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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 15010

City or town, state or province, country, and ZIP or foreign postal code
KNOXVILLE, TN 379015010

D Employer identification number
62-6002604

E Telephone number
(865) 541-8154

G Gross receipts $ 203,504,048

F Name and address of principal officer
KEITH D GOODWIN
PO BOX 15010
KNOXVILLE,TN 379015010

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW ETCH COM/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1937

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AT ETCH, CHILDREN ARE OUR ONLY CONCERN, PROVIDING THE BEST HEALTHCARE TO EVERY CHILD SERVED

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,231
6	Total number of volunteers (estimate if necessary)	**6**	13,512
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	22,232
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	21,232

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,628,168	8,823,177
9	Program service revenue (Part VIII, line 2g)	204,028,414	188,358,414
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,857,720	3,716,084
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,533,592	731,601
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,047,894	201,629,276
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	94,264	169,540
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	101,917,098	103,808,610
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶782,944		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	79,325,068	78,831,733
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	181,336,430	182,809,883
19	Revenue less expenses Subtract line 18 from line 12	35,711,464	18,819,393

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	318,071,958	342,240,660
21	Total liabilities (Part X, line 26)	93,850,603	94,209,604
22	Net assets or fund balances Subtract line 21 from line 20	224,221,355	248,031,056

Revenue | Expenses | Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2015-05-12
Signature of officer | Date

ZANE D GOODRICH CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBORAH O ERNSBERGER				P00364912

Firm's name ▶ PERSHING YOAKLEY & ASSOCIATES PC | Firm's EIN ▶ 62-1517792

Firm's address ▶ ONE CHEROKEE MILLS 2220 SUTHERLAND AVE
KNOXVILLE, TN 379192363 | Phone no (865) 673-0844

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AT EAST TENNESSEE CHILDREN'S HOSPITAL ("ETCH"), CHILDREN ARE OUR ONLY CONCERN, AND THAT DRIVES OUR MISSION TO IMPROVE THE HEALTH OF CHILDREN THROUGH EXCEPTIONAL, COMPREHENSIVE FAMILY-CENTERED CARE, WELLNESS AND EDUCATION IT IS A MISSION THAT CENTERS ON A PROFOUND AND UNCHANGING COMMITMENT TO THE PHYSICAL, EDUCATIONAL AND EMOTIONAL NEEDS OF EACH CHILD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 162,316,924 including grants of $ 169,540) (Revenue $ 191,175,278)

EAST TENNESSEE CHILDREN'S HOSPITAL ("ETCH") IS THE ONLY COMPREHENSIVE REGIONAL PEDIATRIC CENTER IN TENNESSEE SINCE 1937, ETCH HAS PROVIDED EXCELLENT PEDIATRIC HEALTH CARE FOR CHILDREN FROM BIRTH TO 21 YEARS OF AGE ETCH OFFERS MORE PEDIATRIC SUBSPECIALTIES THAN ANY OTHER HOSPITAL IN THE REGION, SERVING CHILDREN FROM EAST TENNESSEE, SOUTHWEST VIRGINIA, SOUTHEAST KENTUCKY AND WESTERN NORTH CAROLINA THE SUBSPECIALTIES AVAILABLE AT ETCH INCLUDE ADOLESCENT GYNECOLOGYADOLESCENT MEDICINE(SUBSPECIALTY LIST CONTINUTED ON SCHEDULE O)CHILD ABUSE PEDIATRICSDEVELOPMENTAL-BEHAVIORAL PEDIATRICSNEONATOLOGYPEDIATRICSPEDIATRIC ALLERGY & IMMUNOLOGYPEDIATRIC ANESTHESIOLOGYPEDIATRIC CARDIOLOGY PEDIATRIC CRITICAL CAREPEDIATRIC DENTISTRY/PEDODONTICSPEDIATRIC DERMATOLOGYPEDIATRIC EMERGENCY MEDICINEPEDIATRIC ENDOCRINOLOGYPEDIATRIC GASTROENTEROLOGYPEDIATRIC HEMATOLOGY/ONCOLOGYPEDIATRIC INFECTIOUS DISEASESPEDIATRIC NEPHROLOGYPEDIATRIC NEUROLOGYPEDIATRIC NEUROSURGERYPEDIATRIC OPHTHALMOLOGYPEDIATRIC ORTHOPEDICSPEDIATRIC OTOLARYNGOLOGYPEDIATRIC PHYSIATRYPEDIATRIC PLASTIC/RECONSTRUCTIVE SURGERYPEDIATRIC PULMONOLOGYPEDIATRIC RADIOLOGYPEDIATRIC SURGERYPEDIATRIC UROLOGYPEDIATRIC PERINATOLOGYSLEEP MEDICINEIN ADDITION, ETCH PROVIDES THE FOLLOWING MEDICAL/SURGICAL SERVICES THE EMERGENCY DEPARTMENT IS STAFFED WITH LICENSED PHYSICIANS AND NURSING PERSONNEL TO PROVIDE TREATMENT FOR ALL TYPES OF EMERGENCIES 24 HOURS A DAY, SEVEN DAYS A WEEK THE DEPARTMENT PROVIDES EVALUATION AND TREATMENT FOR PATIENTS UP TO 21 YEARS OF AGE WITH VARYING LEVELS OF ILLNESS AND INJURY, FROM MINOR TO LIFE THREATENING THE HOSPITAL'S PEDIATRIC INTENSIVE CARE UNIT (PICU) PROVIDES SOPHISTICATED, 24-HOUR-A-DAY TREATMENT FOR CRITICALLY ILL AND INJURED CHILDREN THE PICU IS STAFFED WITH DOCTORS AND NURSES SPECIFICALLY TRAINED AND EXPERIENCED IN THE CARE OF CRITICALLY ILL CHILDREN PATIENTS IN THE PICU RECEIVE A HIGH LEVEL OF MONITORING AND/OR TREATMENT UNTIL THEY ARE WELL ENOUGH TO BE TRANSFERRED TO A REGULAR PATIENT ROOM OR DISCHARGED HOME IN THE NEONATAL INTENSIVE CARE UNIT (NICU), TINY AND FRAGILE INFANTS BORN PREMATURELY OR FACING LIFE-THREATENING ILLNESSES RECEIVE TREATMENT FROM A TEAM OF BOARD-CERTIFIED NEONATOLOGISTS, WITH VALUABLE ASSISTANCE FROM SPECIALLY TRAINED NURSES, RESPIRATORY THERAPISTS, LACTATION CONSULTANTS AND OTHER MEDICAL PROFESSIONALS THE NICU TREATS MORE THAN 700 NEWBORNS EACH YEAR, AND 97 PERCENT OF THE BABIES GO HOME AS A REGIONAL REFERRAL CENTER FOR EAST TENNESSEE, ETCH OFFERS NEONATAL AND PEDIATRIC TRANSPORT FROM OUTLYING HOSPITALS IN LIFELINE, A MOBILE INTENSIVE CARE UNIT SPECIALLY DESIGNED TO MAINTAIN THE SAME QUALITY OF CARE DURING TRANSPORT AS PATIENTS RECEIVE IN THE HOSPITAL'S CRITICAL CARE UNITS LIFELINE CARRIES ALMOST 1,000 SUPPLIES TO ADMINISTER CARE TO PATIENTS, FROM THE TINIEST PREMATURE INFANT TO AN ADULT-SIZE PEDIATRIC PATIENT, DURING TRANSPORT TO THE HOSPITAL IN ADDITION TO THE SPECIAL EQUIPMENT, THE LIFELINE MEDICAL TEAM MAY INCLUDE A NEONATOLOGIST, NEONATAL NURSE PRACTITIONER, PEDIATRIC/NEONATAL RN, RESPIRATORY THERAPIST AND AN EMT, DEPENDING ON THE CONDITION OF THE PATIENT THE HOSPITAL'S TWO LIFELINE VEHICLES TRAVEL TENS OF THOUSANDS OF MILES EACH YEAR TO DOZENS OF DIFFERENT HOSPITALS IN TENNESSEE AND SURROUNDING STATES, AND TRANSPORT HUNDREDS OF PEDIATRIC PATIENTS TO ETCH ETCH MEETS A WIDE RANGE OF PEDIATRIC SURGICAL NEEDS, FROM COMMON OUTPATIENT PROCEDURES SUCH AS TONSILLECTOMIES TO MORE COMPLICATED PROCEDURES, SUCH AS RECONSTRUCTIVE SURGERY OR NEUROSURGERY FIVE DEPARTMENTS COMPRISE ETCH'S SURGICAL SERVICES OUTPATIENT SURGERY, SURGERY, POST-ANESTHESIA (THE OPERATING ROOMS) CARE UNIT ("WAKE UP" OR RECOVERY ROOM), INPATIENT SURGERY AND ANESTHESIA THESE DEPARTMENTS WORK TOGETHER TO MAKE SURE EACH CHILD'S SURGERY AND RECOVERY IS AS QUICK AND PAINLESS AS POSSIBLE THE DOCTORS, NURSES, ANESTHESIOLOGISTS AND OTHER SURGICAL STAFF ARE TRAINED IN PEDIATRIC MEDICINE AT ANY GIVEN TIME AND FOR VARIOUS REASONS, A CHILD MAY NEED TO BE ADMITTED TO ETCH AS AN INPATIENT DOCTORS AND NURSES CONTINUOUSLY MONITOR AND TREAT INPATIENTS ACCORDING TO THEIR INDIVIDUAL NEEDS ALONG WITH PROVIDING COMPREHENSIVE MEDICAL AND NURSING CARE, ETCH IS DEDICATED TO MAKING A CHILD'S STAY IN THE HOSPITAL AS COMFORTABLE AS POSSIBLE EACH ROOM HAS A TV/DVD PLAYER WITH ACCESS TO MOVIE CHANNELS, AND PLAY ROOMS ARE LOCATED ON EACH FLOOR OTHER SERVICES SUCH AS CHILD LIFE, NUTRITION, PASTORAL CARE AND SOCIAL WORK PROVIDE FOR THE PHYSICAL AND EMOTIONAL NEEDS OF THE CHILD THE RESPIRATORY CARE DEPARTMENT AT ETCH IS STAFFED WITH LICENSED AND ACCREDITED RESPIRATORY THERAPISTS WHOSE ROLES INCLUDE TREATING PATIENTS WITH LUNG AND/OR HEART DISEASES SUCH AS ASTHMA, PNEUMONIA, PREMATURE LUNGS AND CYSTIC FIBROSIS TREATMENTS PROVIDED BY RESPIRATORY THERAPISTS INCLUDE AEROSOL MEDICATIONS, DELIVERY OF OXYGEN AND OTHER MEDICAL GASES, VENTILATOR MANAGEMENT AND MANY OTHER PROCEDURES RESPIRATORY THERAPISTS HELP PATIENTS THROUGHOUT THE HOSPITAL, FROM THE EMERGENCY DEPARTMENT TO THE NICU THEY ARE ALSO MEMBERS OF THE PEDIATRIC TRANSPORT TEAM THAT HELPS BRING SICK AND INJURED CHILDREN TO THE HOSPITAL FOR SPECIALIZED CARE EDUCATION IS ALSO A KEY ROLE OF RESPIRATORY THERAPISTS, THEY TEACH PATIENTS AND THEIR FAMILIES HOW TO CARE FOR CERTAIN CONDITIONS AT HOME THE PULMONARY FUNCTION LAB, A VITAL PART OF THE RESPIRATORY CARE DEPARTMENT, PERFORMS TESTS TO DIAGNOSE LUNG AND HEART DISEASES THE DEPARTMENT IS STAFFED BY SPECIALLY TRAINED RESPIRATORY THERAPISTS SERVICES PROVIDED INCLUDE SPIROMETRY TESTING, METABOLIC STUDIES, CARDIAC STRESS TESTING, LUNG VOLUMES AND THE CYSTIC FIBROSIS CLINIC ECHOCARDIOGRAMS ARE PERFORMED IN THE ECHO LAB PATIENTS IN A VARIETY OF HOSPITAL DEPARTMENTS MAY BENEFIT FROM SEDATION DURING SOME PAINFUL TESTS AND PROCEDURES IN ADDITION, YOUNG CHILDREN MAY NEED SEDATION TO REMAIN STILL DURING LONG TESTS, SUCH AS A MAGNETIC RESONANCE IMAGING (MRI) TO MEET THESE NEEDS, ETCH OFFERS PEDIATRIC ANALGESIA AND SEDATION SPECIALISTS (PASS) WHILE THE HOSPITAL CANNOT ELIMINATE PAIN FOR SOME CHILDREN, IT IS OUR GOAL TO KEEP PAINFUL OR UNCOMFORTABLE SITUATIONS TO A MINIMUM PASS IS A DEDICATED SERVICE THAT UTILIZES THE MOST CURRENT SEDATION TECHNIQUES TO HELP CHILDREN UNDERGOING LENGTHY OR PAINFUL PROCEDURES AT ETCH A MULTISPECIALTY TEAM SEES EACH CHILD, INCLUDING A PEDIATRIC SEDATION PHYSICIAN AND PEDIATRIC NURSES WHO ARE SPECIFICALLY PREPARED TO WORK WITH CHILDREN'S SEDATION DIAGNOSTIC SERVICES THE CLINICAL LAB IS RESPONSIBLE FOR ALL DIAGNOSTIC TESTING, WHICH INCLUDES THE FOLLOWING AREAS HEMATOLOGY, CHEMISTRY, MICROBIOLOGY, IMMUNOLOGY, SEROLOGY AND BLOOD BANK NEUROLOGY LAB - THE NEUROLOGY LAB OFFERS A VARIETY OF DIAGNOSTIC TESTS FOR PATIENTS DEALING WITH SEIZURES, HEARING PROBLEMS, SLEEP DISORDERS AND OTHER CONDITIONS INVOLVING THE BRAIN THE MOST COMMON TESTS OFFERED IN THE NEUROLOGY LABORATORY ARE THE ELECTROENCEPHALOGRAM (EEG) FOR CHILDREN HAVING SEIZURES AND OTHER NEUROLOGICAL PROBLEMS, AND THE BRAINSTEM AUDITORY EVOKED RESPONSE (BAER) HEARING TEST, OFFERED MOST OFTEN TO INFANTS WHO FAIL NEWBORN HEARING SCREENINGS AND TODDLERS WHO ARE SPEECH DELAYED CHILDREN'S SLEEP MEDICINE CENTER - THE CHILDREN'S SLEEP MEDICINE CENTER OFFERS SLEEP STUDY TESTING FOR CHILDREN WHO ARE HAVING PROBLEMS WITH SLEEP THE SLEEP STUDIES TAKE PLACE OVERNIGHT, DURING THE CHILD'S REGULAR SLEEP CYCLE, TO FIND THE CAUSE OF SUCH PROBLEMS AS SLEEP TERRORS AND SLEEPWALKING CHILDREN'S IS ACCREDITED AS THE ONLY SLEEP MEDICINE CENTER DEDICATED TO PEDIATRICS IN EAST TENNESSEETHE RADIOLOGY DEPARTMENT SERVES AS AN "IMAGING" CENTER FOR CHILDREN THESE IMAGES INCLUDE X-RAY, ULTRASOUND, CT SCAN, NUCLEAR MEDICINE, MRI, AND FLUOROSCOPY OUTPATIENT SERVICES CHILDREN'S HOSPITAL HOME HEALTH CARE, WHICH IS A HOSPITAL-BASED HOME HEALTH AGENCY, SUPPORTS THE PHILOSOPHY, MISSION AND POLICIES OF ETCH AND IS DEDICATED TO MEETING THE NEEDS OF CHILDREN HOME HEALTH PROVIDES FOLLOW-UP SUPPORTIVE CARE TO PATIENTS NEWBORN TO 21 YEARS OF AGE WHO DO NOT REQUIRE HOSPITALIZATION OR CONSTANT SKILLED SUPERVISION HOME HEALTH IS LICENSED TO PROVIDE SERVICES IN 16 EAST TENNESSEE COUNTIES ALL PATIENTS ARE ACCEPTED ON THE BASIS OF PHYSICIAN REFERRAL, THE ABILITY OF HOME HEALTH TO MEET THE PATIENT'S SPECIFIC NEEDS, AND WHEN THE PHYSICIAN, CHILD'S FAMILY AND THE HOME HEALTH STAFF AGREE THAT IN-HOME CARE WOULD BE AN APPROPRIATE AND EFFECTIVE MEANS OF TREATMENT AVAILABLE SERVICES INCLUDE REGISTERED NURSING, RESPIRATORY THERAPY, HOME INFUSION, NUTRITIONAL SUPPORT, HOME MEDICAL EQUIPMENT, SUPPLIES, PHYSICAL THERAPY, SPEECH THERAPY AND OCCUPATIONAL THERAPY

