE COUNTY VA YWCA BRISTOL
LEE REGIONAL MEDICAL CENTER LINE NUMBER 5 PART V LINE 4	PART V LINE 4	BRISTOL REGIONAL MEDICAL CENTER HOLSTON VALLEY MEDICAL CENTER LONESOME PINE HOSPITAL HAWKINS COUNTY MEMORIAL HOSPITAL HANCOCK COUNTY HOSPITAL MOUNTAIN VIEW REGIONAL MEDICAL CENTER TAKOMA REGIONAL MEDICAL CENTER

Identifier	ReturnReference	Explanation
LEE REGIONAL MEDICAL CENTER LINE NUMBER 5 PART V LINE 7	PART V LINE 7	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 REGIONS LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES
LEE REGIONAL MEDICAL CENTER LINE NUMBER 5 PART V LINE 15E	PART V LINE 15E	WELLMONT LEE REGIONAL MEDICAL CENTERS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES

Identifier	ReturnReference	Explanation
LEE REGIONAL MEDICAL CENTER LINE NUMBER 5 PART V LINE 16E	PART V LINE 16E	WELLMONT LEE REGIONAL MEDICAL CENTERS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES
LEE REGIONAL MEDICAL CENTER LINE NUMBER 5 PART V LINE 19D	PART V LINE 19D	WELLMONT MOUNTAIN VIEW REGIONAL MEDICAL CENTER FOLLOWS TENNESSEE STATUTE WHICH IS 175 OF AVERAGE COST FOR ITS HOSPITALS IN THE ABSENCE OF VIRGINIA STATUTE

Identifier	ReturnReference	Explanation
HANCOCK COUNTY HOSPITAL LINE NUMBER 6 PART V LINE 3	PART V LINE 3	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 KINGSPO RT 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 ELECTROMECHANICAL 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 KINGSPO RT AREA CHAMBER OF COMMERCE KINGSPO RT 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 OQUINN 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 TELEOPTICS 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 VIRGINIAS COLLEGE AT WISE VIRGINIA CITY HYBRID ENERGY CENTER VIRGINIA DEPARTMENT OF HEALTH CUMBERLAND PLATEAU HEALTH DISTRICT VIRGINIA DEPARTMENT OF HEALTH LENOWISCO DISTRICT WCYBTV WELLMONT MEDICAL ASSOCIATES WISE COUNTY CHAMBER OF COMMERCE WISE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY WISE COUNTY VA YWCA BRISTOL
HANCOCK COUNTY HOSPITAL LINE NUMBER 6 PART V LINE 4	PART V LINE 4	BRISTOL REGIONAL MEDICAL CENTER HOLSTON VALLEY MEDICAL CENTER LONESOME PINE HOSPITAL HAWKINS COUNTY MEMORIAL HOSPITAL MOUNTAIN VIEW REGIONAL MEDICAL CENTER LEE REGIONAL MEDICAL CENTER TAKOMA REGIONAL MEDICAL CENTER

Identifier	ReturnReference	Explanation
HANCOCK COUNTY HOSPITAL LINE NUMBER 6 PART V LINE 7	PART V LINE 7	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 REGIONS LEADING PROVIDER OF BEHAVIORAL HEALTH SERVICES
HANCOCK COUNTY HOSPITAL LINE NUMBER 6 PART V LINE 15E	PART V LINE 15E	WELLMONT HANCOCK COUNTY HOSPITALS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES

Identifier	ReturnReference	Explanation
HANCOCK COUNTY HOSPITAL LINE NUMBER 6 PART V LINE 16E	PART V LINE 16E	WELLMONT HANCOCK COUNTY HOSPITALS OTHER ACTIONS INCLUDE GARNISHMENT OF WAGES
HANCOCK COUNTY HOSPITAL LINE NUMBER 6 PART V LINE 19D	PART V LINE 19D	WELLMONT LEE REGIONAL MEDICAL CENTER FOLLOWS TENNESSEE STATUTE WHICH IS 175 OF AVERAGE COST FOR ITS HOSPITALS IN THE ABSENCE OF VIRGINIA STATUTE



Part I General Information on Grants and Assistance

- 1

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

☒ Yes☐ No
- 2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CANCER SOCIETY 508 PRINCETON RD SUITE 102 JOHNSON CITY,TN 37601	64-0329099	501(C)	19,000				RELAY FOR LIFE SPONS
(2) APPALACHIAN MOUNTAIN PROJECT ACCESS 1060 DRAGON RD OAKWOOD,VA 24631	26-0069167	501(C)	40,000				SPONSORSHIP
(3) BARTER THEATRE PO BOX 867 ABINDGON,VA 24212	54-6000120	501(C)	15,000				SPONSORSHIP
(4) BRISTOL MOTOR SPEEDWAY PO BOX 3966 BRISTOL,TN 37625	62-1016760		10,000				CHILDREN'S CHARITIES
(5) BRISTOL CONVENTION & VISITORS BUREA PO BOX 519 BRISTOL,VA 24203	54-0150315	501(C)	25,000				SPONSOR PICK PINK
(6) EAST TENNESSEE STATE UNIVERSITY PO BOX 70732 JOHNSON CITY,TN 37614	23-7092731	501(C)	20,000				ATHLETIC SPONSORSHIP
(7) FUN FEST KINGSPORT TN 151 EAST MAIN ST KINGSPORT,TN 37660	62-0446834	501(C)	17,750				SPONSORSHIP
(8) KINGSPORT CHAMBER OF COMMERCE 151 EAST MAIN ST KINGSPORT,TN 37662	62-0446834	501(C)	25,835				ANNUAL SPONSORSHIP
(9) KINGSPORT TOMORROW 301 LOUIS ST SUITE 303 KINGSPORT,TN 37660	58-1941002	501(C)	10,000				HEALTHCARE SYMPOSIUM
(10) OTHERS 5000			116,351				SPONSORSHIPS
(11) RHYTHM & ROOTS REUNION PO BOX 1927 BRISTOL,VA 24203	72-1526206	501(C)	10,000				SPONSORSHIP
(12) SUSAN G KOMEN FOR THE CURE PO BOX 5835 KINGSPORT,TN 37663	84-1689067	501(C)	55,102				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 Individuals in the United States.** 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.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	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

Software ID:

Software Version:

EIN: 62-1636465

Name: WELLMONT HEALTH SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY508 PRINCETON RD SUITE 102 JOHNSON CITY,TN 37601	64-0329099	501(C)	19,000				RELAY FOR LIFE SPONS
APPALACHIAN MOUNTAIN PROJECT ACCESS1060 DRAGON RD OAKWOOD,VA 24631	26-0069167	501(C)	40,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARTER THEATREPO BOX 867 ABINDGON,VA 24212	54-6000120	501(C)	15,000				SPONSORSHIP
BRISTOL MOTOR SPEEDWAYPO BOX 3966 BRISTOL,TN 37625	62-1016760		10,000				CHILDREN'S CHARITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRISTOL CONVENTION & VISITORS BUREA PO BOX 519 BRISTOL,VA 24203	54-0150315	501(C)	25,000				SPONSOR PICK PINK
EAST TENNESSEE STATE UNIVERSITY PO BOX 70732 JOHNSON CITY,TN 37614	23-7092731	501(C)	20,000				ATHLETIC SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUN FEST KINGSPO RT TN 151 EAST MAIN ST KINGSPO RT, TN 37660	62-0446834	501(C)	17,750				SPONSORSHIP
KINGSPO RT CHAMBER OF COMMERCE 151 EAST MAIN ST KINGSPO RT, TN 37662	62-0446834	501(C)	25,835				ANNUAL SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGSPORT TOMORROW 301 LOUIS ST SUITE 303 KINGSPORT, TN 37660	58-1941002	501(C)	10,000				HEALTHCARE SYMPOSIUM
OTHERS 5000			116,351				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHYTHM & ROOTS REUNIONPO BOX 1927 BRISTOL,VA 24203	72-1526206	501(C)	10,000				SPONSORSHIP
SUSAN G KOMEN FOR THE CUREPO BOX 5835 KINGSPO RT,TN 37663	84-1689067	501(C)	55,102				SPONSORSHIP



Schedule J (Form 990)  <div>Department of the Treasury Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2012
		Open to Public Inspection

Name of the organization WELLMONT HEALTH SYSTEM	Employer identification number  62-1636465
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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 checked="" 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes		
3	Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>				
	4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes		
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No	
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
	a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	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:				
	a	The organization?	6a	Yes	
	b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	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 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

Complete this part to 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.

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE 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. 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. HOUSING ALLOWANCE: WELLMONT HEALTH SYSTEM OFFERED A HOUSING ALLOWANCE FOR JOHN HOWARD, SR., VP OF LEGAL AFFAIRS, KIM ONESKO, CHIEF ADMINISTRATIVE OFFICER FOR WELLMONT MEDICAL ASSOCIATES, SUSAN LINDENBUSCH, VP OF ONCOLOGY SERVICES, DURING THE FISCAL YEAR ENDED JUNE 30, 2013. THE HOUSING ALLOWANCES PAID TO THE EXECUTIVES WERE INCLUDED IN THEIR TAXABLE COMPENSATION. HEALTH OR SOCIAL CLUB DUES: DURING THE FISCAL YEAR ENDED JUNE 30, 2013, WELLMONT HEALTH SYSTEM PROVIDED COUNTRY CLUB MEMBERSHIPS TO MARGARET DENARVAEZ, VIRGINIA FRANK, JOHN HOWARD, BARTON A. HOVE, AND TRACEY MOFFATT. THESE AMOUNTS ARE INCLUDED IN TAXABLE COMPENSATION.
COMPENSATION CONTINGENT UPON NET EARNINGS OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 6A	INCENTIVE COMPENSATION IS PARTIALLY BASED ON MEETING BUDGETED OPERATING MARGIN GOALS.
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	WELLMONT HEALTH SYSTEM HAS AN EXECUTIVE RETIREMENT PROGRAM THAT INCLUDED MARGARET DENARVAEZ, JOHN HOWARD, AND ALICE POPE FOR THE FISCAL YEAR ENDING JUNE 30, 2013. 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, 2013.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PIERRE ISTFAN MD	(i) (ii)	453,995	122,353	414	27,630	12,304	616,696	
MARGARET DENARVAEZ	(i) (ii)	762,876	247,353	21,652	40,877	6,299	1,079,057	
JOHN HOWARD	(i) (ii)	385,821	80,476	66,548		13,270	546,115	
TRACEY P MOFFATT	(i) (ii)	369,216	72,923	13,250	17,400	8,485	481,274	
ALICE POPE	(i) (ii)	292,230	47,458	270	17,216	10,303	367,477	
HAMLIN J WILSON	(i) (ii)	270,848	51,773	414	16,454	6,299	345,788	
KENT PETTY	(i) (ii)	266,827	41,670	270	16,250	14,278	339,295	
TODD J DOUGAN	(i) (ii)	228,588	43,137		13,662	12,694	298,081	
LOWELL TODD NORRIS	(i) (ii)	40,767 163,069	8,066 32,262	52 207	2,431 9,723	2,539 10,155	53,855 215,416	
BARTHOLEMEW A HOVE	(i) (ii)	415,032	73,573	8,770	24,840	12,694	534,909	
VIRGINIA FRANK	(i) (ii)	337,495	63,983	5,130	18,258	13,469	438,335	
GREG NEAL	(i) (ii)	237,175 59,294	38,526 9,631	6,936 1,734	13,507 3,377	8,587 2,147	304,731 76,183	
DAVID L BRASH	(i) (ii)	264,964	34,515	270	15,936	13,548	329,233	
SUSAN LINDENBUSCH	(i) (ii)	262,501	50,004	31,174	8,146	14,278	366,103	
DANIEL CARLSON	(i) (ii)	243,523	38,610	57,985		5,620	345,738	
TROY SYBERT	(i) (ii)	261,661	41,670	270	16,055	13,488	333,144	
WILLIAM TROY CLARK	(i) (ii)	251,866	37,375	162	15,213	10,340	314,956	
MARTHA CHILL	(i) (ii)	238,967	37,109	1,188	11,175	10,698	299,137	

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. ▶ See separate instructions.