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 162,316,924

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		No
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	Yes	
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	Yes	
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	141		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,231		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ 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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
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**		No
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**	Yes	

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

▶ ZANE D GOODRICH PO BOX 15010
KNOXVILLE,TN 379015010 (865)541-8154

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

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

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

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

(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,756,022	0	455,677

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 76

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S ANESTHESIOLOGISTS PC 2018 W CLINCH AVENUE KNOXVILLE TN 37916	PHYSICIAN SERVICES	9,401,131
GI FOR KIDS PLLC 171 ALCOTT MANOR LANE KNOXVILLE TN 37922	PHYSICIAN SERVICES	3,187,225
OAK RIDGE PEDIATRIC CLINIC PC 145 EAST VANCE ROAD OAK RIDGE TN 37830	PHYSICIAN SERVICES	2,611,937
PEDIATRIC CLINIC PC 7773 OAK RIDGE HIGHWAY KNOXVILLE TN 37931	PHYSICIAN SERVICES	1,738,589
BLOUNT PEDIATRIC ASSOCIATES 414 GREENBELT DRIVE MARYVILLE TN 37801	PHYSICIAN SERVICES	1,704,528

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 ▶ 27

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	705,388			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,117,789			
	g	Noncash contributions included in lines 1a-1f $		221,318			
	h	**Total.** Add lines 1a-1f . . . . . ▶		8,823,177			
Program Service Revenue			Business Code				
	2a	PATIENT CARE REVENUE	621990	186,272,943	186,250,711	22,232	
	b	PASSTHROUGH REVENUE	621110	1,077,975	1,077,975		
	c	OTHER HEALTHCARE SRVCS	621990	1,007,496	1,007,496		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		188,358,414			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,892,425	3,892,425		
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	469,769				
	b	Less rental expenses	0				
	c	Rental income or (loss)	469,769				
	d	Net rental income or (loss) . . . . . ▶		469,769	469,769		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		176,341			
	c	Gain or (loss)		-176,341			
	d	Net gain or (loss) . . . . . ▶		-176,341	-176,341		
Other Revenue	8a	Gross income from fundraising events (not including $ 705,388 of contributions reported on line 1c) See Part IV, line 18 . . a	812,500				
	b	Less direct expenses . . . b	1,031,919				
	c	Net income or (loss) from fundraising events . . ▶		-219,419			-219,419
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	39,407				
	b	Less direct expenses . . . b	6,000				
	c	Net income or (loss) from gaming activities . . ▶		33,407			33,407
	10a	Gross sales of inventory, less returns and allowances . a	663,855				
	b	Less cost of goods sold . . b	660,512				
	c	Net income or (loss) from sales of inventory . . ▶		3,343			3,343
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA SALES	621110	1,260,893			1,260,893
	b	MISCELLANEOUS	900099	552,597			552,597
	c	LOSS ON EXTINGUISHED DEBT	900099	-1,368,989	-1,368,989		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		444,501			
	12	**Total revenue.** See Instructions . . . . . ▶		201,629,276	191,153,046	22,232	1,630,821

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	169,540	169,540		
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	2,960,991	2,573,841	387,150	
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	76,888,047	66,260,958	10,049,782	577,307
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,066,974	2,666,100	400,874	
9 Other employee benefits	14,817,729	12,880,953	1,936,776	
10 Payroll taxes	6,074,869	5,280,843	794,026	
11 Fees for services (non-employees)				
a Management				
b Legal	78,520		78,520	
c Accounting	110,659		110,659	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,143,844	24,498,831	1,516,243	128,770
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy	2,791,764	2,552,469	238,795	500
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	554,844	352,338	196,861	5,645
20 Interest	1,009,228	1,009,228		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,927,745	6,219,766	1,707,898	81
23 Insurance	1,106,289		1,106,289	
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 SUPPLIES	25,092,881	24,198,224	881,446	13,211
b EQUIPMENT RENTAL/MNT	5,417,114	5,417,114		
c BAD DEBT	4,564,473	4,564,473		
d POSTAGE	281,098	43,941	229,000	8,157
e All other expenses	3,753,274	3,628,305	75,696	49,273
25 **Total functional expenses.** Add lines 1 through 24e	182,809,883	162,316,924	19,710,015	782,944
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		28,163,071	1	18,387,791
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		147,839	3	2,900,000
	4	Accounts receivable, net		26,718,735	4	27,083,099
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,452,040	7	1,335,001
	8	Inventories for sale or use		3,084,223	8	3,234,279
	9	Prepaid expenses and deferred charges		1,432,592	9	543,362
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 165,929,029			
	b	Less accumulated depreciation	10b 86,966,399	75,048,337	10c	78,962,630
	11	Investments—publicly traded securities		118,073,649	11	143,707,979
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		26,244,995	13	27,356,009
	14	Intangible assets		248,432	14	123,432
	15	Other assets See Part IV, line 11		37,458,045	15	38,607,078
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		318,071,958	16	342,240,660
Liabilities	17	Accounts payable and accrued expenses		21,642,618	17	23,901,467
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		41,543,825	20	35,885,000
	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			23	
	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		30,664,160	25	34,423,137
	26	**Total liabilities.** Add lines 17 through 25		93,850,603	26	94,209,604
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		198,950,745	27	215,660,825
	28	Temporarily restricted net assets		9,104,210	28	16,182,448
	29	Permanently restricted net assets		16,166,400	29	16,187,783
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		224,221,355	33	248,031,056
	34	Total liabilities and net assets/fund balances		318,071,958	34	342,240,660

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	201,629,276
2	Total expenses (must equal Part IX, column (A), line 25)	2	182,809,883
3	Revenue less expenses Subtract line 2 from line 1	3	18,819,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	224,221,355
5	Net unrealized gains (losses) on investments	5	8,460,360
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	-3,470,052
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	248,031,056

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 62-6002604
Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

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			
LAURA PALENKAS BOARD MEMBER	2 00	X						0	0	0
MICHAEL C CRABTREE SECRETARY/TREASURER	2 00	X						0	0	0
STEVEN D HARB BOARD MEMBER	2 00	X						0	0	0
GORDON MARK CRAMOLINI MD BOARD MEMB /CHIEF OF STAFF	15 00	X						16,667	0	0
DEBBIE J CHRISTIANSEN MD BOARD MEMBER	2 00	X						0	0	0
LEWIS W HARRIS MD BOARD MEMBER	2 00	X						0	0	0
DEE HASLAM CHAIRMAN	2 00	X						0	0	0
A DAVID MARTIN BOARD MEMBER	2 00	X						0	0	0
ANDREA WHITE BOARD MEMBER	2 00	X						0	0	0
CHRISTOPHER A MILLER MD BOARD MEMBER	2 00	X						0	0	0
STEPHEN A SOUTH BOARD MEMBER	2 00	X						0	0	0
KEITH D GOODWIN BOARD MEMBER/ETCH PRES &	40 00	X		X				650,607	0	93,640
DAVID NICKELS MD BOARD MEMBER	15 00	X						77,989	0	0
LARRY B MARTIN VICE CHAIRMAN	2 00	X						0	0	0
JOHN Q BUCHHEIT MD BOARD MEMBER	2 00	X						0	0	0
RANDALL L GIBSON BOARD MEMBER	2 00	X						0	0	0
R GALE HUNEYCUTT JR BOARD MEMBER	2 00	X						0	0	0
JOHN F LANSING BOARD MEMBER	2 00	X						0	0	0
RUDOLPH MCKINLEY VP OPERATIONS	40 00			X				326,090	0	43,252
LAURA PRESTON BARNES VP/CHIEF NURSING OFFICER	40 00			X				266,069	0	17,456
ZANE D GOODRICH VP/CHIEF FINANCIAL OFFICER	40 00			X				367,336	0	49,318
BRYAN PABST VP PTRS IN PEDIATRICS	40 00			X				267,088	0	40,265
BRUCE ANDERSON VP LEGAL SERVICES/CHIEF CO	40 00			X				265,088	0	33,298
SUE WILBURN VP HUMAN RESOURCES	40 00			X				220,131	0	34,723
JOE CHILDS MD VP/CHIEF MEDICAL OFFICER	40 00			X				83,635	0	4,629

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			
CARLTON LONG VP DEVELOPMENT/COMMUNITY S	40 00			X				204,307	0	31,314
JEANANN PARDUE CHIEF QUALITY OFFICER	40 00			X				50,275	0	0
SUMEET SHARMA MD PEDIATRIC CARDIOLOGIST	40 00					X		601,312	0	44,809
DAVID RIDEN MD PEDIATRIC UROLOGIST	40 00					X		653,323	0	18,607
WILLIAM GLAZE VAUGHAN MD PEDIATRIC SURGEON	40 00					X		630,831	0	15,097
CARLOS A ANGEL MD PEDIATRIC SURGEON	40 00					X		567,891	0	13,438
ERIC R JENSEN PEDIATRIC SURGEON	40 00					X		507,383	0	15,831

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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?

	Yes	No
(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? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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	16,166,400	16,033,467	15,978,655	14,016,380	13,809,173
b	Contributions	21,384	132,933	54,812	1,962,275	207,207
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	16,187,784	16,166,400	16,033,467	15,978,655	14,016,380

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 ▶ 100 000 %
- 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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	689,387	8,545,188		9,234,575
b Buildings		95,074,661	47,244,814	47,829,847
c Leasehold improvements				
d Equipment		61,619,793	39,721,585	21,898,208
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				78,962,630

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) DONOR RESTRICTED INVESTMENTS	27,356,009	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	27,356,009	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTERCOMPANY	38,607,078
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	38,607,078

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
INVESTMENT IN SUBSIDIARIES	31,557,728
DUE TO/FROM THIRD-PARTY PAYORS	2,865,409
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	34,423,137

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	PER THE EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC AND SUBSIDIARIES AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE HOSPITAL IS CLASSIFIED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS RELATED TO THE 501(C)(3) ORGANIZATION PRIMARY CARE AND COLLECTOR'S INC OF KNOXVILLE (CIK) ARE TAXABLE ENTITIES AND ACCOUNT FOR INCOME TAXES IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES COLLECTOR'S INC OF KNOXVILLE IS INACTIVE THE HOSPITAL HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2014 OR 2013 AT JUNE 30, TAX RETURNS FOR 2010 THROUGH 2014 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FANTASY OF TREES (event type)	(b) Event #2 CENTER STAGE (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	845,366	371,857	300,665	1,517,888
	2 Less Contributions	231,092	269,110	205,186	705,388
	3 Gross income (line 1 minus line 2)	614,274	102,747	95,479	812,500
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	70,174	68,343	4,140	142,657
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	480,716	312,586	95,960	889,262
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,031,919)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-219,419

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			39,407	39,407
Direct Expenses	2 Cash prizes			6,000	6,000
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				6,000
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				33,407

9 Enter the state(s) in which the organization operates gaming activities TN

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain

11

Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ZANE GOODRICH

Address ▶ PO BOX 15010
KNOXVILLE,TN 379015010

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ PATRICIA SCOTT

Gaming manager compensation ▶ $

Description of services provided ▶ PATRICIA SCOTT IS THE COMMUNITY DEVELOPMENT OFFICER AND THE COORDINATOR FOR THE FANTASY OF TREES THE DEVELOPMENT DEPARTMENT IS RESPONSIBLE FOR THE FANTASY OF TREES EVENT THE RAFFLE TREE IS THE GAMING EVENT HELD WITHIN THE FANTASY OF TREES THE DEVELOPMENT DEPARTMENT FOSTERS THE RELATIONSHIP WITH RAFFLE SPONSORS AND DECIDES WHERE/ HOW THE AREA IS DESIGNED ON THE FLOOR THE DEVELOPMENT DEPARTMENT RECRUITS VOLUNTEERS TO SELL RAFFLE TICKETS, LOCK THE DRUM, AND ARRANGE THE TICKET DRAWING AND DELIVERY

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☑ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 39,407

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133023045

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

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 ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			286,938		286,938	0 160 %
b Medicaid (from Worksheet 3, column a)			103,705,440	77,959,009	25,746,431	14 440 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			103,992,378	77,959,009	26,033,369	14 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		136,841	1,691,945	211,888	1,480,057	0 830 %
f Health professions education (from Worksheet 5)		9,413	1,785,072	1,033	1,784,039	1 000 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		118,860	540,941	42,544	498,397	0 280 %
j **Total.** Other Benefits		265,114	4,017,958	255,465	3,762,493	2 110 %
k **Total.** Add lines 7d and 7j		265,114	108,010,336	78,214,474	29,795,862	16 710 %

Part II 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		1,500	7,175		7,175	0 %
4	Environmental improvements						
5	Leadership development and training for community members		20	421		421	0 %
6	Coalition building		16,155	236,167	31,000	205,167	0 120 %
7	Community health improvement advocacy		53	2,288		2,288	0 %
8	Workforce development		416	343,833	4,800	339,033	0 190 %
9	Other						
10	**Total**		18,144	589,884	35,800	554,084	0 310 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
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	1,767,820		
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	48,013
6	Enter Medicare allowable costs of care relating to payments on line 5	6	221,609
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-173,596
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	1 CHILDREN'S WEST SURGERY CENTER LLC	MEDICAL SURGERY CENTER	50 000 %		50 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group EAST TENNESSEE CHILDREN'S HOSPITAL

If reporting on Part V, Section B for a single hospital facility 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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url)			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ 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**	Yes	
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?	10	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	11	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12		No
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ 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?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ 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 individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
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 individual's eligibility under the facility's FAP?	17		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ 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 ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO, DERIVED FROM THE SCHEDULE H APPLICABLE WORKSHEETS, INCLUDING WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES, WAS USED TO DETERMINE CHARITY CARE ACTUAL EXPENSE DATA IS ACCUMULATED WITHIN THE ETCH GENERAL LEDGER WHICH ADDRESSES ALL PATIENT SEGMENTS INCLUDING INPATIENT, OUTPATIENT, EMERGENCY ROOM, COMMERCIAL INSURANCE, GOVERNMENT INSURANCE, UNINSURED AND SELF-PAY THE TOTAL OPERATING EXPENSE WAS DIVIDED BY PATIENT REVENUES TO CALCULATE AN OVERALL RATIO THAT WAS THEN APPLIED TO INDIGENT AND CHARITY CARE CHARGES TO ARRIVE AT COST THE STATE OF TENNESSEE'S COVERKIDS PROGRAM PROVIDES COVERAGE FOR THE VAST MAJORITY OF CHILDREN WHO REQUIRE MEDICAL CARE BUT ARE UNINSURED ETCH REPRESENTATIVES WORK EXTENSIVELY WITH PATIENTS' FAMILIES TO HELP THEM UNDERSTAND AVAILABILITY OF STATE AID AND TO ASSIST THEM IN BECOMING ENROLLED IN THE PROGRAM FOR THAT REASON, THE AMOUNT OF TRUE "CHARITY CARE" RENDERED BY ETCH IS CONSIDERABLY SMALLER THAN LEVELS EXPERIENCED BY COMMUNITY HOSPITALS OR OTHER FACILITIES SERVING THE ADULT POPULATION