OMB No 1545-0047

2012

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	865292DY9	06-01-2003	59,100,000	REFUND 1993 BOND		X		X		X
D	SULLIVAN CNTY TENN HEALTH EDL & HSG	62-1256662	865292DZ6	12-13-2005	70,620,000	REFUND 2002 BOND		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		67,546,371		71,923,735	
4	Gross proceeds in reserve funds	18,977,995		5,464,590		5,300,282			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	60,061,731				60,061,731		71,529,827	
7	Issuance costs from proceeds	2,164,568		1,026,366		699,922		266,958	
8	Credit enhancement from proceeds	1,541,817				1,541,817			
9	Working capital expenditures from proceeds	126,950						126,950	
10	Capital expenditures from proceeds	182,892,682		49,167,614					
11	Other spent proceeds								
12	Other unspent proceeds	69							
13	Year of substantial completion	2011		2007		2003		2005	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			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?		X		X		X		X
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?		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 you checked "No rebate due" in 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	LEHMAN BROTHERS							
c	Term of hedge	10 8						10 8	
d	Was the hedge superintegrated?		X						X
e	Was a hedge terminated?		X						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	MERRILL LYNCH							
c	Term of GIC	4 0							
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
1	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						

Part VI

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
DIFFERENCES IN ISSUE PRICE EXPLANATION	SCHEDULE K	SULLIVAN CNTY TENN HEALTH EDL HSG ADDITIONAL PROCEEDS ON PART II LINE 3 WERE FROM PREMIUMS ON BOND ISSUES ACCRUED INTEREST AND INITIAL RESERVE FUNDS
DATE REBATE COMPUTATION PERFORMED	SCHEDULE K	SULLIVAN CNTY TENN HEALTH EDL HSG 103111 VIRGINIA SMALL BUSINESS FING AUTH H 073112 SULLIVAN CNTY TENN HEALTH EDL HSG 053113 SULLIVAN CNTY TENN HEALTH EDL HSG 090112
ADDITIONAL INFORMATION	SCHEDULE K	SULLIVAN CNTY TENN HEALTH EDL HSG DIFFERENCE IN PROCEEDS VERSUS ISSUE PRICE EXPLANATION FOR 2012 TAXEXEMPT MASTER LEASESUBLEASE PROCEEDS ON PART II LINE 3 DIFFER FROM THE ISSUE PRICE ON PART I E BECAUSE AS OF FY 2013 ONLY TWO DRAWS WERE MADE AGAINST THE BOND TOTALING 16150175

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. ▶ See separate instructions.

OMB No 1545-0047  
**2012**  
Open to Public Inspection

Name of the organization  
WELLMONT HEALTH SYSTEM

Employer identification number  
62-1636465

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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 ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of 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) BRISTOL ANESTHESIA SERVICES PC	VENDOR	101,421	ANESTHESIA SERVICES		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	WILLIAM SMITH MD PRACTICES WITH BRISTOL ANESTHESIA SERVICES PC WHO PROVIDES ANESTHESIA SERVICES TO BRISTOL REGIONAL MEDICAL CENTER

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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public  
Inspection

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

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>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 2013, WE PROVIDED SERVICES TO 51,462 PATIENTS IN A BED, 307,654 EMERGENCY ROOM VISITS, 217,125 OUTPATIENT REGISTRATIONS (EXCLUDING ER), 2,309 NEWBORN DELIVERIES, 21,324 SURGERIES AND 418,924 PHYSICIAN OFFICE VISITS. WELLMONT IS A TENNESSEE NOT-FOR-PROFIT CORPORATION. SIX 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.), MOUNTAIN VIEW REGIONAL MEDICAL CENTER (NORTON, VA) AND LEE REGIONAL MEDICAL CENTER (PENNINGTON GAP, 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 51,042,187 IN BENEFITS TO OUR REGION, INCLUDING 38,798,967 OF COSTS FOR INDIGENT PATIENTS AND UNCOMPENSATED CARE FOR OTHER PATIENTS AND 51,042,187 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. 5,740 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, BRIGHER, 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 58,057,581 OF CHARGES AND INCURRING COST OF 15,364,503. 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 BREASTCARE 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 24,151 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 WELLMONT PHYSICIANS SERVICES, A TAXABLE SUBSIDIARY OF WELLMONT. TRAINING AND EDUCATING OUR HEALTHCARE PROFESSIONALS. WELLMONT WILL NOT SUCCEED IN OUR MISSION WITHOUT CONTINUALLY REINVESTING IN OUR MOST PRECIOUS RESOURCE - OUR PEOPLE.</p>

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>E. TO THAT END, WE SUPPORTED THE EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS AT A DIRECT COST OF 6,782,638. 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 TOTALLED 620,041 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 IN WELLMONT'S MOUNTAIN REGION HOSPITALS - MOUNTAIN VIEW REGIONAL AND LEE REGIONAL MEDICAL CENTER. 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. OUR CONTRIBUTIONS TOTALLED 1,029,041 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 33 SUCH PROGRAMS IN THE COUNTRY TO HELP TRAIN THE NEXT GENERATION OF SPECIALTY PHYSICIANS. OUR CONTRIBUTIONS TOTALLED 864,989 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 CARE GIVERS, 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 STARTED 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 HEALTHCARE 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, -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 385,158, 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 COMMUNITY COLLEGE HAVE PARTNERED TO ESTABLISH A NURSING SCHOOL THAT WILL ENHANCE CAREER OPPORTUNITIES FOR STUDENTS AND BOLSTER THE SUPPLY OF NURSES THROUGHOUT THE REGION. PROVIDING</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	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.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	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.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF MARGARET DENARVAEZ, 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. 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 LAST COMPENSATION DELIBERATION AND REVIEW PROCESS FOR MARGARET DENARVAEZ WAS COMPLETED NOVEMBER 29, 2012 AND APPROVED BY THE BOARD OF DIRECTORS OF WELLMONT HEALTH SYSTEM ON DECEMBER 4, 2012.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	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 NOVEMBER 29, 2012: WELLMONT HEALTH SYSTEM CHIEF OPERATIONS OFFICER - TRACEY P. MOFFAT; EXECUTIVE VP OF LEGAL AND CORPORATE AFFAIRS - JOHN HOWARD; 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 - BARTHOLOMEW A. HOVE; COMMUNITY HOSPITAL PRESIDENT AND CEO AND INTERIM BRISTOL REGIONAL MEDICAL CENTER PRESIDENT - GREG NEAL; HOLSTON VALLEY MEDICAL CENTER PRESIDENT - VIRGINIA FRANK. 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; REGIONAL VP VIRGINIA DIVISION - DAVID L. BRASH.</p>



Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE 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.

Identifier	Return Reference	Explanation
GROUP RETURN METHOD	FORM 990, PAGE 7, PART VII	PARENT ORGANIZATION HAS FILED A CONSOLIDATED RETURN

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES	FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES 75,083,339 2,958,005 0 TN COVERAGE FEE 11,807,524 0 0 WHS ALLOCATION -4,712,066 0 0 JV 27,253 97,066 0

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	UNREALIZED SWAP GAIN 2,355,796 INTERCOMPANY RESOLUTION 1,214,203 UNREALIZED GAIN ON INVESTMENTS 5,735,177 CHANGE IN PENSION LIABILITY 7,358,624 ROUNDING 74

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

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" to 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			WHS

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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" to 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) Disproporrtionate 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) HOLSTON VALLEY IMAGING CENTER  103 WEST STONE DRIVE KINGSPORT, TN 37660		TN	WHS IMAGING	RELATED				No			No	75 000 %
(2) SAPLING GROVE AMBULATORY SURGERY 220 MEDICAL PARK BOULEVARD BRISTOL, TN 37620		TN	WHS	RELATED	360,471	3,869,364		No			No	
(3) HOLSTON VALLEY AMBULATORY SURGERY 103 WEST STONE DRIVE KINGSPORT, TN 37660		TN	WHS	RELATED	1,119,634	1,479,413		No			No	
(4) HOLSTON VALLEY IMAGING CENTER  103 WEST STONE DRIVE KINGSPORT, TN 37660		TN	WHS IMAGING	RELATED				No			No	75 000 %
(5) SAPLING GROVE AMBULATORY SURGERY 220 MEDICAL PARK BOULEVARD BRISTOL, TN 37620		TN	WHS	RELATED	360,471	3,869,364		No			No	
(6) HOLSTON VALLEY AMBULATORY SURGERY 103 WEST STONE DRIVE KINGSPORT, TN 37660		TN	WHS	RELATED	1,119,634	1,479,413		No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
See Additional Data Table									

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to 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

Yes

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

No

1q

No

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

Schedule R (Form 990) 2012

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

[illegible]



Software ID:

Software Version:

EIN: 62-1636465

Name: WELLMONT HEALTH SYSTEM

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	PART V LINE 2 WELLMONT FOUNDATION PERFORMS FUNDRAISING SERVICES FOR WELLMONT HEALTH SYSTEM AND ITS RELATED 501C3 ENTITIES THE COST OF THESE SERVICES IS 667811 AND CANNOT BE DETERMINED BY ENTITY

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	-6,854,420	-87,271,683	100 000 %		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
WELLMONT HEALTH SERVICES INC  1905 AMERICAN WAY KINGSPORT, TN 37660 62-1254373	HEALTHCARE	TN	N/A						No
WPS PROVIDERS INC  1905 AMERICAN WAY KINGSPORT, TN 37660 20-5564642	PHYS SVCS	TN	N/A						No
WELLMONT INC  1905 AMERICAN WAY KINGSPORT, TN 37660 62-1320035	PHYS SVCS	TN	WHS	C CORP	-6,854,420	-87,271,683	100 000 %		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
WELLMONT HEALTH SERVICES INC  1905 AMERICAN WAY KINGSPORT, TN 37660 62-1254373	HEALTHCARE	TN	N/A						No
WPS PROVIDERS INC  1905 AMERICAN WAY KINGSPORT, TN 37660 20-5564642	PHYS SVCS	TN	N/A						No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WELLMONT CARDIOLOGY SERVICES	B	4,968,647	CAPITAL CONTRIBUTIONS
WELLMONT HAWKINS COUNTY MEMORIAL HO	B	2,359,040	CAPITAL CONTRIBUTIONS
WELLMONT FOUNDATION	C	1,810,746	NEED
HOLSTON VALLEY IMAGING CENTER INC	I	2,396,248	INTERCOMPANY SETTLEMENT
HOLSTON VALLEY AMBULATORY SURGERY C	J	906,361	LEASE AGREEMENT
MEDICAL LAUNDRY OF TRI-CITIES INC	J	92,750	LEASE AGREEMENT
WELLMONT CARDIOLOGY SERVICES	J	360,343	COST INVOICES
WELLMONT MEDICAL ASSOCIATES	J	1,230,862	LEASE AGREEMENT
WELLMONT HAWKINS COUNTY MEMORIAL HO	J	198,436	LEASE AGREEMENT
WELLMONT MEDICAL ASSOCIATES	K	57,906	LEASE AGREEMENT
WELLMONT HAWKINS COUNTY MEMORIAL HO	L	4,853,098	SUPPORT SERVICES
MCOT INC	M	2,167,950	COLLECTION AGREEMENT
MEDICAL LAUNDRY OF TRI-CITIES INC	M	2,071,808	FMV
WELLMONT CARDIOLOGY SERVICES	M	3,223,371	COST INVOICES
WELLMONT MEDICAL ASSOCIATES	M	582,250	SERVICE AGREEMENT
HOLSTON VALLEY AMBULATORY SURGERY C	R	968,760	DISTRIBUTION
SAPLING GROVE AMBULATORY SURGE	R	604,500	DISTRIBUTION
WELLMONT MEDICAL ASSOCIATES	G	829,136	ASSET TRANSFER
WELLMONT FOUNDATION	M	667,811	INVOICES
WELLMONT CARDIOLOGY SERVICES	B	4,968,647	CAPITAL CONTRIBUTIONS
WELLMONT HAWKINS COUNTY MEMORIAL HO	B	2,359,040	CAPITAL CONTRIBUTIONS
WELLMONT FOUNDATION	C	1,810,746	NEED
HOLSTON VALLEY IMAGING CENTER INC	I	2,396,248	INTERCOMPANY SETTLEMENT
HOLSTON VALLEY AMBULATORY SURGERY C	J	906,361	LEASE AGREEMENT
MEDICAL LAUNDRY OF TRI-CITIES INC	J	92,750	LEASE AGREEMENT

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WELLMONT CARDIOLOGY SERVICES	J	360,343	COST INVOICES
WELLMONT MEDICAL ASSOCIATES	J	1,230,862	LEASE AGREEMENT
WELLMONT HAWKINS COUNTY MEMORIAL HO	J	198,436	LEASE AGREEMENT
WELLMONT MEDICAL ASSOCIATES	K	57,906	LEASE AGREEMENT
WELLMONT HAWKINS COUNTY MEMORIAL HO	L	4,853,098	SUPPORT SERVICES
MCOT INC	M	2,167,950	COLLECTION AGREEMENT
MEDICAL LAUNDRY OF TRI-CITIES INC	M	2,071,808	FMV
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HOLSTON VALLEY IMAGING CENTER INC	I	2,396,248	INTERCOMPANY SETTLEMENT
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WELLMONT MEDICAL ASSOCIATES	K	57,906	LEASE AGREEMENT
WELLMONT HAWKINS COUNTY MEMORIAL HO	L	4,853,098	SUPPORT SERVICES
MCOT INC	M	2,167,950	COLLECTION AGREEMENT