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 4,564,473

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ETCH PROVIDES NUMEROUS BENEFITS TO THE PUBLIC AND PROMOTES THE HEALTH OF THE COMMUNITY IN THE FOLLOWING WAYS 1 COMMUNITY SUPPORT ETCH EMPLOYEES VOLUNTEER TIME TO THE FOLLOWING NEIGHBORHOOD SUPPORT GROUPS RONALD MCDONALD HOUSE, HABITAT FOR HUMANITY, FRIENDS OF LITERACY, AND SHOES FOR SCHOOLS THE TIME VOLUNTEERED TO THESE ORGANIZATIONS IS COMPENSATED BY ETCH IN ADDITION TO EMPLOYEE TIME, ETCH PROVIDED SEMINAR SPACE FREE OF CHARGE TO SUPPORT AND TRAINING FOR EXCEPTIONAL PARENTS (STEP) STEP IS A PROGRAM PROVIDING SERVICES FOR FAMILIES OF CHILDREN WITH DISABILITIES STEP ADDRESSES ISSUES FACED BY CHILDREN WITH DISABILITIES AT SCHOOL STEP HELD ITS EARLY CHILDHOOD TRANSITIONS EDUCATIONAL SEMINAR IN THE ETCH CONFERENCE ROOM STEP HELD A SECOND INDIVIDUALIZED EDUCATION PROGRAM (IEP) WORKSHOP IN THE ETCH CONFERENCE ROOM DURING WHICH AN ETCH-EMPLOYED SOCIAL WORKER PARTICIPATED 2 LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS ETCH EMPLOYEES FACILITATED A NUMBER OF MEETINGS FOR COMMUNITY RESIDENTS SUCH AS STEPHEN MINISTRY PEER GROUP SUPERVISION MEETINGS (15 SEPARATE MEETINGS DURING FISCAL YEAR 2013), A STRATEGIC PLANNING MEETING FOR THE EAST TENNESSEE FOUNDATION BOARD OF DIRECTORS, AND A LEADERSHIP PRESENTATION FOR THE TENNESSEE BAR ASSOCIATION ETCH COMPENSATED THEIR EMPLOYEES FOR THE TIME DEDICATED TO THESE ACTIVITIES AND FOR ANY TRAVEL EXPENSES INCURRED 3 COALITION BUILDING ETCH PARTICIPATED IN THE FOLLOWING COMMUNITY COALITIONS TO ADDRESS HEALTH AND SAFETY ISSUES SPECIFIC TO CHILDREN 1 TOGETHER! HEALTHY KNOX (T!HK) ETCH IS A PARTNER IN THIS INITIATIVE OF THE COMMUNITY HEALTH COUNCIL SERVING THE CITY OF KNOXVILLE, KNOX COUNTY, AND THE TOWN OF FARRAGUT THE MISSION OF TOGETHER! HEALTHY KNOX IS "A COMMUNITY APPROACH TO BETTER HEALTH " T!HK HOPES TO ENCOURAGE A BROAD DEFINITION OF HEALTH IN THE COMMUNITY PHYSICIAN, MENTAL, SPIRITUAL AND SOCIAL 2 KNOXVILLE AREA COALITION ON CHILDHOOD OBESITY THIS COALITION, FOR WHICH ETCH IS THE LEAD ORGANIZATION, WORKS TO IMPROVE THE HEALTH OF CHILDREN THROUGH A COMMUNITY-WIDE PARTNERSHIP THE GOAL OF THE COALITION IS TO REVERSE THE INCIDENCE OF CHILDHOOD OBESITY AND BECOME ONE OF AMERICA'S FITTEST CITIES FOR CHILDREN BY 2015 THE COALITION INCLUDES MORE THAN 35 COMMUNITY AGENCIES AND ORGANIZATIONS AND IS REPRESENTED BY OVER 90 INDIVIDUALS 3 TENNESSEE INITIATIVE FOR PERINATAL QUALITY CARE (TIPQC) AN ETCH EMPLOYEE SERVES AS A PROJECT MEMBER FOR THE TIPQC HUDDLE 21 INITIATIVE ETCH COMPENSATES THIS EMPLOYEE FOR THE TIME DEDICATED ON A MONTHLY BASIS TO THIS ACTIVITY TIPQC SEEKS TO IMPROVE HEALTH OUTCOMES FOR MOTHERS AND INFANTS IN TENNESSEE BY ENGAGING KEY STAKEHOLDERS IN A PERINATAL QUALITY COLLABORATIVE THAT WILL IDENTIFY OPPORTUNITIES TO OPTIMIZE BIRTH OUTCOMES AND IMPLEMENT DATA-DRIVEN PROVIDER- AND COMMUNITY-BASED PERFORMANCE IMPROVEMENT INITIATIVES 4 COMMUNITY HEALTH IMPROVEMENT ADVOCACY ETCH LENDS ITS EMPLOYEES TO SUPPORT POLICIES AND PROGRAMS TO SAFEGUARD CHILDREN AND IMPROVE CHILDREN'S HEALTH AND THEIR ACCESS TO HEALTH CARE SERVICES ETCH EMPLOYEES PARTICIPATE IN THE FOLLOWING PROGRAMS KNOX COUNTY CHILD FATALITY REVIEW AND HUMAN RIGHTS COMMITTEE BOARD 5 WORKFORCE DEVELOPMENT ETCH RECRUITS PHYSICIAN SPECIALTIES AND OTHER HEALTH PROFESSIONALS DEDICATED TO SERVING THE ADOLESCENT POPULATION TO MEDICAL SHORTAGE AREAS OR OTHER AREAS DESIGNATED AS UNDERSERVED

Form and Line Reference	Explanation
PART III, LINE 4	A COST-TO-CHARGE RATIO WAS ALSO USED TO DETERMINE BAD DEBT COST THE TOTAL OPERATING EXPENSE WAS DIVIDED BY PATIENT REVENUES TO CALCULATE AN OVERALL RATIO THAT WAS THEN APPLIED TO THE BAD DEBT EXPENSE TO ARRIVE AT COST ETCH'S FINANCIAL STATEMENTS READ AS FOLLOWS "PATIENT ACCOUNTS RECEIVABLE ARE REPORTED NET OF BOTH AN ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS THE CONTRACTUAL ALLOWANCE REPRESENTS THE DIFFERENCE BETWEEN ESTABLISHED BILLING RATES AND ESTIMATED REIMBURSEMENT FROM MEDICAID, TENNCARE AND OTHER THIRD-PARTY PAYMENT PROGRAMS CURRENT OPERATIONS INCLUDE A PROVISION FOR BAD DEBTS ESTIMATED BASED UPON THE AGE OF THE PATIENT ACCOUNTS RECEIVABLE, HISTORICAL WRITEOFFS AND RECOVERIES AND ANY UNUSUAL CIRCUMSTANCES (SUCH AS LOCAL, REGIONAL OR NATIONAL ECONOMIC CONDITIONS) WHICH AFFECT THE COLLECTABILITY OF RECEIVABLES, INCLUDING MANAGEMENT'S ASSUMPTIONS ABOUT CONDITIONS IT EXPECTS TO EXIST AND COURSES OF ACTION IT EXPECTS TO TAKE ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RESULT FROM THE PROVISION OF BAD DEBTS PATIENT ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS PATIENT SERVICE REVENUE IS RECORDED PRIOR TO ASSESSING THE PATIENT'S ABILITY TO PAY AND AS SUCH, THE ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED AS A DEDUCTION FROM PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS THE HOSPITAL'S POLICY DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FOR PATIENT ACCOUNTS RECEIVABLE THE HOSPITAL ROUTINELY ACCEPTS ASSIGNMENT OF, OR IS OTHERWISE ENTITLED TO RECEIVE, PATIENT BENEFITS PAYABLE UNDER HEALTH INSURANCE PROGRAMS, PLANS OR POLICIES "

Form and Line Reference	Explanation
PART III, LINE 8	A COST-TO-CHARGE RATIO WAS USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS THE TOTAL OPERATING EXPENSE WAS DIVIDED BY PATIENT REVENUES TO CALCULATE AN OVERALL RATIO THAT WAS THEN APPLIED TO MEDICARE CHARGES TO ARRIVE AT COST THE SHORTFALL OF $173,596 AS REPORTED IN PART III, LINE 7, SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR CHARITY CARE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENT HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY ALSO, THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION IN REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS, AND THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER CHARITY CARE AND OTHER COMMUNITY BENEFIT NEEDS

Form and Line Reference	Explanation
PART III, LINE 9B	UNDER ETCH'S POLICIES AND PROCEDURES, ETCH UNDERTAKES MEASURES TO COMMUNICATE WITH THE FAMILIES OF PATIENTS WITH SELF-PAY BALANCES IN MANY CASES, ETCH AND FAMILIES WORK TOGETHER TO OBTAIN COVERAGE THROUGH THE STATE OF TENNESSEE'S COVERKIDS PROGRAM IN CASES WHERE COVERKIDS COVERAGE IS NOT AVAILABLE, ETCH SEEKS TO OBTAIN INFORMATION NECESSARY TO DETERMINE THE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER ETCH'S CHARITY CARE PROGRAM ONCE A PATIENT'S ELIGIBILITY FOR FREE OR DISCOUNTED CARE HAS BEEN DETERMINED, THE BALANCE ON THE PATIENT'S ACCOUNT IS ADJUSTED ACCORDINGLY IN ADDITION, ETCH PERSONNEL WORK CLOSELY WITH FAMILIES TO DETERMINE THEIR ABILITY TO PAY THE ADJUSTED BALANCES, SUCH EFFORTS OFTEN RESULT IN PAYMENT PLANS INTENDED TO PERMIT THE GRADUAL PAYMENT OF AMOUNT DUE WITHOUT IMPOSING UNDUE FINANCIAL HARDSHIP ON FAMILIES ALREADY DEALING WITH THE CHALLENGES OF CHILDREN'S HEALTH ISSUES UNFORTUNATELY, THERE REMAIN CIRCUMSTANCES WHERE PATIENTS CANNOT BE DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO THE INACCESSIBILITY OF THE FAMILY, OR THE FAMILY'S INABILITY OR REFUSAL TO PROVIDE THE REQUIRED INFORMATION IN SUCH CASES, ETCH FOLLOWS AN ESTABLISHED MULTI-STEP PROCESS CONSISTING OF MAILED NOTICES AND PHONE CALLS IN AN EFFORT TO REACH TO FAMILY AND PROVIDE THEM WITH INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE UNDER THE PROGRAM ETCH'S COLLECTION PRACTICES APPLY TO ALL PATIENTS, CHARITY CARE AND NON-CHARITY CARE PATIENTS ACCOUNTS ARE SENT TO COLLECTIONS (ETCH CONTRACTS WITH AN ORGANIZATION WITH SUBSTANTIAL EXPERIENCE IN COLLECTION OF PATIENT ACCOUNTS) ONLY AFTER ALL ESTABLISHED STEPS HAVE BEEN UNDERTAKEN, WITHOUT SUCCESS

Form and Line Reference	Explanation
PART VI, LINE 2	IN COMPLIANCE WITH 501(R)(C) OF THE INTERNAL REVENUE CODE, ETCH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") USING THE RESULTS OF THE CHNA, ETCH SEEKS TO IMPROVE THE HEALTH OF THE CHILDREN IN THE COMMUNITY BY EMPOWERING PARENTS AND CAREGIVERS WITH INFORMATION, AWARENESS OF POTENTIAL HEALTH ISSUES, AND KNOWLEDGE OF RESOURCES AVAILABLE TO TREAT THE ISSUES ON APRIL 16, 2013, THE ETCH BOARD OF DIRECTORS APPROVED A PLAN OF ACTION TO ADDRESS THE HEALTH NEEDS IDENTIFIED AS PRIORITIES DURING THE CHNA ALONG WITH A PROJECTED BUDGET TO SUPPORT ETCH EFFORTS ETCH DID NOT ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY SERVED IN ADDITION TO THE CHNA REPORTED IN PART V, SECTION B AND SUMMARIZED ABOVE

Form and Line Reference	Explanation
PART VI, LINE 3	ETCH RECOGNIZES THAT UNEXPECTED MEDICAL PROBLEMS CAN CREATE UNEXPECTED FINANCIAL PROBLEMS ETCH IS AVAILABLE TO ASSIST PATIENTS' FAMILIES IN FINDING RESOURCES THAT HELP TO COVER MEDICAL EXPENSES AS INDICATED ABOVE, ETCH WORKS CLOSELY WITH PATIENTS' FAMILIES TO HELP THEM UNDERSTAND AND ENROLL IN MEDICAL ASSISTANCE PROGRAMS AVAILABLE THROUGH THE STATE OF TENNESSEE, AND WHERE APPROPRIATE, FEDERAL PROGRAMS WHERE SUCH PROGRAMS ARE NOT AVAILABLE, HOWEVER, PATIENTS MAY BE ELIGIBLE FOR FREE OR DISCOUNTED CARE UNDER ETCH'S ESTABLISHED POLICIES AND PROCEDURES THE AVAILABILITY OF FINANCIAL ASSISTANCE IS PUBLICIZED THROUGHOUT THE ETCH FACILITY AND THROUGH VARIOUS MEASURES, INCLUDING INFORMATION ON ETCH'S WEBSITE AND WRITTEN BROCHURES OR OTHER MATERIALS PROVIDED TO PATIENT'S FAMILIES INFORMATION (IN BOTH ENGLISH AND SPANISH) IS MADE AVAILABLE AT ALL POINTS OF REGISTRATION (INTAKE AND DISCHARGE) AS WELL AS ON THE ETCH WEBSITE THE MOST SIGNIFICANT EDUCATION, HOWEVER, OCCURS IN DIRECT DIALOGUE BETWEEN PATIENT FAMILIES AND ETCH'S TRAINED PATIENT ACCOUNT REPRESENTATIVES ETCH MAKES EXTENSIVE EFFORTS TO PERMIT FACE-TO-FACE DIALOGUE, AS WELL AS COMMUNICATION VIA TELEPHONE AND OTHER MEANS, AS NECESSARY TO ENSURE THAT FAMILIES ARE PROVIDED WITH SUFFICIENT INFORMATION REGARDING FREE OR DISCOUNTED CARE, AS WELL AS THE BILLING AND COLLECTION PROCESS ALL STAFF WITH PATIENT CONTACT ARE KNOWLEDGEABLE ABOUT THE CHARITY CARE POLICY (ADMITTING AND BILLING CLERKS, NURSING AND MEDICAL STAFF, SOCIAL WORKERS, ETC)

Form and Line Reference	Explanation
PART VI, LINE 4	ALTHOUGH ETCH SERVES THE ENTIRE EAST TENNESSEE REGION AS A COMPREHENSIVE REGIONAL PEDIATRIC CENTER, NEARLY HALF OF ETCH'S TOTAL PATIENT VISITS ARE FROM KNOX COUNTY RESIDENTS CHILDREN RESIDING IN NEIGHBORING BLOUNT AND SEVIER COUNTIES GENERATE THE NEXT HIGHEST PATIENT VISITS HIGHLIGHTS FROM THE COUNTY STATISTICS PRESENTED IN THE 2012 CHNA INCLUDE THE FOLLOWING IN GENERAL, THE STATE OF TENNESSEE IS UNHEALTHY COMPARED TO THE UNITED STATES AS A WHOLE, WHEN COMPARED TO THE TENNESSEE AS A WHOLE, BLOUNT, SEVIER, AND KNOX COUNTY, ESPECIALLY, FARE BETTER HEALTH-WISE, LOW BIRTHRATE IS A CONCERN IN EACH OF THE COUNTIES PRESENTED, PHYSICAL INACTIVITY IS A CONCERN, ESPECIALLY IN KNOX AND BLOUNT COUNTIES, AND SEVIER COUNTY HAS A HIGH PERCENTAGE OF CHILDREN IN POVERTY

Form and Line Reference	Explanation
PART VI, LINE 5	ETCH'S PHILOSOPHY IS THAT BECAUSE CHILDREN ARE SPECIAL, THEY DESERVE THE BEST POSSIBLE HEALTH CARE GIVEN IN A POSITIVE, CHILD/FAMILY CENTERED ATMOSPHERE OF FRIENDLINESS AND COOPERATION REGARDLESS OF RACE, RELIGION, OR ABILITY TO PAY ETCH IS COMMITTED TO CARING FOR VULNERABLE POPULATIONS SUCH AS CHILDREN WITH SPECIAL MEDICAL NEEDS, ADVOCATING FOR THE HEALTH AND SAFETY OF CHILDREN AS PART OF THE COMMON GOOD AND EFFECTIVELY STEWARDING COMMUNITY RESOURCES ETCH OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS, WITHOUT REGARD TO THE ABILITY TO PAY ETCH USES ANY SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND, OR IMPROVE ITS FACILITIES, AND ADVANCE ITS MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS ETCH'S BOARD OF DIRECTORS CONSISTS PRIMARILY OF INDIVIDUALS REPRESENTING THE COMMUNITY ETCH MAINTAINS AN OPEN MEDICAL STAFF, WITH MEMBERSHIP AND PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS AND HEALTHCARE PROFESSIONALS IN THESE AND OTHER RESPECTS, ETCH IS ORGANIZED AND OPERATED IN A MANNER THAT PROMOTES THE HEALTH OF THE COMMUNITY AND THEREFORE FULFILLS CHARITABLE PURPOSES WITHIN THE MEANING OF INTERNAL REVENUE CODE SECTION 501(C) (3) ADDITIONALLY, PLEASE REFER TO THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AS PROVIDED IN SCHEDULE O FOR FURTHER DOCUMENTATION REGARDING ETCH'S COMMITMENT WITHIN ITS COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 6	ETCH IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	TN

Additional Data

Software ID:
Software Version:
EIN: 62-6002604
Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
EAST TENNESSEE CHILDREN'S HOSPITAL	
EAST TENNESSEE CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 7 HEALTH NEEDS IDENTIFIED DURING THE CHNA THAT WERE NOT IDENTIFIE D AS PRIORITIES BY ETCH INCLUDE CHILD IMMUNIZATION, TEEN PREGNANCY, TEEN SUBSTANCE ABUSE, AND HANDICAP ACCESS WHILE ETCH WILL FOCUS THE MAJORITY OF ITS EFFORT ON THE IDENTIFIED P RIORITIES, ALL OF THE NEEDS IDENTIFIED IN THE CHNA WILL BE REVIEWED FOR FUTURE COLLABORATI ON AND WORK THESE NON-PRIORITIES, WHILE STILL IMPORTANT TO THE HEALTH OF THE CHILDREN IN THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH ASSISTANCE FROM ET CH AS NEEDED THE COMMUNITY NEEDS NOT ADDRESSED BY ETCH WILL CONTINUE TO BE ADDRESSED BY G OVERNMENTAL AGENCIES AND EXISTING COMMUNITY-BASED ORGANIZATIONS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 12

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEES ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL

Additional Data

Software ID:
Software Version:
EIN: 62-6002604
Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

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
VARIETY-THE CHILDREN'S CHARITY 7132 REGAL LANE KNOXVILLE,TN 37918	33-1025696	501(C)(3)	10,000				GENERAL SUPPORT

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
THE RONALD MCDONALD HOUSE 1705 WEST CLINCH AVENUE KNOXVILLE,TN 37916	58-1510276	501(C)(3)	7,500				GOLF TOURNAMENT 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
BIG BROTHERSBIG SISTERS OF TENNESSEE 119 W SUMMITT HILL DRIVE STE 101 KNOXVILLE,TN 37902	62-0842531	501(C)(3)	5,000				GENERAL SUPPORT

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
CYSTIC FIBROSIS FOUNDATION 5401 KINGSTON PIKE STE 230 KNOXVILLE,TN 37919	62-0851705	501(C)(3)	5,000				GENERAL SUPPORT

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
FORT SANDERS FOUNDATION 280 FORT SANDERS WEST BLVD STE 202 KNOXVILLE,TN 37922	62-1748601	501(C)(3)	5,000				GENERAL SUPPORT

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
GIRLS ON THE RUN OF GREATER KNOXVILLE PO BOX 31135 KNOXVILLE,TN 37930	20-2914907	501(C)(3)	10,000				GENERAL SUPPORT

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
KNOXVILLE CHAMBER 17 MARKET SQUARE STE 201 KNOXVILLE,TN 37902	62-0262640	501(C)(6)	10,960				GENERAL SUPPORT

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
UNIVERSITY OF TENNESSEE COLLEGE OF NURSING 1200 VOLUNTEER BOULEVARD KNOXVILLE,TN 37996	62-6001636	501(C)(3)	5,000				GENERAL SUPPORT

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
KNOX YOUTH SPORTS INC PO BOX 10964 KNOXVILLE,TN 37939	58-1738115	501(C)(3)	10,000				GENERAL SUPPORT

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
TN EMERGENCY MEDICAL SERVICES FOR CHILDREN 2007 TERRACE PLACE NASHVILLE,TN 37203		501(C)(3)	10,000				GENERAL SUPPORT

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
UNIVERSITY HEALTH SYSTEMS PO BOX 31631 KNOXVILLE,TN 37930	31-1626179	501(C)(3)	7,000				GENERAL SUPPORT

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
KNOXVILLE NEWS SENTINEL CHARITIES INC 2332 NEWS SENTINEL DRIVE KNOXVILLE,TN 37921	51-0141541	501(C)(3)	21,500				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
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 accured 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

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

Return Reference	Explanation
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED EXECUTIVE RETIREMENT PLAN THE SUPPLEMENTAL EXECUTIVE 457(F) RETIREMENT PLAN IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES AND TO OFFER A COMPETITIVE TOTAL RETIREMENT BENEFIT THESE BENEFITS ARE PART OF A RETIREMENT PROGRAM THAT PROVIDES RETIREMENT INCOME FOR THE EXECUTIVE'S TOTAL YEARS OF SERVICE WITH THE ORGANIZATION PURSUANT TO A WRITTEN PLAN AGREEMENT AS APPROVED BY INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THESE BENEFITS ARE AT RISK AND WILL NOT BE PAID UNLESS THE EXECUTIVE PROVIDES SUBSTANTIAL FUTURE SERVICES TO THE ORGANIZATION IN ACCORDANCE WITH A VESTING SCHEDULE AN ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE IS REPORTED AS DEFERRED COMPENSATION IN PART VII AND IN SCHEDULE J, COLUMN (C) FOR THE APPLICABLE EXECUTIVES EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN KEITH GOODWIN $ 75,990 RUDOLPH MCKINLEY 27,106 BRUCE ANDERSON 21,917 ZANE GOODRICH 26,354 SUE WILBURN 19,009 SUMEET SHARMA 32,001 BRYAN PABST 23,762 CARLTON LONG 17,355 EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION) KEITH GOODWIN $ 32,980 ZANE GOODRICH 59,019 BRYAN PABST 17,986

Additional Data

Software ID:
Software Version:
EIN: 62-6002604
Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

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				
KEITH D GOODWIN BOARD MEMBER/ETCH PRES &	(I)	519,643	92,440	38,524	88,740	4,900	744,247	0
	(II)	0	0	0	0	0	0	0
RUDOLPH MCKINLEY VP OPERATIONS	(I)	273,302	48,737	4,051	41,769	1,483	369,342	0
	(II)	0	0	0	0	0	0	0
LAURA PRESTON BARNES VP/CHIEF NURSING OFFICER	(I)	223,262	39,401	3,406	15,056	2,400	283,525	0
	(II)	0	0	0	0	0	0	0
ZANE D GOODRICH VP/CHIEF FINANCIAL OFFICER	(I)	259,370	46,367	61,599	45,146	4,172	416,654	0
	(II)	0	0	0	0	0	0	0
BRYAN PABST VP PTRS IN PEDIATRICS	(I)	238,229	10,000	18,859	33,905	6,360	307,353	0
	(II)	0	0	0	0	0	0	0
BRUCE ANDERSON VP LEGAL SERVICES/CHIEF CO	(I)	220,993	39,451	4,644	31,858	1,440	298,386	0
	(II)	0	0	0	0	0	0	0
SUE WILBURN VP HUMAN RESOURCES	(I)	185,160	34,027	944	28,043	6,680	254,854	0
	(II)	0	0	0	0	0	0	0
CARLTON LONG VP DEVELOPMENT/COMMUNITY S	(I)	171,375	31,311	1,621	25,687	5,627	235,621	0
	(II)	0	0	0	0	0	0	0
SUMEET SHARMA MD PEDIATRIC CARDIOLOGIST	(I)	316,675	283,905	732	41,476	3,333	646,121	0
	(II)	0	0	0	0	0	0	0
DAVID RIDEN MD PEDIATRIC UROLOGIST	(I)	326,706	325,375	1,242	15,300	3,307	671,930	0
	(II)	0	0	0	0	0	0	0
WILLIAM GLAZE VAUGHAN MD PEDIATRIC SURGEON	(I)	508,302	120,207	2,322	10,200	4,897	645,928	0
	(II)	0	0	0	0	0	0	0
CARLOS A ANGEL MD PEDIATRIC SURGEON	(I)	509,961	54,653	3,277	10,200	3,238	581,329	0
	(II)	0	0	0	0	0	0	0
ERIC R JENSEN PEDIATRIC SURGEON	(I)	506,843	0	540	9,475	6,356	523,214	0
	(II)	0	0	0	0	0	0	0