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MEDICAL LAUNDRY OF TRI-CITIES INC	M	2,071,808	FMV
WELLMONT CARDIOLOGY SERVICES	M	3,223,371	COST INVOICES
WELLMONT MEDICAL ASSOCIATES	M	582,250	SERVICE AGREEMENT
HOLSTON VALLEY AMBULATORY SURGERY C	R	968,760	DISTRIBUTION
SAPLING GROVE AMBULATORY SURGE	R	604,500	DISTRIBUTION
WELLMONT MEDICAL ASSOCIATES	G	829,136	ASSET TRANSFER
WELLMONT FOUNDATION	M	667,811	INVOICES
WELLMONT CARDIOLOGY SERVICES	B	4,968,647	CAPITAL CONTRIBUTIONS
WELLMONT HAWKINS COUNTY MEMORIAL HO	B	2,359,040	CAPITAL CONTRIBUTIONS
WELLMONT FOUNDATION	C	1,810,746	NEED
HOLSTON VALLEY IMAGING CENTER INC	I	2,396,248	INTERCOMPANY SETTLEMENT
HOLSTON VALLEY AMBULATORY SURGERY C	J	906,361	LEASE AGREEMENT
MEDICAL LAUNDRY OF TRI-CITIES INC	J	92,750	LEASE AGREEMENT
WELLMONT CARDIOLOGY SERVICES	J	360,343	COST INVOICES
WELLMONT MEDICAL ASSOCIATES	J	1,230,862	LEASE AGREEMENT
WELLMONT HAWKINS COUNTY MEMORIAL HO	J	198,436	LEASE AGREEMENT
WELLMONT MEDICAL ASSOCIATES	K	57,906	LEASE AGREEMENT
WELLMONT HAWKINS COUNTY MEMORIAL HO	L	4,853,098	SUPPORT SERVICES
MCOT INC	M	2,167,950	COLLECTION AGREEMENT
MEDICAL LAUNDRY OF TRI-CITIES INC	M	2,071,808	FMV
WELLMONT CARDIOLOGY SERVICES	M	3,223,371	COST INVOICES
WELLMONT MEDICAL ASSOCIATES	M	582,250	SERVICE AGREEMENT
HOLSTON VALLEY AMBULATORY SURGERY C	R	968,760	DISTRIBUTION
SAPLING GROVE AMBULATORY SURGE	R	604,500	DISTRIBUTION
WELLMONT MEDICAL ASSOCIATES	G	829,136	ASSET TRANSFER

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WELLMONT FOUNDATION	M	667,811	INVOICES

**TY 2012 GeneralDependencySmall****Name:** WELLMONT HEALTH SYSTEM**EIN:** 62-1636465**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction****Reference:****Regulations Reference:****Description:** WAIVE NOL CARRYBACK

**Attachment Information:** YEAR ENDING: JUNE 30, 2013 62-1636465 WELLMONT HEALTH SYSTEM 1905 AMERICAN WAY KINGSPORT, TN 37660 NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.



**WELLMONT HEALTH SYSTEM AND AFFILIATES**

Consolidated Financial Statements

June 30, 2013 and 2012

(With Independent Auditors' Report Thereon)

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Table of Contents

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Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows	5
Notes to Consolidated Financial Statements	6





KPMG LLP  
Suite 1000  
401 Commerce Street  
Nashville, TN 37219-2422

## **Independent Auditors' Report**

The Board of Directors  
Wellmont Health System

### **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of Wellmont Health System and affiliates, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



*Opinion*

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Wellmont Health System and affiliates as of June 30, 2013 and 2012, and the results of their operations and their cash flows for the years then ended in accordance with U S generally accepted accounting principles

KPMG LLP

Nashville, Tennessee  
October 23, 2013

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Consolidated Balance Sheets

June 30, 2013 and 2012

(Dollars in thousands)

<b>Assets</b>	<b>2013</b>	<b>2012</b>
Current assets		
Cash and cash equivalents	\$ 55,958	44,930
Assets limited as to use, required for current liabilities	5,061	4,372
Patient accounts receivable, less allowance for uncollectible accounts of approximately \$26,209 and \$25,656 in 2013 and 2012, respectively	107,029	108,265
Other receivables	17,995	23,805
Inventories	18,361	17,862
Prepaid expenses and other current assets	8,949	7,462
Total current assets	213,353	206,696
Assets limited as to use, net of current portion	375,709	339,030
Land, buildings, and equipment, net	474,730	458,048
Other assets		
Long-term investments	28,628	36,633
Investments in affiliates	31,874	32,646
Deferred debt expense, net	5,178	5,419
Goodwill	15,096	17,090
Other	547	651
Total assets	\$ 1,145,115	1,096,213
<b>Liabilities and Net Assets</b>		
Current liabilities		
Current portion of long-term debt	\$ 15,002	11,913
Accounts payable and accrued expenses	84,300	81,243
Estimated third-party payor settlements	7,157	15,535
Current portion of other long-term liabilities	6,198	5,782
Total current liabilities	112,657	114,473
Long-term debt, less current portion	475,946	459,654
Other long-term liabilities, less current portion	41,567	54,060
Total liabilities	630,170	628,187
Net assets		
Unrestricted	503,934	458,218
Temporarily restricted	6,927	5,739
Permanently restricted	1,311	1,304
Total net assets attributable to Wellmont	512,172	465,261
Noncontrolling interests	2,773	2,765
Total net assets	514,945	468,026
Commitments and contingencies		
Total liabilities and net assets	\$ 1,145,115	1,096,213

See accompanying notes to consolidated financial statements

**WELLMONT HEALTH SYSTEM AND AFFILIATES**  
Consolidated Statements of Operations and Changes in Net Assets  
Years ended June 30, 2013 and 2012  
(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Revenue		
Patient service revenue	\$ 809,517	811,882
Provision for bad debt	(55,029)	(71,407)
Net patient revenue less provision for bad debt	754,488	740,475
Other revenues	43,735	47,904
Total revenue	<u>798,223</u>	<u>788,379</u>
Expenses		
Salaries and benefits	381,210	368,287
Medical supplies and drugs	163,922	164,350
Purchased services	80,179	78,732
Interest	21,833	21,677
Depreciation and amortization	51,319	46,369
Other	86,816	86,501
Total expenses	<u>785,279</u>	<u>765,916</u>
Income from operations	<u>12,944</u>	<u>22,463</u>
Nonoperating gains		
Investment income	19,467	17,272
Derivative valuation adjustments	2,356	1,807
Nonoperating gains, net	<u>21,823</u>	<u>19,079</u>
Revenue and gains in excess of expenses and losses before discontinued operations	34,767	41,542
Discontinued operations	(2,167)	(52)
Revenue and gains in excess of expenses and losses	32,600	41,490
Income attributable to noncontrolling interests	(1,228)	(1,670)
Revenues and gains in excess of expenses and losses attributable to Wellmont	31,372	39,820
Other changes in unrestricted net assets		
Change in net unrealized gains (losses) on investments	6,157	(9,534)
Net assets released from restrictions for additions to land, buildings, and equipment	828	3,766
Change in the funded status of benefit plans and other	7,359	(10,495)
Increase in unrestricted net assets	<u>45,716</u>	<u>23,557</u>
Changes in temporarily restricted net assets		
Contributions	2,977	6,661
Net assets released from temporary restrictions	(1,789)	(4,492)
Increase in temporarily restricted net assets	<u>1,188</u>	<u>2,169</u>
Changes in permanently restricted net assets – investment income	7	130
Changes in noncontrolling interests		
Income attributable to noncontrolling interests	1,228	1,670
Distributions to noncontrolling interests	(1,220)	(1,261)
Increase in noncontrolling interests	<u>8</u>	<u>409</u>
Change in net assets	46,919	26,265
Net assets, beginning of year	468,026	441,761
Net assets, end of year	<u>\$ 514,945</u>	<u>468,026</u>

See accompanying notes to consolidated financial statements

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Consolidated Statements of Cash Flows

Years ended June 30, 2013 and 2012

(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Cash flows from operating activities		
Change in net assets	\$ 46,919	26,265
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	51,392	46,403
Loss (gain) on disposal of land, buildings, and equipment	211	(458)
Equity in earnings of affiliated organizations	(4,594)	(7,233)
Distributions from affiliated organizations	5,366	5,764
Amortization of deferred financing costs	486	428
Net realized and unrealized (gain) loss on investments	(9,580)	2,633
Provision for bad debts	55,029	71,407
Change in fair value of derivative instruments	(2,356)	(1,807)
Impairment of goodwill	2,007	—
Changes in assets and liabilities		
Patient accounts receivable	(53,793)	(78,107)
Other current assets	(1,986)	(331)
Other assets	5,872	(13,920)
Accounts payable and accrued expenses	(2,532)	10,230
Estimated third-party payor settlements	(8,378)	6,002
Other current liabilities	416	(2,745)
Other liabilities	(10,137)	13,672
Net cash provided by operating activities	<u>74,342</u>	<u>78,203</u>
Cash flows from investing activities		
Proceeds from sales and maturities of investments	115,439	149,087
Purchase of investments	(135,222)	(174,029)
Purchase of land, buildings, and equipment	(57,747)	(46,026)
Proceeds from the sale of buildings and equipment	355	1,721
Cash paid for acquisitions	(13)	(813)
Net cash used in investing activities	<u>(77,188)</u>	<u>(70,060)</u>
Cash flows from financing activities		
Proceeds from issuance of long-term debt	28,908	11,368
Payments on long-term debt	(14,789)	(11,139)
Payment of debt issuance costs	(245)	—
Net cash provided by financing activities	<u>13,874</u>	<u>229</u>
Net increase in cash and cash equivalents	11,028	8,372
Cash and cash equivalents, beginning of year	44,930	36,558
Cash and cash equivalents, end of year	<u>\$ 55,958</u>	<u>44,930</u>
Supplemental disclosures of noncash items		
Wellmont entered into capital lease obligations for buildings and equipment in the amount of \$5,262 and \$3,281 in 2013 and 2012, respectively		
Additions to property and equipment financed through current liabilities of \$5,589 and \$2,487 in 2013 and 2012, respectively		

See accompanying notes to consolidated financial statements

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

#### (1) Operations and Basis of Presentation

Wellmont Health System (Wellmont), a Tennessee not-for-profit corporation, currently operates seven community acute care hospitals in Tennessee and Virginia that include Bristol Regional Medical Center in Bristol, Tennessee, Holston Valley Medical Center in Kingsport, Tennessee, Lonesome Pine Hospital in Big Stone Gap, Virginia, Hawkins County Memorial Hospital in Rogersville, Tennessee, Hancock County Hospital in Sneedville, Tennessee, Lee Regional Medical Center in Pennington Gap, Virginia, and Mountain View Regional Medical Center in Norton, Virginia

Wellmont also operates physician organizations and practices that are organized within Wellmont Medical Associates and Wellmont Cardiology Services

As of May 17, 2013, a subsidiary of Wellmont ceased operating its sleep labs, which were managed by a third party. The consolidated financial statements for the year ended June 30, 2013 present the sleep labs as discontinued operations. The losses of \$2,302, including an impairment loss of \$2,007, and \$140 for the years ended June 30, 2013 and 2012, respectively, are included in discontinued operations.

Wellmont's continuing operations consist primarily of the delivery of healthcare services in northeast Tennessee and southwest Virginia.

The consolidated financial statements include the operations of the above entities along with

- Wellmont Foundation (the Foundation), which conducts fund-raising activities for the benefit of Wellmont
- Wellmont, Inc., a wholly owned taxable subsidiary of Wellmont, formed as the holding company of various other taxable subsidiaries that provide medical collection and medical laundry services, operate physician practices, provide other healthcare-related services, and invest in affiliates and other activities

All significant intercompany accounts and transactions have been eliminated in the accompanying consolidated financial statements.

#### (2) Significant Accounting Policies

A summary of significant accounting policies is as follows:

##### (a) Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Significant estimates include allowances for contractual adjustments and bad debts, third-party payor settlements, valuation of investments, land, buildings, equipment and goodwill, and self-insurance and other liabilities. Actual results could differ from these estimates.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

**(b) *Cash and Cash Equivalents***

Wellmont considers all highly liquid investments with a maturity of three months or less when purchased, excluding amounts whose use is limited by board of directors' designation or other arrangements under trust agreements, to be cash equivalents

**(c) *Investments***

Marketable equity securities and debt securities are recorded at fair value and classified as other than trading. Fair value is determined primarily using quoted prices (unadjusted) in active markets for identical assets or liabilities that Wellmont has the ability to access at the measurement date. However, Wellmont also uses observable and unobservable inputs for investments without quoted market prices to determine the fair value of certain investments at the measurement date. Investments in limited partnerships are recorded at fair value as determined by the partnership using net asset value. Wellmont has adopted the measurement provisions of Accounting Standards Update (ASU) No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, to certain investments in funds that do not have readily determinable fair values including private investments, hedge funds, real estate, and other funds. Investments in affiliates in which Wellmont has significant influence but does not control are reported on the equity method of accounting, which represents Wellmont's equity in the underlying net book value. Long-term investments include those investments that have not been designated by the board of directors for specific purposes and are also not intended to be used for the liquidation of current liabilities. Investment income is recognized when earned.