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

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	THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF KNOX COUNTY TENNESSEE	62-1220275	499523UD8	02-15-2003	50,000,000	DEBT SERVICE AND FUTURE CAPITAL PROJECTS		X		X		X
B	THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF KNOX COUNTY TENNESSEE	62-1220275	NONEAVAIL	08-20-2013	37,465,000	REFINANCE 2003 ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	40,660,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue		37,465,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		208,500		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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				
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				
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 ▶		1 000 %		1 000 %				
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		1 000 %		1 000 %				
7	Does the bond issue meet the private security or payment test?		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				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

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					
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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) CHILD NEUROLOGY SERVICES PC	PROVIDER OF MEDICAL SERVICES TO ETCH	466,394	CHRISTOPHER A MILLER, M D , MEMBER OF THE ETCH BOARD OF DIRECTORS, IS A SHAREHOLDER IN CHILD NEUROLOGY SERVICES, P C THIS TRANSACTION WAS NEGOTIATED AT ARM'S LENGTH		No
(2) MARTIN & COMPANY INC	PROVIDER OF FINANCIAL SERVICES TO ETCH	430,222	A DAVID MARTIN, MEMBER OF THE ETCH BOARD OF DIRECTORS, IS THE CHAIRMAN & FOUNDER OF MARTIN & COMPANY, INC THIS TRANSACTION WAS NEGOTIATED AT ARM'S LENGTH		No
(3) NEUROSURGICAL ASSOCIATES PC	PROVIDER OF MEDICAL SERVICES TO ETCH	329,535	LEWIS W HARRIS, M D , MEMBER OF THE ETCH BOARD OF DIRECTORS, IS A SHAREHOLDER IN NEUROSURGICAL ASSOCIATES, P C THIS TRANSACTION WAS NEGOTIATED AT ARM'S LENGTH		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	325	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	21	21,014	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HOSPITAL SUPP)	X	409	172,508	MARKET VALUE
26 Other ▶ (EVENT SUPPLIE)	X	21	24,207	MARKET VALUE
27 Other ▶ (AUCTION ITEMS)	X	7	3,289	MARKET VALUE
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A,	
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 AND RELATED SCHEDULES ARE PREPARED BY AN UNRELATED, INDEPENDENT ACCOUNTING FI RM AND THEN SUBMITTED TO THE ETCH VP OF FINANCE FOR INTERNAL REVIEW A DRAFT FORM IS ALSO PROVIDED TO SENIOR ADMINISTRATION AND TO ALL ETCH BOARD OF DIRECTORS MEMBERS PRIOR TO FILI NG
FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY A ND PROVIDE DISCLOSURE OF ANY ACTIVITIES WHICH COULD CONSTITUTE A CONFLICT OF INTEREST OR P OTENTIAL CONFLICT OF INTEREST ANNUALLY THESE CONFLICT OF INTEREST DISCLOSURES ARE REVIEWE D BY ETCH'S GENERAL COUNSEL TO ASSURE COMPLIANCE ADDITIONALLY, BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES ON ANY MATTERS OF INTEREST BEFORE THE BOARD IN WHICH A CONFLICT OF INTE REST MAY EXIST ANY SUCH RECUSAL IS DOCUMENTED WITHIN THE MINUTES OF THE BOARD OR COMMITTE E
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE ETCH BOARD OF DIRECTORS UTILIZES THE SERVICES OF INDEPENDEN T, OUTSIDE COMPENSATION CONSULTANTS TO PROVIDE THE COMMITTEE WITH RELEVANT MARKET DATA FRO M STATE AND NATIONAL SALARY SURVEYS FOR COMPARABLE MARKETS WITH THIS DATA AND THE ADVICE OF OUTSIDE CONSULTANTS, THE ETCH BOARD OF DIRECTORS EXECUTIVE COMMITTEE MAKES RECOMMENDATI ONS ON PAY AND BENEFITS FOR THE ETCH PRESIDENT/CEO
FORM 990, PART VI, SECTION C, LINE 19	ALL ETCH GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST ADDITIONALLY, FINANCIAL STATEMENTS ARE PROVIDED TO BONDHOLDERS, L OCAL HOSPITALS AND DONORS THE CONFLICT OF INTEREST POLICY IS POSTED ON ETCH'S INTRANET
FORM 990, PART VI, SECTION B, LINE 13, WHISTLEBLOWER POLICY	THE ORGANIZATION DOES NOT PRESENTLY HAVE A FORMAL WRITTEN WHISTLEBLOWER POLICY, HOWEVER, E TCH DOES HAVE A NON-RETALIATION POLICY THE ORGANIZATION IS CURRENTLY WORKING TO FORMALIZE A WHISTLEBLOWER POLICY
FORM 990, PART VII, SECTION A, COMPENSATION	KEITH D GOODWIN, MEMBER OF ETCH'S BOARD OF DIRECTORS, RECEIVED REPORTABLE COMPENSATION AS AN THE PRESIDENT AND CEO OF ETCH HE DID NOT RECEIVE ANY COMPENSATION FOR SERVING ON THE BOARD OF DIRECTORS AS THE PRESIDENT
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 24,498,831 MANAGEMENT AND GENERAL EXPEN SES 1,516,243 FUNDRAISING EXPENSES 128,770 TOTAL EXPENSES 26,143,844
FORM 990, PART XI, LINE 9	EQUITY IN EARNINGS OF SUBSIDIARY -3,266,020 BOOK/TAX DIFFERENCE FOR PASSTHROUGH INVESTMENT -204,032

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CHILDREN'S PRIMARY CARE CENTER PO BOX 15010 KNOXVILLE, TN 37901 62-1573297	PEDIATRIC CLINIC HOLDING COMPANY	TN	EAST TENNESEE CHILDREN'S HOSPITAL ASSOCIATION INC	C	23,054,098	6,067,532	100 000 %		No

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

		Yes	No
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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S PRIMARY CARE CENTER	R	1,100,291	COST

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

[redacted]

EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC. AND SUBSIDAIRIES

Audited Consolidated Financial Statements

Years Ended June 30, 2014 and 2013

PYA

Certified Public Accountants

EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC.
AND SUBSIDIARIES

Audited Consolidated Financial Statements

Years Ended June 30, 2014 and 2013

PERSHING YOAKLEY & ASSOCIATES, P.C.
One Cherokee Mills, 2220 Sutherland Avenue
Knoxville, TN 37919
p: (865) 673-0844 | f: (865) 673-0173
www.pyapc.com

PYA
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of East Tennessee
Children's Hospital Association, Inc.:

We have audited the accompanying consolidated financial statements of East Tennessee Children's Hospital Association, Inc. and subsidiaries (the Hospital), which comprise the consolidated balance sheets as of June 30, 2014 and 2013, 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 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 accounting principles generally accepted in the United States of America; 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 misstatements, whether due to fraud or error.

Auditor's 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 auditor's 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 Hospital'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 Hospital'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 East Tennessee Children's Hospital Association, Inc. and subsidiaries as of June 30, 2014 and 2013, and the results of their operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Pershing Yoakley & Associates PC

Knoxville, Tennessee
September 10, 2014

EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

	June 30,	
	2014	***2013***
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	**$ 20,875,992**	$ 32,461,421
Assets limited as to use	-	2,238,120
Patient accounts receivable, less estimated allowances for uncollectible accounts and contractual adjustments of $29,748,000 in 2014 and $28,749,000 in 2013	**28,270,713**	28,476,238
Other receivables	**3,312,162**	299,973
Inventories and prepaid expenses	**3,955,304**	3,770,159
TOTAL CURRENT ASSETS	**56,414,171**	67,245,911
ASSETS LIMITED AS TO USE, under bond indenture agreements - held by trustee, less current portion	-	3,304,144
TRADING SECURITIES	**143,707,979**	118,073,649
PROPERTY, PLANT AND EQUIPMENT, net of accumulated depreciation	**79,941,068**	76,260,226
OTHER ASSETS		
Cash, investments and other assets restricted by donors for long-term purposes	**27,356,009**	20,702,731
Notes receivable and other, net	**1,458,433**	1,704,074
Land held for expansion	**689,387**	436,201
Deferred financing costs, net	**138,278**	1,108,272
Investment in joint venture	**1,029,652**	1,058,506
TOTAL OTHER ASSETS	**30,671,759**	25,009,784
TOTAL ASSETS	**$ 310,734,977**	$ 289,893,714

EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC.
AND SUBSIDIARIES

Consolidated Balance Sheets - Continued

	June 30, 2014	June 30, 2013
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current portion of long-term debt	**$ 1,520,000**	$ 1,150,000
Accounts payable and accrued expenses	**14,212,149**	11,060,360
Accrued compensation, benefits and payroll taxes	**9,544,292**	10,368,247
Estimated payable to third-party payers, net	**2,865,409**	2,401,306
CURRENT LIABILITIES	**28,141,850**	24,979,913
OTHER LIABILITIES		
Estimated professional liabilities	**200,000**	300,000
Long-term debt, net of current portion	**34,365,000**	40,393,825
TOTAL LIABILITIES	**62,706,850**	65,673,738
COMMITMENTS AND CONTINGENCIES - Note J		
NET ASSETS		
Unrestricted	**215,657,897**	198,949,366
Temporarily restricted	**16,182,446**	9,104,210
Permanently restricted	**16,187,784**	16,166,400
TOTAL NET ASSETS	**248,028,127**	224,219,976
TOTAL LIABILITIES AND NET ASSETS	**$ 310,734,977**	$ 289,893,714

EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC.
AND SUBSIDIARIES

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30,	
	2014	***2013***
CHANGES IN UNRESTRICTED NET ASSETS:		
Unrestricted revenue, gains, and support:		
Patient service revenue, net of contractual allowances	**$ 209,327,040**	$ 226,692,856
Estimated provision for bad debts	**(4,564,473)**	(3,691,343)
Net patient service revenue	**204,762,567**	223,001,513
Other revenue:		
Other operating revenue, net	**3,268,528**	5,850,203
Unrestricted donations	**468,390**	1,416,497
Net assets released from restrictions used for operations	**2,309,151**	2,151,680
TOTAL REVENUE, GAINS AND SUPPORT	**210,808,636**	232,419,893
EXPENSES:		
Salaries and wages	**87,007,555**	87,012,523
Employee benefits	**25,998,656**	23,973,058
Supplies	**29,927,937**	30,679,477
Professional fees and services	**36,781,870**	38,227,756
Depreciation and amortization	**8,081,169**	7,970,424
Interest	**1,009,228**	2,181,202
Other	**16,798,582**	15,354,890
TOTAL EXPENSES	**205,604,997**	205,399,330
OPERATING INCOME	**5,203,639**	27,020,563
Other gains (losses):		
Net investment gain	**10,426,445**	6,181,866
Loss on early extinguishment of debt - Note E	**(1,368,989)**	-
Net gain (loss) on disposal of assets	**(176,341)**	9,580
Equity in earnings of joint venture	**873,943**	1,030,899
Other nonoperating gains	**22,232**	38,877
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	**14,980,929**	34,281,785
Net assets released from restrictions used for the purchase of property, plant and equipment or principal payments on long-term debt	**1,727,602**	3,270,483
INCREASE IN UNRESTRICTED NET ASSETS	**16,708,531**	37,552,268
Unrestricted net assets, beginning of year	**198,949,366**	161,397,098
Unrestricted net assets, end of year	**$ 215,657,897**	$ 198,949,366

See notes to consolidated financial statements.

EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

Consolidated Statements of Operations and Changes in Net Assets - Continued

	Year Ended June 30,	
	2014	*2013*
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS:		
Temporarily restricted contributions	**$ 8,206,236**	$ 5,063,441
Net investment income	**3,030,289**	2,359,595
Provision for uncollectible promises to give	**(121,536)**	-
Net assets released from restrictions	**(4,036,753)**	(5,422,163)
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	**7,078,236**	2,000,873
Temporarily restricted net assets, beginning of year	**9,104,210**	7,103,337
Temporarily restricted net assets, end of year	**$ 16,182,446**	$ 9,104,210
CHANGES IN PERMANENTLY RESTRICTED NET ASSETS:		
Permanently restricted contributions	**$ 21,384**	$ 132,933
Permanently restricted net assets, beginning of year	**16,166,400**	16,033,467
Permanently restricted net assets, end of year	**$ 16,187,784**	$ 16,166,400
Increase in net assets	**$ 23,808,151**	$ 39,686,074
Net assets, beginning of year	**224,219,976**	184,533,902
Net assets, end of year	**$ 248,028,127**	$ 224,219,976

EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC.
AND SUBSIDIARIES

Consolidated Statements of Cash Flows

	Year Ended June 30,	
	2014	*2013*
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	**$ 23,808,151**	$ 39,686,074
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	**8,081,169**	7,970,424
Provision for bad debts and promises to give	**4,686,009**	3,691,343
Net (gain) loss on disposal of assets	**176,341**	(9,580)
Loss on early extinguishment of debt	**1,368,989**	-
Equity in earnings of joint venture	**(873,943)**	(1,030,899)
Restricted contributions	**(2,739,308)**	(5,406,484)
Amortization of bond discount	**877**	12,298
Increase (decrease) in cash due to changes in:		
Patient accounts receivable, net	**(4,358,948)**	(755,953)
Other receivables	**(5,504,337)**	196,885
Inventories and prepaid expenses	**(185,145)**	(305,786)
Trading securities	**(28,467,700)**	(45,623,108)
Other assets	**65,260**	(3,300)
Accounts payable and accrued expenses	**3,151,789**	(118,298)
Accrued compensation, benefits and payroll taxes	**(823,955)**	985,890
Estimated payable to third-party payers, net	**464,103**	1,668,198
Estimated professional liabilities	**(100,000)**	(110,000)
Total adjustments	**(25,058,799)**	(38,838,370)
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	**(1,250,648)**	847,704
CASH FLOWS FROM INVESTING ACTIVITIES:		
Capital expenditures	**(12,054,504)**	(7,310,787)
Proceeds from disposal of property, plant and equipment	**20,000**	23,718
Decrease in assets limited as to use	**5,542,264**	24,397
Payments on notes receivable	**56,477**	179,594
Increase in notes receivable	**(4,697)**	(50,152)
Distributions from joint venture	**902,797**	934,628
NET CASH USED IN INVESTING ACTIVITIES	**(5,537,663)**	(6,198,602)

EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC.
AND SUBSIDIARIES

Consolidated Statements of Cash Flows - Continued

	Year Ended June 30,	
	2014	***2013***
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payments on long-term debt	**(5,925,000)**	(1,100,000)
Payment of financing costs	**(162,130)**	-
Restricted contributions	**2,739,308**	5,406,484
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	**(3,347,822)**	4,306,484
NET DECREASE IN CASH AND CASH EQUIVALENTS	**(10,136,133)**	(1,044,414)
CASH AND CASH EQUIVALENTS, beginning of year	**32,461,421**	33,505,835
CASH AND CASH EQUIVALENTS, end of year	**$ 22,325,288**	$ 32,461,421
Reconciliation of cash and cash equivalents on Consolidated Statements of Cash Flows to the Consolidated Balance Sheets:		
Cash and cash equivalents - unrestricted	**$ 20,875,992**	$ 32,461,421
Cash restricted by donors for long-term purposes	**1,449,296**	-
	$ 22,325,288	$ 32,461,421
SUPPLEMENTAL INFORMATION:		
Cash paid for interest	**$ 2,111,081**	$ 2,200,800
Restricted contribution accrual	**$ 5,421,467**	$ 54,691

During the year ended June 30, 2014, the Hospital refinanced previously issued debt of $37,465,000.

NOTE A--THE ENTITY

Operations: East Tennessee Children's Hospital Association, Inc. (the Hospital) is a 152-bed, not-for-profit acute care pediatric hospital located in Knox County, Tennessee. The Hospital is the sole shareholder or a member of the following subsidiaries:

East Tennessee Children's Hospital Primary Care Center, Inc. (Primary Care), a taxable not-for-profit entity established in 1995 as a holding company for Children's Primary Care Center, the Pediatric Clinic, Boys and Girls Pediatrics, Maryville Pediatric Group, Oak Ridge Pediatric Clinic, Greene Mountain Pediatrics, Greeneville Pediatrics and Children's Faith Pediatrics. Other than Children's Primary Care Center, all pediatric clinics are practices acquired by the Hospital. The clinics are located throughout Knox, Blount, Anderson, Loudon, Campbell, Greene and Sevier Counties in Tennessee.

Collector's, Inc. of Knoxville (CIK), a for-profit collection agency. During 2005, the operations of CIK were absorbed into and became a department of the Hospital. Management does not intend to permanently dissolve CIK.

Children's West Surgery Center (the Center), a pediatric outpatient surgery center that is a joint venture between the Hospital and a group of physicians. Ownership of the Center is shared equally among the Hospital and physicians. The Hospital's investment in the Center is recorded on the equity method of accounting. Unaudited, condensed financial information of the Center is as follows as of June 30, 2014 and for the six-month period then ended:

Assets	$ 2,197,331
Equity	$ 2,021,556
Net gain	$ 892,523

NOTE B--SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation: The consolidated financial statements include the accounts of the Hospital and its subsidiaries after elimination of all significant intercompany accounts and transactions. For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported as revenue, gains and support and expenses. Peripheral or incidental transactions are reported as other gains (losses).

Use of Estimates: The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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. Actual results could differ from these estimates. Significant estimates subject to change in the near term include estimated contractual adjustments, estimated allowance for uncollectible accounts, estimated payable to third-party payers, net and estimated professional liabilities.

Cash and Cash Equivalents: Cash and cash equivalents include non-designated investments with original terms to maturity of approximately three months or less when purchased. Cash and cash equivalents designated as assets limited as to use, restricted by donors for long-term purposes or uninvested amounts included in investment portfolios are not included in the Consolidated Balance Sheets as cash and cash equivalents.

Inventories: Inventories are carried at the lower of cost or market utilizing the first-in, first-out method.

Trading Securities and Investment Income: Trading securities are reported at fair value based on quoted market prices of identical or similar securities. Realized gains and losses on trading securities are computed using the specific identification method for cost determination. Investment income (including unrealized and realized gains and losses) on unrestricted securities are reported as a part of other gains (losses). Estimated earnings (including unrealized and realized gains and losses) on temporarily restricted net assets are allocated to that net asset classification. Investment income is reported net of related investment fees.

Assets Limited as to Use: Investments held by a trustee under the terms of bond indentures are reported as assets limited as to use. Assets limited as to use that are required for obligations classified as current liabilities or amounts to be paid during the subsequent year are reported as current assets.

Property, Plant and Equipment: Property, plant and equipment is stated at cost or, if donated, at the fair market value at the date of the gift. Depreciation is computed by the straight-line method over the estimated useful lives of the buildings and improvements (5 to 40 years) and equipment (3 to 20 years). Renewals and betterments are capitalized and depreciated over their estimated useful lives, whereas repair and maintenance expenditures are expensed as incurred. The Hospital reviews capital assets for indications of potential impairment when there are changes in circumstances related to a specific asset. The Hospital did not recognize any impairment losses in 2014 or 2013. 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 of interest capitalized during 2014 and 2013 was not significant.

Deferred Financing Costs: Deferred financing costs are amortized over the term of the respective debt issue utilizing the straight-line method. Deferred financing costs are net of accumulated amortization of $24,000 and $540,837 at June 30, 2014 and 2013, respectively. In connection with the early extinguishment of debt (Note E), during 2014 the Hospital wrote-off $1,649,109 of deferred financing costs, net of $545,418 in accumulated amortization.

Temporarily and Permanently Restricted Net Assets: Temporarily restricted net assets are those whose use by the Hospital 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 the Hospital in perpetuity.

Excess of Revenue, Gains and Support Over Expenses and Losses: The Consolidated Statements of Operations and Changes in Net Assets includes the caption Excess of Revenue, Gains and Support Over Expenses and Losses (the Measurement). Contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) are excluded from the Measurement.

Net Patient Service Revenue/Receivables: Net patient service revenue is reported on the accrual basis in the period in which services are provided at the estimated net realizable amounts, including estimated retroactive adjustments under reimbursement agreements with certain third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Patient accounts receivable are reported net of both an estimated allowance for uncollectible accounts and an allowance for contractual adjustments. The contractual allowance represents the difference between established billing rates and estimated reimbursement from Medicaid, TennCare and other third-party payment programs. Current operations include a provision for bad debts estimated based upon the age of the patient accounts receivable, historical writeoffs and recoveries and any unusual circumstances (such as local, regional or national economic conditions) which affect the collectibility of receivables, including management's assumptions about conditions it expects to exist and courses of action it expects to take. Additions to the allowance for uncollectible accounts result from the provision for bad debts. Patient accounts written off as uncollectible are deducted from the allowance for uncollectible accounts. Patient service revenue is recorded prior to assessing the patient's ability to pay and as such, the provision for bad debts is recorded as a deduction from patient service revenue, net of contractual allowances in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

The Hospital's policy does not require collateral or other security for patient accounts receivable. The Hospital routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies.

Receipts from the State of Tennessee under the TennCare Essential Access, Disproportionate Share and Trauma Care programs are recognized as net patient service revenue when such amounts can be reasonably estimated.

Charity Care: The Hospital provides healthcare services and other financial support through various programs that are designed to enhance the health of children in the community and foster medical education and research. The Hospital's financial assistance policy is designed to provide care to patients regardless of their ability to pay. Patients who meet certain criteria for charity care are provided healthcare without charge. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, charges at established rates are not reported as revenue. Charges foregone, based on established rates, totaled approximately $741,000 and $962,000 in 2014 and 2013, respectively. The estimated direct and indirect cost of providing these services totaled approximately $287,000 and $368,000 in 2014 and 2013, respectively. Such costs are determined using a ratio of cost to charges analysis.

Donor Restricted Gifts: Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give, and indications of intentions to give, are reported at fair value at the date the gift is received. Resources restricted by donors for specific operating purposes are held as temporarily restricted net assets until expended for the intended purpose, at which time they are reported as "net assets released from restrictions used for operations." Resources restricted by donors for additions to property, plant and equipment (or payments on debt incurred for property additions) are held as temporarily restricted net assets until expended, at which time they are reported as "net assets released from restrictions used for the purchase of property, plant and equipment or principal payments on long-term debt."

Gifts, grants and bequests not restricted by donors are reported as unrestricted donations. Unconditional promises to give that are expected to be received within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the estimated present value of their estimated future cash flows. The discounts on those amounts are computed using estimated risk-free rates applicable to the years in which the promises are received. An estimated allowance for uncollectible pledges is recorded based on management's evaluation of promises to give. The Hospital's policies do not require collateral or other security for promises to give.