Realized gains and losses are determined on the specific-identification method and included in investment income with interest and dividends. Investment income is reported net of related investment fees. Unrealized gains and losses are included in other changes in unrestricted net assets except for losses determined to be other than temporary, which are considered realized losses and included in investment income.

**(d) *Assets Limited as to Use***

Assets limited as to use primarily include assets held by trustees under bond indenture and self-insurance agreements, as well as designated assets set aside by the board of directors for future capital improvements, over which the board of directors retains control and may, at its discretion, subsequently use for other purposes. Amounts required to meet current liabilities of Wellmont have been reclassified to current assets in the accompanying consolidated balance sheets.

**(e) *Inventories***

Inventories are stated at the lower of cost or market value and are valued principally by the first-in, first-out and average-cost methods.

**(f) *Land, Buildings, and Equipment***

Land, buildings, and equipment are stated at cost, if purchased, or fair value at date of donation. Depreciation is computed using the straight-line method based on the estimated useful life of the

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

asset, ranging from 3 to 40 years. Buildings and equipment held under capital leases are recorded at net present value of future lease payments and are amortized on a straight-line basis over the shorter of the lease term or estimated useful life of the asset. Costs of maintenance and repairs are expensed as incurred. Upon sale or retirement of land, buildings, or equipment, the cost and related accumulated depreciation are eliminated from the respective accounts and the resulting gain or loss, if any, is included in other revenues on the consolidated statements of operations and changes in net assets. Interest costs incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. The amount capitalized is net of investment earnings on assets limited as to use derived from borrowings designated for capital assets. Renewals and betterments are capitalized and depreciated over their useful life, whereas costs of maintenance and repairs are expensed as incurred.

Wellmont evaluates long-lived assets for impairment on annual basis. Long-lived assets are considered to be impaired whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable from future cash flows. Recoverability of long-lived assets to be held and used is measured by a comparison of the carrying amount of an asset to future cash flows expected to be generated by the asset. When such assets are considered to be impaired, the impairment loss recognized is measured by the amount by which the carrying value of the asset exceeds the fair value of the asset.

#### (g) *Goodwill*

Wellmont adopted ASU No. 2010-07, *Not for Profit Entities: Mergers and Acquisitions*, which in part requires healthcare entities to follow Accounting Standards Codification (ASC) Topic 350-20-35, *Intangibles – Goodwill and Other* along with ASU 2011-08, *Testing Goodwill for Impairment*, effective July 1, 2012. ASC Topic 350-20-35 requires goodwill of not-for-profit entities to be evaluated for impairment at least annually. An entity has the option to first assess qualitative factors to determine whether the existence of events or circumstances leads to a determination that it is more likely than not that the fair value of a reporting unit is less than its carrying amount. If, after assessing the totality of events or circumstances, an entity determines it is not more likely than not that the fair value of a reporting unit is less than its carrying amount, then performing the two-step impairment test is unnecessary. The more-likely than-not threshold is defined as having a likelihood of more than 50 percent. However, if an entity concludes otherwise, then it is required to perform the first step of the two-step impairment test by calculating the fair value of the reporting unit and comparing the fair value with the carrying amount (including goodwill) of the reporting unit. If the carrying amount of a reporting unit exceeds its fair value, then the entity is required to perform the second step of the goodwill impairment test to measure the amount of the impairment loss. Under step two, an impairment loss is recognized for any excess of the carrying amount of the reporting unit's goodwill over the implied fair value of that goodwill. The implied fair value of goodwill is determined by allocating the fair value of the reporting unit in a manner similar to a purchase price allocation and the residual fair value after this allocation is the implied fair value of the reporting unit goodwill. Fair value of the reporting unit is determined using a discounted cash flow analysis. If the fair value of the reporting unit exceeds its carrying value, step



# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

two does not need to be performed. The annual impairment test is performed as of June 30. A summary of goodwill for the years ended June 30 is as follows:

	<b>2012</b>	<b>Additions</b>	<b>Decreases</b>	<b>2013</b>
Goodwill	\$ 17,090	13	(2,007)	15,096
	<b>2011</b>	<b>Additions</b>	<b>Decreases</b>	<b>2012</b>
Goodwill	\$ 16,721	369	—	17,090

### (h) *Deferred Debt Expense*

Deferred debt expense is amortized over the life of the related bond issues using the effective-interest method.

### (i) *Derivative Financial Instruments*

As further described in note 12, Wellmont is a party to interest rate swap and other derivative agreements. These financial instruments are not designated as hedges and are presented at estimated fair market value in the accompanying consolidated balance sheets. These fair values are based on the estimated amount Wellmont would receive, or be required to pay, to enter into equivalent agreements with a third party at the valuation date. Due to the nature of these financial instruments, such estimates are subject to significant change in the near term. Wellmont recognizes changes in the fair values of derivatives as nonoperating gains or losses in the consolidated statements of operations and changes in net assets. The cash settlements resulting from these interest rate swaps are reported as interest expense in the consolidated statements of operations and changes in net assets.

### (j) *Asset Retirement Obligations*

Asset retirement obligations (AROs) are legal obligations associated with the retirement of long-lived assets. These liabilities are initially recorded at fair value, and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability. Asset retirement costs are subsequently depreciated over the useful lives of the related assets. Subsequent to initial recognition, Wellmont records period-to-period changes in the ARO liability resulting from the passage of time and revisions to either the timing or the amount of the original estimate of undiscounted cash flows. Wellmont derecognizes ARO liabilities when the related obligations are settled.

### (k) *Temporarily and Permanently Restricted Net Assets*

Temporarily restricted net assets are those whose use by Wellmont has been limited by donors to a specific-time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by Wellmont in perpetuity. Generally, donors of permanently restricted assets permit use of all or part of the income earned on related investments for general or specific purposes.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

Temporarily restricted net assets relate primarily to amounts held by the Foundation and include amounts restricted for future capital expenditures and for operations of such areas as children's healthcare services, hospice, and cancer care

Net assets are released from restrictions by Wellmont incurring expenses that satisfy the restricted purposes. Such net assets released during 2013 and 2012 primarily included amounts related to the purchase of equipment for pediatrics, cancer, and other healthcare operations.

Wellmont has adopted guidance issued by Financial Accounting Standards Board (FASB), which provides guidance on the net asset classification of donor-restricted endowment funds for a tax-exempt organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA). Effective July 1, 2007, the State of Tennessee adopted legislation that incorporates the provisions outlined in UPMIFA. Wellmont's endowments consist solely of donor-restricted endowment funds. Wellmont's endowments consist of five individual funds established for a variety of purposes.

Wellmont has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Wellmont classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are approved for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, Wellmont considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund, (2) the purposes of the organization and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the organization, and (7) the investment policies of the organization.

***(l) Net Patient Service Revenue and Accounts Receivable***

Net patient service revenue is reported on the accrual basis in the period in which services are provided at the estimated net realizable amounts expected to be collected. Net patient service revenue includes amounts estimated by management to be reimbursable by patients and various third-party payors under provisions of reimbursement formulas in effect, including retroactive adjustments under reimbursement agreements. Estimated retroactive adjustments are accrued in the period related services are rendered and adjusted in future periods as final and other settlements are determined. On the basis of historical experience, a significant portion of Wellmont's uninsured patients will be unable or unwilling to pay for the services provided. Therefore, Wellmont records a significant provision for bad debts related to uninsured patients in the period the services are provided. This provision for bad debts is presented on the statement of operations as a component of net patient revenue. Wellmont provides care to patients who meet criteria under its charity care.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

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 contractual adjustments and an allowance for uncollectible accounts. 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.

#### **(m) *Revenue and Gains in Excess of Expenses and Losses***

The consolidated statements of operations and changes in net assets include revenue and gains in excess of expenses and losses. Changes in unrestricted net assets that are excluded from revenue and gains in excess of expenses and losses, consistent with industry practice, include changes in net unrealized gains (losses) on investments other than trading securities, changes in the funded status of Wellmont's defined-benefit plan, contributions of long-lived assets, including assets acquired using contributions that, by donor restriction, were to be used for the purposes of acquiring such assets, and cumulative effects of changes in accounting principles.

For purposes of financial statement display, those activities directly associated with Wellmont's mission of providing healthcare services are considered to be operating activities. Nonoperating activities primarily include investment and related activities. Other operating revenues primarily include cafeteria, rental, meaningful use incentives, and income from affiliates.

#### **(n) *Contributed Resources***

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted contributions, and are excluded from revenue and gains in excess of expenses and losses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted contributions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions is reported when the donated or acquired long-lived assets are placed in service.

Unconditional promises to give cash or other assets are reported at fair value at the date the promise is received. Gifts are reported as either a temporarily or permanently restricted contribution if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are recorded as unrestricted contributions. Unrestricted contributions are included in other revenues.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

**(o) Federal Income Taxes**

The Wellmont 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, Inc. are subject to state and federal income taxes, which are accounted for in accordance with ASC Topic 740, *Income Taxes*, however, such amounts are not material.

On July 1, 2007, Wellmont adopted new guidance issued on the accounting for uncertainty in income tax positions now codified into ASC 740. It also provides guidance on when tax positions are recognized in an entity's financial statements and how the values of these positions are determined. There was no impact on Wellmont's consolidated financial statements as a result of the adoption of the new guidance.

**(p) Recently Adopted Accounting Standards**

The FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, in May 2011. This ASU requires the reason for the fair value measurement to be disclosed, a description of the valuation techniques, and descriptions of the inputs used for all Level 2 and Level 3 fair value measurements. It also requires all transfers between levels of the fair value hierarchy to be separately reported and described. Wellmont adopted ASU 2011-04 as of July 1, 2012.

**(q) Reclassifications**

Certain 2012 amounts have been reclassified to conform to the 2013 consolidated financial statement presentation. The reclassifications had no impact on total assets or changes in net assets.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

#### (3) Net Patient Service Revenue

A reconciliation of the amount of services provided to patients at established rates to net patient service revenue as presented in the consolidated statements of operations and changes in net assets is as follows for the years ended June 30

	<u>2013</u>	<u>2012</u>
Gross patient service revenue	\$ 2,517,774	2,396,167
Less		
Contractual adjustments and other discounts	(1,646,455)	(1,522,625)
Charity care	<u>(61,802)</u>	<u>(61,660)</u>
Net patient service revenue before provision for bad debts	809,517	811,882
Less provision for bad debts	<u>(55,029)</u>	<u>(71,407)</u>
Net patient service revenue	<u><u>\$ 754,488</u></u>	<u><u>740,475</u></u>

Wellmont's allowance for doubtful accounts is predominantly for self-pay patients and patient balances remaining after third-party payments. The provision for bad debts decreased \$16,378 from fiscal 2012 to fiscal 2013 and the net write-offs decreased \$15,521 from fiscal 2012 to fiscal 2013. Both decreases were the result of significant decreases in inpatient and emergency room volumes, which are the primary source of patients with bad debt. Wellmont has not changed its charity care or uninsured discount policies during fiscal 2013. Wellmont does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

#### (4) Third-Party Reimbursement Arrangements

Wellmont renders services to patients under contractual arrangements with the Medicare and Medicaid programs. The Medicaid program in Tennessee is a managed care program known as TennCare, which is designed to cover Medicaid eligible enrollees. Amounts earned under these contractual arrangements are subject to review and final determination by fiscal intermediaries and other appropriate governmental authorities or their agents. Management believes that adequate provision has been made for any adjustments that may result from such reviews. Participation in these programs subjects Wellmont to significant rules and regulations; failure to adhere to such could result in fines, penalties, or expulsion from the programs.

Wellmont contracts with various managed care organizations under the TennCare program. TennCare reimbursement for both inpatient and outpatient services is based upon prospectively determined rates, including diagnostic-related group assignments, fee schedules, and per diem amounts. Reimbursement under the Medicaid program is also based upon prospectively determined amounts.

The Medicare program pays for the costs of inpatient services on a prospective basis. Payments are based upon diagnostic-related group assignments, which are determined by the patient's clinical diagnosis and

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

medical procedures utilized. Wellmont receives additional payments from Medicare based on the provision of services to a disproportionate share of Medicaid-eligible and other low-income patients. Outpatient services are also reimbursed primarily on a prospectively determined basis.

Net patient service revenue in 2013 and 2012 related to Medicare, TennCare, and Medicaid and net patient accounts receivable at June 30, 2013 and 2012 from Medicare, TennCare, and Medicaid were as follows:

		<u>2013</u>	<u>2012</u>
Net patient service revenue			
Medicare	\$	303,694	312,202
TennCare		28,749	28,548
Medicaid		30,413	19,541
Net patient accounts receivable			
Medicare	\$	44,702	41,883
TennCare		3,298	2,957
Medicaid		6,980	5,244

Wellmont has filed cost reports with Medicare and Medicaid. The cost reports are subject to final settlement after audits by the fiscal intermediary. The Medicare and Medicaid cost reports have been audited and final settled by the intermediary through June 30, 2007 and audit adjustments have been received and considered for certain hospitals and year-ends through June 30, 2011.

Wellmont has also entered into reimbursement agreements with certain commercial insurance companies, health maintenance organizations, and preferred provider organizations. The basis for reimbursement under these agreements includes prospectively determined rates per discharge, per diem rates, and discounts from established charges.

Net patient service revenue is reported at the net amounts billed to patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Estimated retroactive adjustments are accrued in the period the related services are rendered and adjusted in future periods as changes in estimated provisions and final settlements are determined. Net patient service revenue increased approximately \$6,605 and \$3,575 in 2013 and 2012, respectively, due to final settlements and revised estimates in excess of amounts previously recorded, removal of allowances previously estimated that are no longer necessary as a result of audits and final settlements, and years that are no longer subject to audits, reviews, and investigations.

Estimated settlements recorded at June 30, 2013 could differ materially from actual settlements based on the results of third-party audits.

#### (5) Meaningful Use Incentives

The American Recovery and Reinvestment Act of 2009 (ARRA) established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified electronic health record (EHR) technology. The Medicare incentive payments are paid out to qualifying

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

hospitals and physician groups over four consecutive years on a transitional schedule. To qualify for Medicare incentives, hospitals, and physician groups must meet EHR "meaningful use" criteria that become more stringent over three stages as determined by Centers for Medicare & Medicaid Services (CMS). Medicaid programs and payment schedules vary from state to state.

For fiscal years ending June 30, 2013 and 2012, Wellmont recorded \$13,707 and \$13,177, respectively, in other operating revenue related to the EHR and meaningful use incentives. These incentives have been recognized following the grant accounting model, recognizing income ratably over the applicable reporting period as management becomes reasonably assured of meeting the required criteria.

Amounts recognized represent management's best estimates for payments ultimately expected to be received based on estimated discharges, charity care, and other input data. Subsequent changes to these estimates will be recognized in other operating revenue in the period in which additional information is available. Such estimates are subject to audit by the federal government or its designee.

#### (6) Charity Care and Community Services

Wellmont accepts all patients within its primary service area regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies that consider, among other factors, generally recognized poverty income levels.

Wellmont maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone and estimated costs incurred for services and supplies furnished under its charity care policy. Costs incurred are estimated based on the ratio of total operating expenses to gross charges applied to charity care charges. Charges foregone for services and supplies furnished under its charity care policy, the estimated cost of those services, and the equivalent percentage of charity care patients to all patients serviced were \$61,802, \$15,536, and 2.45%, respectively, for the year ended June 30, 2013 and \$61,660, \$16,144, and 2.57%, respectively, for the year ended June 30, 2012.

In addition to the charity care services described above, Wellmont provides a number of other services to benefit the indigent for which little or no payment is received. Medicare, Medicaid, and State indigent programs do not cover the full cost of those services. The shortfall between actual receipts from those programs and Wellmont's cost of providing care to those patients totaled \$37,999 and \$44,432, for the years ended June 30, 2013 and 2012, respectively.

Wellmont also provides services to the community at large for which it receives little or no payment. Health evaluations, screening programs, and specific services for the elderly and homebound are other services supplied. Wellmont also provides public health education, trains new health professionals, and conducts health research.

#### (7) Investment in Affiliates

Wellmont has investments with other healthcare providers, which include hospital, home care, regional laboratories, and other healthcare-related organizations. Wellmont records its share of equity in the operations of the respective organizations. Equity in earnings of affiliates was approximately \$4,594 and \$7,233 for the years ended June 30, 2013 and 2012, respectively, and is included in other operating

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

revenue in the consolidated financial statements Wellmont received distributions of \$5.366 and \$5.764 during 2013 and 2012, respectively, which reduced Wellmont's overall investment in the affiliates

The following table summarizes the unaudited aggregate financial information of Wellmont's investments in affiliates

		<b>2013</b>	<b>2012</b>
Total assets	\$	135.802	127.206
Total liabilities		40.617	27.732
Total net assets	\$	95.185	99.474
Net revenues	\$	200.765	228.644
Expenses		186.394	207.806
Revenues in excess of expenses	\$	14.371	20.838

Wellmont's investment in these affiliates and its ownership percentage as of June 30, 2013 and 2012 is as follows

	<b>Amount</b>		<b>Percentage</b>	
	<b>2013</b>	<b>2012</b>	<b>2013</b>	<b>2012</b>
Takoma Regional Hospital	\$ 11.983	12.350	60%	60%
Holston Valley Imaging Center (HVIC)	8.336	8.818	75	75
Advanced Home Care (AHC)	6.092	6.092	6	6
Lab Group Holdings LLC	3.500	3.500	1	1
Others	1.963	1.886	4%–50%	4%–50%
	<u>\$ 31.874</u>	<u>32.646</u>		

Although Wellmont's ownership percentage in Takoma Regional Hospital and HVIC is greater than 50%, Wellmont does not consolidate these entities because Wellmont only has a 50% representation on each respective board and does not have control over these entities

Wellmont provided billing, management, and professional services to some of the affiliates. Income recognized by Wellmont for the services was \$971 in 2013 and \$929 in 2012 and is included in other revenues

Included in other receivables are \$406 and \$374 as of June 30, 2013 and 2012, respectively, of amounts due to Wellmont from these entities



# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

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(Dollars in thousands)

### (8) Investments

Long-term investments, including assets limited as to use, at June 30 are reported at fair value and consist of the following

	<u>2013</u>	<u>2012</u>
Assets limited as to use by Board for capital improvements		
Stock mutual funds	\$ 109,356	88,942
Bond mutual funds	175,594	163,401
Cash and money market funds	3,749	1,492
Real estate funds	16,377	7,157
Alternative investments (private equity, hedge funds, commingled funds, and real estate funds)		
Liquid	10,504	9,616
Illiquid	26,016	27,373
	<u>341,596</u>	<u>297,981</u>
Assets limited as to use under self-insurance agreements		
Corporate bonds	—	2,673
Cash and money market funds	—	32
	<u>—</u>	<u>2,705</u>
Assets limited as to use under bond indenture agreements		
Cash and money market funds	39,174	42,716
Less assets limited as to use that are required for current liabilities	<u>5,061</u>	<u>4,372</u>
Assets limited as to use, net of current portion	<u>\$ 375,709</u>	<u>339,030</u>
Long-term investments		
Stock mutual funds	\$ 12,228	10,321
Bond mutual funds	13,478	13,926
Preferred equity investment and related options	1,512	11,512
Cash, money market funds, and certificates of deposit	190	189
Real estate funds	1,220	685
Total long-term investments	<u>\$ 28,628</u>	<u>36,633</u>

Investments in certain alternative limited partnership investments contain agreements whereby Wellmont is committed to contribute approximately \$5,229 as of June 30, 2013 of additional funds to the limited partnerships in the form of capital calls at the discretion of the general partner, of which \$117 was paid subsequent to June 30, 2013

Effective June 27, 2013, Wellmont redeemed its \$10,000 in the preferred equity of a regional managed services organization, however, retained its \$1,512 on a right of first refusal related to any future sale of

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

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this organization. This equity had a guaranteed annual return of at least 6.5% of the outstanding preferred equity balance.

Wellmont's investments are concentrated in stock and bond mutual funds. In the event of a downward trend in the stock and bond markets, Wellmont's overall market value of net assets could be adversely affected by a material amount. Investments in alternative investments are generally illiquid investments whose value is determined by the general partner such as hedge funds, private equity, commingled funds, and real estate funds. Distributions are only at the discretion of a voting majority of the general partners.

Wellmont evaluates whether unrealized losses on investment securities indicate other-than-temporary impairment. Based on this evaluation, Wellmont recognized other-than-temporary impairment losses of \$131 and \$265 on investments as of June 30, 2013 and 2012, respectively. Other-than-temporary impairment losses are considered as realized losses and are reported within "investment income" in the consolidated statements of operations and changes in net assets.

Gross unrealized losses on investments for which other-than-temporary impairments have not been recognized and the fair values of those investments, aggregated by the length of time that individual investments have been in a continuous unrealized loss position, at June 30, 2013 and 2012 were as follows:

	Less than 12 months		12 months or more		Total	
	Unrealized losses	Fair value	Unrealized losses	Fair value	Unrealized losses	Fair value
2013						
Alternative investments	\$ 478	3,243	—	—	478	3,243
Mutual funds	7,304	181,780	371	3,185	7,675	184,965
	<u>\$ 7,782</u>	<u>185,023</u>	<u>371</u>	<u>3,185</u>	<u>8,153</u>	<u>188,208</u>
2012						
Alternative investments	\$ 129	52	—	—	129	52
Mutual funds	2,692	55,142	2,903	15,407	5,595	70,549
	<u>\$ 2,821</u>	<u>55,194</u>	<u>2,903</u>	<u>15,407</u>	<u>5,724</u>	<u>70,601</u>

Investment income comprises the following for the years ended June 30:

	2013	2012
Interest and dividends, net of amounts capitalized	\$ 16,044	10,371
Realized gains on investments, net	3,423	6,901
Investment income, net	<u>\$ 19,467</u>	<u>17,272</u>
Change in net unrealized gains (losses) on investments	\$ 6,157	(9,534)

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

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(Dollars in thousands)

### (9) Land, Buildings, and Equipment

Land, buildings, and equipment at June 30 consist of the following

	<b>2013</b>	<b>2012</b>
Land	\$ 49,758	49,397
Buildings and improvements	536,758	526,243
Equipment	384,747	364,973
Buildings and equipment under capital lease obligations	45,102	42,404
	<u>1,016,365</u>	<u>983,017</u>
Less accumulated depreciation	<u>(576,210)</u>	<u>(527,828)</u>
	440,155	455,189
Construction in progress	<u>34,575</u>	<u>2,859</u>
Land, buildings, and equipment	<u><u>\$ 474,730</u></u>	<u><u>458,048</u></u>

Depreciation expense for the years ended June 30, 2013 and 2012 was \$51,350 and \$46,393, respectively. Included in depreciation expense is amortization related to capitalized software and equipment under capital leases. Accumulated amortization for equipment under capitalized software and lease obligations was \$18,408 and \$17,234 as of June 30, 2013 and 2012, respectively.

### (10) Other Long-Term Liabilities

Other long-term liabilities at June 30 consist of the following

	<b>2013</b>	<b>2012</b>
Workers' compensation liability	\$ 9,882	9,097
Professional and general liability	11,492	12,535
Postretirement benefit obligation	4,582	7,039
Asset retirement obligation	2,969	2,994
Deferred gain on sale of assets	439	439
Derivative liability	7,425	9,781
Pension benefit liability	10,393	17,290
Other	<u>583</u>	<u>667</u>
	47,765	59,842
Less current portion	<u>(6,198)</u>	<u>(5,782)</u>
Total other long-term liabilities	<u><u>\$ 41,567</u></u>	<u><u>54,060</u></u>

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

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(Dollars in thousands)

### (11) Debt

#### (a) Long-Term Debt

Long-term debt consists of the following at June 30

	2013	2012
Hospital Revenue Refunding Bonds, Series 2011	\$ 76.165	76.165
Hospital Revenue Bonds, Series 2010 (Bank Qualified)	22.836	24.836
Hospital Revenue Bonds, Series 2007A	55.000	55.000
Hospital Revenue Refunding Bonds, Series 2006C	200.000	200.000
Hospital Revenue Refunding Bonds, Series 2005	54.820	57.250
Hospital Revenue Bonds, Series 2003	25.225	29.230
Project Odyssey 2012 Tax-Exempt Master Lease/Sublease	16.150	—
Notes payable	11.968	3.102
Capital lease obligations	21.601	18.514
Other	847	826
	<u>484.612</u>	<u>464.923</u>
Unamortized premium	6.679	7.005
Unamortized discount	(343)	(361)
	<u>490.948</u>	<u>471.567</u>
Less current maturities	<u>(15.002)</u>	<u>(11.913)</u>
	<u>\$ 475.946</u>	<u>459.654</u>

#### (b) Series 2011 Bonds

On May 5, 2011, Wellmont refunded the Revenue Bonds, Series 2006A, with the proceeds of the Revenue Bonds, Series 2011. The Series 2011 Bonds were issued by Health, Educational, and Housing Facilities Board of the County of Sullivan, Tennessee on behalf of Wellmont. Under the terms of the bond indenture, the proceeds were used to advance refund the Revenue Bonds, Series 2006A and to pay the costs of issuing the Series 2011 Bonds.

In order to refund the Series 2006A Bonds, Wellmont made a tender offer to the holders of the Series 2006A Bonds. The holders of all outstanding Series 2006A Bonds agreed to tender their Series 2006A Bonds to Wellmont. Proceeds of the Series 2011 Bonds were used to pay the purchase price of Series 2006A Bonds tendered for purchase. All outstanding Series 2006A Bonds were purchased by the Wellmont on the date of issuance of the Bonds and were immediately surrendered to the trustee for the Series 2006A Bonds for retirement and cancellation.

The Series 2011 Bonds were issued with two maturities of \$42,385 and \$33,780 for 2026 and 2032, respectively. The Series 2011 Bonds maturing September 1, 2026 are subject to mandatory redemption prior to maturity pursuant to the operation of a sinking fund, in part by lot starting on the

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

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(Dollars in thousands)

redemption dates beginning on September 1, 2013 and ending on September 1, 2026 in annual amounts ranging from \$865 to \$4,680. The Series 2011 Bonds maturing September 1, 2032 are subject to mandatory redemption prior to maturity pursuant to the operation of a sinking fund, in part by lot starting on the redemption dates beginning on September 1, 2027 and ending on September 1, 2032 in annual amounts ranging from \$4,980 to \$6,300. The Series 2011 Bonds were issued as fixed-rate obligations at 6.0% and 6.5% for the two maturities (2026 and 2032, respectively).

**(c) Series 2010 Bank Qualified Bonds**

On November 1, 2010, The Health, Educational, and Housing Facilities Board of the County of Sullivan, Tennessee (the Board) issued \$30,000 Hospital Revenue Bonds, Series 2010 (Bank Qualified). The Series 2010 Bonds were issued and sold pursuant to the Bond Purchase Agreement dated as of November 1, 2010, between the Board and First Tennessee Bank National Association. During the fiscal years ended June 30, 2013 and 2012, Wellmont has received advances on the bonds in the amounts of \$0 and \$11,368, respectively.

Commencing on January 1, 2011, and continuing on the first day of each fiscal quarter thereafter, Wellmont shall pay accrued interest on the outstanding balance of the loan. Commencing on October 1, 2011 and continuing on the first day of each fiscal quarter thereafter, Wellmont shall also make principal payments equal to \$500. The outstanding bonds accrue interest at a rate equal to the product of 65% of the sum of LIBOR plus the applicable margin, which at June 30, 2013 was set at 1.95%.

**(d) Series 2007 Bonds**

On July 24, 2007, The Virginia Small Business Financing Authority issued, on behalf of Wellmont, \$55,000 of Hospital Revenue Bonds, Series 2007A. The Series 2007A Bonds, with other methods of financing, were used to purchase the assets of Mountain View Regional Medical Center and Lee Regional Medical Center.

Principal on outstanding Series 2007A Bonds is payable through maturity or mandatory sinking fund redemption in annual amounts ranging from \$360 to \$2,460 commencing on September 1, 2017 through September 1, 2036, with a balloon payment of \$29,245 due on September 1, 2037. The outstanding bonds accrue interest at rates ranging from 5.125% to 5.250%.

**(e) Series 2006 C**

On October 26, 2006, The Health, Educational, and Housing Facilities Board of the County of Sullivan, Tennessee issued, on behalf of Wellmont, \$200,000 of Hospital Revenue Bonds, Series 2006C. The Series 2006C Bonds were used to finance the costs of acquisition of land for expansion, construction, expansion, equipping, and renovation of HVMC, including the construction of a new patient tower (collectively known as Project Platinum), finance the costs of the construction, expansion, equipping, and renovation of the emergency department at BRMC (the Bristol Emergency Department Project), and finance the costs of construction, expansion, renovation and equipping of an operating room and related facilities at Hawkins County Memorial Hospital.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

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Principal on outstanding Series 2006C Bonds is payable through maturity or mandatory sinking fund redemption in annual amounts ranging from \$1,605 to \$25,330 commencing on September 1, 2017 through September 1, 2036. The outstanding bonds accrue interest at rates ranging from 5.00% to 5.25%.

**(f) Series 2005**

On December 8, 2005, The Health, Educational, and Housing Facilities Board of the County of Sullivan, Tennessee, issued, on behalf of Wellmont, \$70,620 of Hospital Revenue Refunding Bonds, Series 2005. The Series 2005 Bonds together with other available funds were used to advance refund the previously issued Hospital Revenue Bonds, Series 2002, and to pay certain expenses incurred in connection with the issuance of the Series 2005 Bonds.

Principal on outstanding Series 2005 Bonds is payable through maturity or mandatory sinking fund redemption in annual amounts ranging from \$1,945 to \$3,390 commencing on September 1, 2007 through September 1, 2032. The terms of the bonds provide that bondholders may redeem or put the bonds to the remarketing agent on dates that approximate a weekly basis. The remarketing agent is obligated to remarket the redeemed bonds on a "best efforts" basis. Redeemed bonds are repaid to bondholders from the proceeds of the remarketing effort or, in the event of an inability to remarket the bonds, from a letter of credit. This letter secures the bonds in the event of a failed remarketing or liquidity issue. In the event of a liquidity drawing under the letter of credit, Wellmont shall pay the Base Rate equal to the greater of (i) the Prime Rate plus 1.50% per annum, (ii) LIBOR plus 2.50% per annum, or (iii) 7.50% per annum. Wellmont shall repay the liquidity drawing amount in 12 equal quarterly installments, with the first such installment due on the first anniversary of the related liquidity drawing.

Outstanding Series 2005 Bonds are subject to redemption prior to maturity at the option of The Health, Educational, and Housing Facilities Board of the County of Sullivan, Tennessee, upon direction by Wellmont in whole at any time, or in part on any certain specified days at redemption prices of 100%-102% of the principal amount of the Series 2005 Bonds being redeemed, plus accrued interest thereon to the redemption date.

**(g) Series 2003**

On June 1, 2003, The Health, Educational, and Housing Facilities Board of the County of Sullivan, Tennessee, issued, on behalf of Wellmont, \$59,100 of Hospital Revenue Bonds, Series 2003. The bonds were issued to provide funds necessary to refund Wellmont's Hospital Revenue Bonds, Series 1993 (HVHC), to fund a debt service reserve fund and to pay certain expenses incurred in connection with the issuance of the Series 2003 Bonds.

The Wellmont Series 2003 Bonds consist of \$27,460 in fixed-rate serial bonds and \$19,280 in fixed-rate term bonds payable through maturity or mandatory sinking fund redemption maturing in annual amounts ranging from \$3,230 on September 1, 2007 to \$4,140 on September 1, 2019, and carrying interest rates ranging from 2.5% to 5.00%.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

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#### **(h) Master Trust Indenture**

The master trust indentures and loan agreements for the 2011, 2010, 2007, 2006, 2005, and 2003 bonds contain certain requirements regarding deposits to trustee funds, maintenance of rates, maintenance of debt service coverage and liquidity, permitted indebtedness, and permitted disposition of assets. Gross receipts of Wellmont collateralize the bonds. The purpose of the master trust indenture is to provide a mechanism for the efficient and economical issuance of notes by individual members of Wellmont using the collective borrowing capacity and credit rating of Wellmont. The master trust indenture requires individual members of Wellmont to make principal and interest payments on notes issued for their benefit. The master trust indenture also requires Wellmont members to make payments on notes issued by other members of Wellmont if such other members are unable to satisfy their obligations under the master trust indenture. Payments of principal and interest on certain bonds are also insured by bond insurance policies.

Funds held by the trustee related to the various revenue bonds are available for specific purposes. The bond interest and revenue funds may be used only to pay interest and principal on the bonds, the debt service reserve fund may be used to pay interest and principal if sufficient funds are not available in the bond interest and revenue funds. The original issue discount and premium on all Bond Series outstanding are being amortized over the life of the bond issue using the effective-interest method.

#### **(i) Project Odyssey 2012 Tax-Exempt Master Lease/Sublease Financing**

On December 1, 2012, The Health, Educational, and Housing Facilities Board of the County of Sullivan, Tennessee (as Lessee) and Wellmont (as Sub-Lessee) entered into a Master Equipment Lease and Sublease Agreement with Banc of America Public Capital Corp (the Lessor). The proceeds of this Master Lease are being used to finance an electronic medical records system consisting of an EpicCare Inpatient Clinical System and an EpicCare Ambulatory Electronic Medical Records System inclusive of hardware, software, and implementation services subject to a License and Support agreement between Epic Systems Corporate and Sub-lessees dated September 19, 2012. The Sub-Lessee has authorized the Lessor to take a security interest in the entire System although only certain components of the System are to be funded under this Master Lease with the rest to be funded by Bank of America N A and Sub-Lessee. During the fiscal year ended June 30, 2013, Wellmont has received two advances totaling \$16,150.

Each Lease Term shall commence and interest shall begin to accrue on the date any funds are advanced by the Lessor. The Lease payments shall be payable on a monthly basis. The first six lease payments under each agreement shall consist only of an interest component and the remaining 78 lease payments shall consist of a principal component and an interest component. Commencing on June 30, 2013, and continuing on the first day of each fiscal quarter thereafter, Wellmont shall pay accrued interest on the outstanding balance of the loan. Each agreement will have an interest component based on a fixed-rate of interest and payable with respect to the amount of funds that the Lessor has advanced. The Leases issued during the fiscal year ended June 30, 2013 as fixed-rate obligations calculated at 0.65% if the Average Life Swap Rate, United States Treasury Swap as of

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

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the Request date plus 1.0635% based on Lessor's credit evaluation of Wellmont, which resulted in 1.45% and 1.82% for the two maturities in 2020

#### (j) *Notes Payable*

During 2007, Wellmont entered into a five-year \$3,000 note payable, which has a fixed interest rate of 7.25% and a termination date of July 2011. In August 2011, Wellmont renewed this note agreement in the amount of \$1,760 with a variable interest rate indexed to *The Wall Street Journal* U.S. Prime Rate with a ceiling of 7.75% and a floor of 4.00% and a maturity date of August 2016. At June 30, 2013 and 2012, \$1,199 and \$1,540, respectively, were outstanding on this note.

During 2009, Wellmont entered into a five-year \$2,400 term note payable with a variable interest rate indexed to *The Wall Street Journal* U.S. Prime Rate and a maturity date of October 2013. At June 30, 2013 and 2012, \$379 and \$640, respectively, were outstanding on this note.

During 2010, Wellmont entered into a \$2,767 note payable to finance the purchase of Cardiovascular Associates. The note payable had a fixed interest rate of 5.5% and a termination date of May 2013. At June 30, 2013 and 2012, \$0 and \$922, respectively, were outstanding on this note.

On October 17, 2012, Wellmont entered into a ten-year \$12,500 term note payable with Bank of America, N.A. The proceeds were used for the EpicCare system and its implementation, among other general corporate purposes. The note payable has a fixed interest rate of 3.27% and a maturity date of December 13, 2022. At June 30, 2013, \$10,390 was outstanding on this note.

#### (k) *Capital Lease Obligations*

Assets under capital leases are included in property and equipment and have a net carrying value of \$26,695 and \$25,170 as of June 30, 2013 and 2012, respectively. Amortization of capital assets is included in depreciation expense. The lease obligations are recorded at the net present value of the minimum lease payments with interest rates from 2.03% to 12.0%.

#### (l) *Long-Term Debt Maturities Schedule*

Bond maturities in accordance with the original terms of the Master Trust Indenture and other long-term debt maturities for each of the next five years and in the aggregate at June 30, 2013 are as follows:

2014	\$	15,002
2015		14,450
2016		14,124
2017		13,677
2018		16,182
Thereafter		411,177
	\$	<u>484,612</u>



## WELLMONT HEALTH SYSTEM AND AFFILIATES

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The following table reflects the required repayment terms for the years ended June 30 of Wellmont's debt obligations in the event that the put options associated with the 2005 bonds were exercised, but not successfully remarketed

2014	\$	12.457
2015		30.064
2016		29.617
2017		29.045
2018		12.766
Thereafter		<u>370.663</u>
	\$	<u><u>484.612</u></u>

Interest paid for the years ended June 30, 2013 and 2012 was \$21.163 and \$22.216, respectively, net of amounts capitalized. Interest costs of \$299 and \$0, net of interest income of \$0 and \$0 in 2013 and 2012, respectively, were capitalized.

#### (12) Derivative Transactions

Wellmont is a party to a number of interest rate swap agreements. Such swaps have not been designated as hedges and are valued at estimated fair value in the accompanying consolidated balance sheets. By using derivative financial instruments to hedge exposures to changes in interest rates, Wellmont exposes itself to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the terms of the derivative contract. When the fair value of a derivative contract is positive, the counterparty owes Wellmont, which creates credit risk for Wellmont. When the fair value of a derivative contract is negative, Wellmont owes the counterparty, and therefore, Wellmont is not exposed to the counterparty's credit risk in those circumstances. Pursuant to the terms of its interest rate swap agreements, Wellmont is required to post collateral with its counterparties under certain specified conditions. Collateral posting requirements are based on the amount of Wellmont's derivative liability and Wellmont's bond rating. As of June 30, 2013 and 2012, Wellmont was not required to post collateral related to its swaps.

Market risk is the adverse effect on the value of a derivative instrument that results from a change in interest rates. The market risk associated with interest-rate contracts is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken.

Wellmont has a Total Return Swap on the Series 2011 Bonds with a new counterparty.

# WELLMONT HEALTH SYSTEM AND AFFILIATES

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Management's primary objective in holding such derivatives is to introduce a fixed or variable rate component into its variable rate debt structure using LIBOR rates. The fair value as of June 30, 2013 and 2012 of approximately \$(7.425) and \$(9.781), respectively, is included in other long-term liabilities in the consolidated balance sheets. The change in the fair value of the derivative instruments was approximately \$2.356 and \$1.807, respectively, in 2013 and 2012 and is included in nonoperating gains in the consolidated statements of operations. The terms of the swap agreements allow netting of all amounts due from/to the counterparty. The following is a summary of the interest rate swap information as of June 30, 2013.

Type of interest swap	Debt hedging	Notional amount	Effective date	Maturity date	Rate paid	Rate received	Swap fair value asset (liability)
Total return swap	Series 2011	\$ 76.165	May 5, 2011	September 1, 2032	1.400%	6.222%	\$ 1.792
Pay fixed interest rate swap	Series 2005	54.820	December 13, 2005	September 1, 2016	3.548	0.082	(4.738)
Basis swap	Series 2002	58.680	September 1, 2002	September 1, 2032	0.050	0.163	(1.245)
Pay fixed interest rate swap	*	30.295	October 24, 2003	September 1, 2021	3.613	0.082	(3.234)
							<u>\$ (7.425)</u>

\* Previously designated bond series has been refinanced

The following is a schedule detailing the swap information as of June 30, 2012.

Type of interest swap	Debt hedging	Notional amount	Effective date	Maturity date	Rate paid	Rate received	Swap fair value asset (liability)
Total return swap	Series 2011	\$ 76.165	May 5, 2011	September 1, 2032	1.530%	6.200%	\$ 2.888
Pay fixed interest rate swap	Series 2005	57.250	December 13, 2005	September 1, 2016	3.548	0.165	(6.471)
Basis swap	Series 2002	60.765	September 1, 2002	September 1, 2032	0.180	0.339	(1.662)
Pay fixed interest rate swap	*	32.880	October 24, 2003	September 1, 2021	3.613	0.165	(4.536)
							<u>\$ (9.781)</u>

\* Previously designated bond series has been refinanced

In September and October 2008, the counterparty and credit support provider, for four of the swaps held at that time, filed bankruptcy. The bankruptcy process is underway and the ultimate outcome regarding any final settlement cannot be determined at this time.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

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#### **(13) Pension and Other Postretirement Benefits**

Wellmont sponsors a retirement program and defined-contribution retirement plan (Retirement Plan) that covers substantially all employees. This program and the related Retirement Plan were created from amendments, restatements, and mergers of existing defined-contribution plans at BRMC and HVMC. Wellmont makes annual contributions to the Retirement Plan in an amount equal to 3% of each participant's base wages and contributes an additional amount, based on each participant's voluntary contributions, which cannot exceed certain limits established in the Internal Revenue Code, up to 3% of each participant's wages. The total pension expense related to the Retirement Plan was \$13,020 and \$10,346 for the years ended June 30, 2013 and 2012, respectively.

HVMC sponsored a noncontributory, defined-benefit pension plan covering substantially all its employees. However, effective June 30, 1996, this plan was frozen and no further benefits accrue. LPH also sponsors a defined-benefit pension plan covering substantially all its employees.

HVMC's defined-pension benefits are actuarially determined based on a formula taking into consideration an employee's compensation and years of service. HVMC's funding policy is to make annual contributions to the plan based upon the funding standard developed by the plan actuary. This standard uses the projected unit credit actuarial cost method, including the amortization of prior service costs, over a 20-year period. Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future. The LPH plan contains similar funding and actuarial policies.

On June 30, 2007, the HVMC plan merged into LPH plan and the plan name changed to Wellmont Health System Defined Benefit Plan. At the end of 2008, only a single defined-pension plan exists. Collectively, the two defined-benefit plans are referred to as the "Plans." Effective June 30, 2010, the plan was frozen for all Lonesome Pine Hospital employees and no further benefits will be accrued.

Wellmont recognizes the funded status (i.e., difference between the fair value of plan assets and projected benefit obligations) of its defined-benefit pension plans as an asset or liability in its consolidated balance sheet and recognizes changes in that funded status in the year in which the changes occur as a change in unrestricted net assets. All defined-benefit pension plans use a June 30 measurement date.

# WELLMONT HEALTH SYSTEM AND AFFILIATES

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The following table sets forth the funded status of the combined Plans, amounts recognized in the accompanying consolidated financial statements, and assumptions at June 30

	<u>2013</u>	<u>2012</u>
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 54,081	45,337
Service cost	—	—
Interest cost	2,102	2,422
Actuarial losses	(3,062)	8,614
Benefits paid	<u>(2,372)</u>	<u>(2,292)</u>
Benefit obligation at end of year	<u>50,749</u>	<u>54,081</u>
Change in plan assets		
Fair value of plan assets at beginning of year	36,791	38,811
Actual return on plan assets	2,521	(304)
Employer contribution	3,417	576
Benefits paid	<u>(2,372)</u>	<u>(2,292)</u>
Fair value of plan assets at end of year	<u>40,357</u>	<u>36,791</u>
Funded status	<u>\$ (10,393)</u>	<u>(17,290)</u>
Amounts recognized in the accompanying consolidated balance sheets		
Pension benefit liability (other long-term liabilities)	\$ (10,393)	(17,290)

# WELLMONT HEALTH SYSTEM AND AFFILIATES

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	<u>2013</u>	<u>2012</u>
Amounts not yet reflected in net periodic benefit cost and included as an accumulated charge to unrestricted net assets		
Unrecognized actuarial loss	\$ 14,552	19,773
Unrecognized prior service cost	<u>—</u>	<u>—</u>
Net amounts included as an accumulated charge to unrestricted net assets	<u>\$ 14,552</u>	<u>19,773</u>
Calculation of change in unrestricted net assets		
Accumulated charge to unrestricted net assets, end of year	\$ 14,552	19,773
Reversal of accumulated charge to unrestricted net assets, prior year	<u>(19,773)</u>	<u>(8,565)</u>
Change in unrestricted net assets	<u>\$ (5,221)</u>	<u>11,208</u>
Other changes in plan assets and benefit obligations recognized in unrestricted net assets		
Actuarial loss (gain) arising during the year	\$ (3,003)	11,577
Amortization of actuarial loss	(2,218)	(369)
Amortization of prior service cost	<u>—</u>	<u>—</u>
Net amounts recognized in unrestricted net assets	<u>\$ (5,221)</u>	<u>11,208</u>

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

	2013	2012
Estimate of amounts that will be amortized from unrestricted net assets to net pension cost in 2013		
Amortization of net loss	\$ 1,467	2,186
Amortization of prior service cost	—	—
Estimated future benefit payments		
Fiscal 2013	\$ —	2,609
Fiscal 2014	2,590	2,732
Fiscal 2015	2,658	2,821
Fiscal 2016	2,741	2,897
Fiscal 2017	2,828	2,996
Fiscal 2018–2022	18,643	16,054
Weighted average assumptions used to determine benefit obligations		
Settlement (discount) rate	4.50%	4.00%
Weighted average rate of increase in future compensation levels	N/A	N/A
Components of net periodic benefit cost (benefit)		
Service cost	\$ —	—
Interest cost	2,102	2,422
Expected return on plan assets	(2,581)	(2,658)
Amortization of net loss	2,218	369
Net periodic benefit cost	\$ 1,739	133
Weighted average assumptions used to determine net periodic benefit cost		
Settlement (discount) rate	4.00%	5.50%
Expected long-term return on plan assets (HVMC)	7.00	7.00
Expected long-term return on plan assets (LPH)	7.00	7.00
Weighted average rate of increase in future compensation levels	N/A	N/A

Wellmont's overall expected long-term rate of return on assets is 7.00%. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

Wellmont has developed a plan investment policy, which is reviewed and approved by the board of directors. The policy established goals and objectives of the fund, asset allocations, asset classifications, and manager guidelines. The policy dictates a target asset allocation and an allowable range for such categories based on quarterly investment fluctuations. Investments are managed by independent advisers who are monitored by management and the board of directors.

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

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(Dollars in thousands)

The table below shows the target allocation and actual asset allocations as of June 30, 2013 and 2012

Asset	Target allocation	2013	2012
Equity securities	65%	48%	47%
Fixed income	28	33	32
Cash	5%–15%	1	2
Other	5%– 5%	18	19

Wellmont monitors the asset allocation and executes required recalibrations of the portfolio allocation on a regular basis in response to fluctuations in market conditions and the overall portfolio composition

HVMC also participates in a health and welfare plan for its retirees. The plan provides postretirement medical and life insurance benefits to certain employees who meet minimum age and service requirements. Effective January 1, 1995, the death benefit was changed to provide a flat \$5 benefit to all future retirees. During 1995, the medical program for retirees was amended to terminate medical benefits for any active employees who would not meet the full eligibility requirements of the program by January 1, 1996. The plan is contributory and contains other cost-sharing features such as deductibles and coinsurance.

The following table sets forth the postretirement plan's funded status, amounts recognized in the accompanying consolidated financial statements, and assumptions at June 30

	Postretirement benefits	
	2013	2012
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 7.039	7.763
Interest cost	163	298
Plan participants contributions	19	34
Actuarial losses	(2,554)	(975)
Benefits paid	(85)	(81)
Benefit obligation at end of year	4,582	7,039
Change in plan assets		
Fair value of plan assets at beginning of year	—	—
Employer contribution	66	47
Plan participants contributions	19	34
Benefits paid	(85)	(81)
Fair value of plan assets at end of year	—	—
Funded status	\$ 4,582	7,039

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

	<b>Postretirement benefits</b>	
	<b>2013</b>	<b>2012</b>
Amounts recognized in the consolidated balance sheets consist of		
Noncurrent assets	\$ —	—
Current liabilities	—	—
Noncurrent liabilities	(4,582)	(7,039)
Accumulated charge to unrestricted net assets	4,608	2,469
	<u>\$ 26</u>	<u>(4,570)</u>

Amounts recognized as an accumulated credit to unrestricted net assets consist of the following

	<b>2013</b>	<b>2012</b>
Net actuarial gain	\$ 4,608	2,469

Net periodic benefit cost recognized and other changes in plan assets and benefit obligations recognized in unrestricted net assets in 2013 and 2012 were as follows

	<b>Postretirement benefits</b>	
	<b>2013</b>	<b>2012</b>
Net periodic benefit cost		
Interest cost	\$ 163	299
Amortization of net gain	(416)	(262)
Net periodic benefit cost recognized	<u>(253)</u>	<u>37</u>
Other changes in plan assets and benefit obligations recognized in unrestricted net assets		
Net actuarial loss	(2,554)	(975)
Amortization of net gain	416	262
Total recognized in unrestricted net assets	<u>(2,138)</u>	<u>(713)</u>
Total recognized in net periodic benefit cost and unrestricted net assets	<u>\$ (2,391)</u>	<u>(676)</u>



# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

The net gain and prior service credit for the defined-benefit postretirement plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year are \$(405) and \$(168), respectively. Weighted average assumptions used to determine benefit obligations for 2013 and 2012 were as follows:

	<b>2013</b>	<b>2012</b>
Discount rate	4.00%	3.50%
Rate of compensation increase	—	—
Healthcare cost trend rate	5.00	5.00

Weighted average assumptions used to determine net benefit cost for 2013 and 2012 were as follows:

	<b>Postretirement benefits</b>	
	<b>2013</b>	<b>2012</b>
Discount rate	3.50%	5.00%
Expected long-term rate of return on plan assets	N/A	N/A
Rate of compensation increase	N/A	N/A
Healthcare cost trend rate	5.00	5.00

Wellmont's overall expected long-term rate of return on assets is 7%. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

For measurement purposes, a 6.50% annual rate of increase in the per capita cost of covered healthcare benefits was assumed for 2013.

The following table summarizes the effect of one-percentage-point increase/decrease in healthcare costs trends:

	<b>2013</b>	<b>2012</b>
Effect of one-percentage-point increase in healthcare cost trend on:		
Service and interest cost	\$ 10	21
Accumulated pension benefit obligation	271	533
Effect of one-percentage-point decrease in healthcare cost trend on:		
Service and interest cost	\$ (9)	(19)
Accumulated pension benefit obligation	(242)	(473)

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

The asset allocations of Wellmont's pension and postretirement benefits as of June 30, 2013 and 2012, respectively, were as follows

Fair value measurement at June 30, 2013				
pension benefits – plan assets				
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	Total			
Assets				
Stock mutual funds	\$ 32,750	32,750	—	—
Cash and money market funds	543	543	—	—
Alternative funds	7,064	—	3,674	3,390
Total	\$ 40,357	33,293	3,674	3,390
Fair value measurement at June 30, 2012				
pension benefits – plan assets				
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	Total			
Assets				
Stock mutual funds	\$ 29,223	29,223	—	—
Cash and money market funds	578	578	—	—
Alternative funds	6,990	—	3,443	3,547
Total	\$ 36,791	29,801	3,443	3,547

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

The following table presents Wellmont's activity for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) as defined in ASC 820 for the years ended June 30, 2013 and 2012

	<u>Alternative investments</u>
Balance at June 30, 2011	\$ 3,588
Net change in value	(29)
Purchases, issuances, and settlements	(12)
Transfers into and/or out of Level 3 (net)	<u>—</u>
Balance at June 30, 2012	3,547
Net change in value	(61)
Purchases, issuances, and settlements	(96)
Transfers into and/or out of Level 3 (net)	<u>—</u>
Balance at June 30, 2013	<u><u>\$ 3,390</u></u>

There were no transfers between any levels during the years ended June 30, 2013 and 2012

#### (14) Self-Insurance Programs

Wellmont is self-insured for professional and general liability and workers' compensation liability. Consulting actuaries have been retained to determine funding requirements and estimate claim liability exposures. Wellmont had established revocable self-insurance trust funds to provide for professional and general liability claims and workers' compensation claims and related expenses. Wellmont's contributions to the self-insurance trusts were based upon actuarial determinations by an independent service company. The trust fund requirement for professional and general liability was eliminated in 2013. The professional and general liability self-insurance program is supplemented by umbrella excess liability policies consisting of various layers of coverage with commercial carriers based on policy year. The workers' compensation program is supplemented for Tennessee and Virginia by excess workers' compensation policies, with a commercial carrier for statutory limits per occurrence. Provisions based on actuarial estimates are made for the ultimate cost of claims asserted, as well as estimates of claims incurred but not reported as of the respective consolidated balance sheet dates. Workers' compensation expense under these programs amounted to approximately \$3.681 and \$4.100 for the years ended June 30, 2013 and 2012, respectively, and are included in salaries and benefits expense in the accompanying consolidated statements of operations and changes in net assets. All other self-insurance expense under these programs amounted to approximately \$2.229 and \$2.763 for the years ended June 30, 2013 and 2012, respectively, and are included in other expense in the accompanying consolidated statements of operations and changes in net assets.

At June 30, 2013 and 2012, Wellmont was involved in litigation relating to medical malpractice and workers' compensation claims arising in the ordinary course of business. There are also known incidents that occurred through June 30, 2013 that may result in the assertion of additional claims, and other claims.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

may be asserted arising from services provided to patients in the past. Claims have been filed requesting damages in excess of the amount accrued for estimated malpractice costs. Management of Wellmont is of the opinion that estimated professional and general liability amounts accrued at June 30, 2013 are adequate to provide for potential losses resulting from pending or potential litigation. Amounts of claim settlements may be more or less than what has been provided for by management. The ultimate settlement of claims could be different from recorded accruals, with such differences being potentially significant.

Wellmont is also self-insured for medical and other healthcare benefits provided to its employees and their families. A provision for estimated incurred but not reported claims has been provided in the consolidated financial statements.

#### (15) Commitments and Contingencies

Construction in progress at June 30, 2013 and 2012 relates primarily to the completion of certain buildings and renovations. Total costs to complete these and other projects were approximately \$15,403 at June 30, 2013. Wellmont has entered into contracts of \$15,403 related to these projects.

Wellmont leases certain equipment and office space under operating lease agreements. Total rental expense under cancelable and noncancelable agreements was \$18,240 and \$19,269 for the years ended June 30, 2013 and 2012, respectively. Minimum future lease payments under noncancelable operating leases with initial or remaining lease terms in excess of one year as of June 30, 2013 are as follows:

2014	\$	9,076
2015		8,164
2016		5,749
2017		4,898
2018		4,377
Thereafter		15,251
	\$	<u>47,515</u>

Wellmont has entered into contractual employment relationships with physicians to provide services to Wellmont physician practices that are intended to qualify under the employee safe harbor of the Anti-Kickback Statute and the employee exception of the Physician Self-Referral Law. These contracts have terms of varying lengths, guarantee certain base payments, and may provide for additional incentives based upon productivity.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

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(Dollars in thousands)

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, such matters as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes Wellmont is in compliance with fraud and abuse statutes and other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

#### (16) Functional Expense Disclosure

Wellmont provides healthcare services to residents within its geographic location. Expenses based upon functional classification related to providing these services during the years ended June 30 are as follows:

	2013	2012
Professional care of patients	\$ 655,152	612,639
Administrative and general	128,955	152,171
Fund-raising	1,172	1,106
	<u>\$ 785,279</u>	<u>765,916</u>

#### (17) Income Taxes

Wellmont, Inc. and its subsidiaries file consolidated federal and separate-company state income tax returns. These companies have combined net operating loss carryforwards for federal income tax purposes of approximately \$107,000 at June 30, 2013, which begin expiring in fiscal 2018 and expire through 2032. These net operating losses can be used to offset future consolidated taxable income of Wellmont, Inc. and subsidiaries. Wellmont participates in certain activities that generate unrelated business taxable income. These activities have generated net operating losses in prior years, and Wellmont files a Form 990-T with the Internal Revenue Service to report such activity. Wellmont has net operating loss carryforwards for federal income tax purposes of approximately \$1,780 for unrelated business activities. Management believes that it is more likely than not that deferred tax assets arising from net operating loss carryforwards will not be realizable. Accordingly, these are fully reserved at June 30, 2013 and 2012.

## WELLMONT HEALTH SYSTEM AND AFFILIATES

### Notes to Consolidated Financial Statements

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(Dollars in thousands)

#### (18) Concentration of Credit Risk

Wellmont grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2013 and 2012 was as follows:

	2013	2012
Medicare	53%	50%
TennCare	6	5
Medicaid	9	7
Other third-party payors	26	31
Patients	6	7
	100%	100%

#### (19) Disclosures about Fair Value of Financial Instruments

The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer or settle a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a three-level fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The classification of an investment within the hierarchy is based upon the pricing transparency or ability to redeem the investment and does not necessarily correspond to the perceived risk of that investment. Inputs are used in applying various valuation techniques that are assumptions, which market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, operating statistics, specific and broad credit data, liquidity statistics, recent transactions, earnings forecasts, future cash flows, market multiples, discount rates and other factors.

Assets and liabilities measured and reported at fair value are classified within the fair value hierarchy as follows:

*Level 1* – Valuations based on quoted market prices in active markets

*Level 2* – Investments that trade in markets that are considered to be active, but are based on dealer quotations or alternative pricing sources supported by observable inputs or investments that trade in markets that are not considered to be active, but are valued based on quoted market prices, dealer quotations or alternative pricing sources supported by observable inputs

*Level 3* – Investments classified within Level 3 have significant unobservable inputs, as they trade infrequently or not at all

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest-level input that is significant to the fair value measurement in its entirety

The following table presents assets and liabilities that are measured at fair value on recurring basis at June 30, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Assets</b>				
Cash and cash equivalents	\$ 55,958	—	—	55,958
Assets limited as to use				
Stock mutual funds	109,356	—	—	109,356
Bond mutual funds	175,594	—	—	175,594
Cash and money market funds	42,923	—	—	42,923
Real estate funds	16,377	—	—	16,377
Alternative investments	—	—	36,520	36,520
Subtotal	<u>400,208</u>	<u>—</u>	<u>36,520</u>	<u>436,728</u>
Long-term investments				
Stock mutual funds	12,228	—	—	12,228
Bond mutual funds	13,478	—	—	13,478
Cash and money market funds	190	—	—	190
Real estate funds	1,220	—	—	1,220
Subtotal	<u>27,116</u>	<u>—</u>	<u>—</u>	<u>27,116</u>
	<u>\$ 427,324</u>	<u>—</u>	<u>36,520</u>	<u>463,844</u>
<b>Liabilities</b>				
Derivatives liability	\$ —	7,425	—	7,425
Total	<u>\$ —</u>	<u>7,425</u>	<u>—</u>	<u>7,425</u>

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

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(Dollars in thousands)

The following table presents assets and liabilities that are measured at fair value on recurring basis at June 30, 2012

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Assets</b>				
Cash and cash equivalents	\$ 44,930	—	—	44,930
Assets limited as to use				
Stock mutual funds	88,942	—	—	88,942
Bond mutual funds	163,401	—	—	163,401
Cash and money market funds	44,240	—	—	44,240
Real estate funds	7,157	—	—	7,157
Alternative investments	—	—	36,989	36,989
Corporate bonds	2,673	—	—	2,673
U S Treasury bonds	—	—	—	—
Subtotal	<u>351,343</u>	<u>—</u>	<u>36,989</u>	<u>388,332</u>
Long-term investments				
Stock mutual funds	10,321	—	—	10,321
Bond mutual funds	13,926	—	—	13,926
Cash and money market funds	189	—	—	189
Real estate funds	685	—	—	685
Alternative investments	—	—	—	—
Subtotal	<u>25,121</u>	<u>—</u>	<u>—</u>	<u>25,121</u>
	<u>\$ 376,464</u>	<u>—</u>	<u>36,989</u>	<u>413,453</u>
<b>Liabilities</b>				
Derivatives liability	\$ —	9,781	—	9,781
Total	<u>\$ —</u>	<u>9,781</u>	<u>—</u>	<u>9,781</u>

The following methods and assumptions were used to estimate fair value of each class of instruments

- *Cash and Cash Equivalents*

The carrying amount approximates fair value due to the short maturities of these instruments

- *Patient Accounts and Other Receivables*

The net recorded carrying value approximates fair value due to the short maturities of these instruments



## WELLMONT HEALTH SYSTEM AND AFFILIATES

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- *Investments and Assets Limited as to Use*

The fair values of investments and assets limited as to use are based on quoted market prices and quotes obtained from security brokers or, in the case of the limited partnerships, by the general partner

Wellmont also applies the measurement provisions of ASU No 2009-12 to certain investments in funds that do not have readily determinable fair values including private investments, hedge funds, real estate, and other funds. This guidance amends the previous guidance and allows for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable fair value using net asset value per share or its equivalent. Net asset value, in many instances may not equal fair value that would be calculated pursuant to ASC 820. The fair value of these investments was \$36,520 and \$36,989 at June 30, 2013 and 2012, respectively.

- *Accounts Payable and Accrued Expenses*

The carrying amount approximates fair value due to the short maturities of these liabilities.

- *Estimated Third-Party Payor Settlements, Other Long-Term Liabilities*

The carrying amount approximates fair market value due to the nature of these liabilities.

- *Long-Term Debt*

The carrying amount of indebtedness with variable interest rates approximates its fair value because the variable rates reflect current market rates for indebtedness with similar maturities and credit quality. The fair value of indebtedness with fixed interest rates is based on rates assumed to be currently available for indebtedness with similar terms and average maturities. Fair value measurements of indebtedness are based on observable interest rates and maturity schedules that fall within Level 2 of the hierarchy of fair value inputs. The estimated fair value of revenue bonds, using current market rates, was estimated at \$436,832 and \$436,634 for the years ended June 30, 2013 and 2012, respectively. The carrying amount of other long-term debt reported in Note 11 and on the consolidated balance sheet approximates the related fair value.

# WELLMONT HEALTH SYSTEM AND AFFILIATES

## Notes to Consolidated Financial Statements

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(Dollars in thousands)

The following table presents additional information about Level 3 assets measured at fair value. Both observable and unobservable inputs may be used to determine the fair value of positions that the Health System has classified within the Level 3 category. As a result, the unrealized gains and losses for assets within the Level 3 category in the table below may include changes in fair value that were attributable to both observable and unobservable inputs.

	<u>Alternative investments</u>
Balance at June 30, 2011	\$ 37,778
Total realized and unrealized gains (losses)	
Included in revenues and gains in excess of expenses and losses	264
Included in changes in net assets	(420)
Purchases, issuances, and settlements	(633)
Transfers into and/or out of Level 3 (net)	<u>—</u>
Balance at June 30, 2012	36,989
Total realized and unrealized gains (losses)	
Included in revenues and gains in excess of expenses and losses	(69)
Included in changes in net assets	1,113
Purchases, issuances, and settlements	(1,513)
Transfers into and/or out of Level 3 (net)	<u>—</u>
Balance at June 30, 2013	\$ <u><u>36,520</u></u>

There were no transfers between any of the levels during the years ended June 30, 2013 and 2012.

### (20) Subsequent Events

Effective October 1, 2013, Wellmont closed Lee Regional Medical Center in Pennington Gap, Virginia.

Wellmont has evaluated subsequent events from the balance sheet date through October 23, 2013, the date at which the consolidated financial statements were issued. No other material subsequent events were identified for recognition.