Endowments: The Hospital's endowment consists of fifteen individual funds established by donors for a variety of purposes. The Board of Directors of the Hospital has interpreted the Uniform Prudent Management of Institutional Funds Act (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, the Hospital 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

permanent endowment made in accordance with the direction of the applicable 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 expended in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Hospital considers various factors in making a determination to appropriate or accumulate donor-restricted endowment funds, such as the duration and preservation of the fund, the purposes of the Hospital and the donor-restricted endowment fund, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the organization and the investment policies of the Hospital.

Federal Income Taxes: The Hospital is classified as an organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the accompanying consolidated financial statements related to the 501(c)(3) organization. Primary Care and CIK are taxable entities. The Hospital has no uncertain tax positions at June 30, 2014 or 2013. At June 30, 2014, tax returns for 2010 through 2013 are subject to examination by the Internal Revenue Service.

Advertising and Marketing Costs: Advertising and marketing costs are expensed as incurred. In 2014 and 2013, marketing and advertising expense totaled approximately $713,000 and $1,059,000, respectively.

Subsequent Events: The Hospital evaluated all events or transactions that occurred after June 30, 2014, through September 10, 2014, the date the consolidated financial statements were available to be issued. During this period management did not note any material recognizable subsequent events that required recognition or disclosure in the June 30, 2014 consolidated financial statements, other than as discussed in Note E.

Reclassifications: Certain 2013 amounts have been reclassified to conform with the 2014 presentation in the accompanying consolidated financial statements.

NOTE C--TRADING SECURITIES AND ASSETS LIMITED AS TO USE

Trading securities and assets limited as to use consist of the following at June 30:

	2014	*2013*
Trading securities:		
Marketable equity securities	$ 62,655,165	$ 53,130,254
U.S. government securities	7,850,296	4,568,678
U.S. agency securities	19,177,043	16,973,150

	2014	2013
Corporate debt securities	61,453,203	45,387,600
Municipal bond securities	11,887,984	10,976,168
Cash equivalents	4,191,070	7,711,211
	167,214,761	138,747,061
Less: securities classified as restricted by donors for long-term purposes	(23,506,782)	(20,673,412)
	$ 143,707,979	$ 118,073,649
Assets limited as to use:		
U.S. government securities	$ -	$ 2,118,000
Cash equivalents	-	3,424,264
	-	5,542,264
Less: amount required to meet current liabilities	-	(2,238,120)
	$ -	$ 3,304,144

Income on trading securities and assets limited as to use is comprised of the following for the years ending June 30:

	2014	2013
Interest and dividend income, net of fees	$ 3,667,843	$ 3,415,160
Net realized gains (losses) on the sale of securities	224,582	(1,221,410)
Change in net unrealized gain on securities	6,534,020	3,988,116
	$ 10,426,445	$ 6,181,866

The Hospital allocates certain investment earnings to temporarily restricted net assets. The allocated income is comprised of the following for the years ending June 30:

	2014	2013
Interest and dividend income, net of fees	$ 1,103,949	$ 654,390
Change in net unrealized gain on securities	1,926,340	1,705,205
	$ 3,030,289	$ 2,359,595

The trading portfolio, (including investments restricted by donors for long-term purposes) had a net unrealized gain of approximately $18,257,000 and $9,797,000 at June 30, 2014 and 2013, respectively.

NOTE D--PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment at June 30 is summarized as follows:

	2014	2013
Land	$ 8,545,188	$ 8,545,188
Building and improvements	94,010,517	93,533,821
Equipment	64,542,533	58,617,339
Construction in progress	2,522,053	-
	169,620,291	160,696,348
Less: Accumulated depreciation	(89,679,223)	(84,436,122)
	$ 79,941,068	$ 76,260,226

Depreciation expense for the years ended June 30, 2014 and 2013 was approximately $7,924,000 and $7,770,000, respectively.

NOTE E--LONG-TERM DEBT

Long-term debt consists of the following at June 30:

Description	Maturities	Rates	Outstanding Balance 2014	Outstanding Balance 2013
2013 Hospital Revenue Refunding Bond	Monthly principal and interest payments ranging from $125,000 to $225,000 through July 2033	2.285%	$ 35,885,000	$ -
2003A Revenue Refunding and Improvement Bonds	$11,470,000 term bonds, due July 2023	5.000%	-	25,060,000
	$4,085,000 term bonds, due July 2025	5.000%		
	$9,505,000 term bonds, due July 2029	5.000%		
2003B Revenue Refunding and Improvement Bonds	$1,150,000 serially, through July 2013	4.750%	-	16,750,000
	$3,810,000 term bonds, due July 2016	5.000%		
	$11,790,000 term bonds, due July 2033	5.750%		
			35,885,000	41,810,000
	Less: unamortized discount		-	(266,175)
	Less: current portion		(1,520,000)	(1,150,000)
			$ 34,365,000	$ 40,393,825

Series 2013 Bond: In August 2013, the Hospital issued the $37,465,000 Hospital Revenue Refunding Bond (the 2013 Bond) through The Health, Educational and Housing Facility Board of the County of Knox. Proceeds of the Series 2013 Bond and amounts held under bond indenture

agreements were used to refinance the Series 2003 Bonds and pay costs of issuance. The Series 2013 Bond is subject to optional acceleration in August 2023 and optional redemption as outlined in the Bond Purchase and Loan Agreement.

Series 2003 Bonds: In February 2003, the Hospital issued the $50,000,000 Hospital Revenue Refunding and Improvement Bonds (the Series 2003 Bonds) through The Health, Educational and Housing Facility Board of the County of Knox. Proceeds of the Series 2003 Bonds were used to advance refund outstanding indebtedness, fund debt service reserve funds, finance capital improvements and equipment acquisitions and pay costs of issuance. The 2003 Bonds were subject to redemption prior to maturity as described in the Master Indenture. In August 2013, the Series 2003 Bonds were redeemed with proceeds of the Series 2013 Bond and amounts held under bond indenture agreements. The Hospital recognized a $1,368,989 loss on early extinguishment of debt representing the write-off of previously deferred and unamortized financing costs and original issue discount.

The scheduled maturities of the long-term debt at June 30, 2014 are as follows:

Year Ending June 30,	
2015	$ 1,520,000
2016	1,555,000
2017	1,595,000
2018	1,630,000
2019	1,670,000
Thereafter	27,915,000
	$ 35,885,000

The Hospital has granted and pledged to the Master Trustee a security interest in all gross revenues (as defined in the Master Indenture) and a mortgage on, and security interest in, certain of its real property related to the payment of obligations issued or secured under the Master Indenture. The terms of the Master Indenture and related debt agreements contain financial and other covenants with which the Hospital must comply. Management believes the Hospital is in compliance with all such covenants at June 30, 2014.

In August 2014, the Hospital entered into a 3.27% interest rate lock related to $61,000,000 in anticipated tax-exempt bond financing (the Series 2014 Bond). The Hospital expects to issue the Series 2014 Bond through The Health, Educational and Housing Facility Board of the County of Knox in October 2014. Proceeds from the Series 2014 Bond, together with other available funds, will be used to finance the expansion, improvement and equipping of certain of the Hospital's facilities (Note J) and pay costs of issuance.

NOTE F--RESTRICTED NET ASSETS AND PROMISES TO GIVE

Temporarily restricted net assets are available for the following purposes at June 30:

	2014	*2013*
Expansion of facilities	$ 4,101,570	$ -
Purchases of equipment	7,066,656	4,536,331
Research and education	2,593,589	1,990,026
Indigent care and other	2,420,631	2,577,853
	$ 16,182,446	$ 9,104,210

During 2014 and 2013, approximately $1,728,000 and $2,466,000, respectively, of temporarily restricted net assets were released from restrictions for the purchase of property, plant and equipment. As discussed in Note E, the Hospital issued the 2003 Bonds in part for the purposes of funding significant renovations to the Hospital facility. The Hospital also solicited donations to supplement the funding of this project. During 2013, approximately $804,000 was released from these temporarily restricted donations for the purpose of funding principal payments on the 2003 Bonds; no such amounts were released in 2014.

Net assets released from restrictions related to fundraising activities were approximately $1,254,500 and $1,016,000, respectively, for the years ended June 30, 2014 and 2013.

At June 30, 2014 and 2013, permanently restricted net assets of $16,187,784 and $16,166,400, respectively, are held as endowments. The principal of the endowments will be held to perpetuity consistent with donor restrictions. Income from the endowments is expendable to support healthcare services or to purchase equipment for the operation of the Hospital.

The Hospital has adopted investment policies for endowment assets which attempt to preserve capital, maximize the return within reasonable and prudent levels of risk, and provide a return to the restricted funds. Endowment assets are invested in a manner that is intended to produce results that exceed the initial recorded value of the investment and yield a targeted long-term rate of return while assuming a moderate level of investment risk.

Changes in endowment net assets for the years ended June 30, 2014 and 2013 are as follows:

	Temporarily Restricted	*Permanently Restricted*	*Total*
Endowment net assets, July 1, 2012	$ 2,279,660	$ 16,033,467	$ 18,313,127
Investment earnings:			
Interest and dividend income, net of fees	578,166	-	578,166
Net realized/unrealized gains on investments	1,596,839	-	1,596,839
Total investment earnings	2,175,005	-	2,175,005
Contributions	34,462	132,933	167,395
Appropriation of endowment assets for expenditure	(136,991)	-	(136,991)
Endowment net assets, June 30, 2013	4,352,136	16,166,400	20,518,536
Investment earnings:			
Interest and dividend income, net of fees	624,234	-	624,234
Net realized/unrealized gains on investments	2,209,136	-	2,209,136
Total investment earnings	2,833,370	-	2,833,370
Contributions	40,938	21,384	62,322
Appropriation of endowment assets for expenditure	(60,913)	-	(60,913)
Endowment net assets, June 30, 2014	$ 7,165,531	$ 16,187,784	$ 23,353,315

Unconditional promises to give are included in cash, investments and other assets restricted by donors in the accompanying Consolidated Balance Sheets and consist of temporarily restricted corporate and individual promises obtained primarily through fund-raising campaigns. Unconditional promises to give consist of the following at June 30:

	2014	*2013*
Expansion of facilities	$ 2,430,721	$ -
Purchases of equipment	90,746	54,691
	2,521,467	54,691
Less: Estimated allowances for uncollectible promises to give	(121,536)	-
	$ 2,399,931	$ 54,691
Amounts due in:		
Due in less than one year	$ 720,264	$ 54,691
Due in one to five years	1,769,203	-
Due in more than five years	32,000	-
	$ 2,521,467	$ 54,691

The unamortized discount on unconditional promises to give at June 30, 2014 and 2013 was not significant.

NOTE G--NET PATIENT SERVICE REVENUE/RECEIVABLES

The Hospital has agreements with various third-party payers that provide for payments to the Hospital at amounts different from established rates. Net patient service revenue and the related accounts receivable have been adjusted to the estimated amounts that will be received under third-party payer arrangements. Amounts earned under certain of these contractual arrangements are subject to review and final determination by various program intermediaries and appropriate governmental authorities or their agents. Management believes that adequate provision has been made for any adjustments which may result from such reviews.

A summary of the payment arrangements with major third-party payers is as follows:

TennCare: Reimbursement under the State of Tennessee's Medicaid waiver program (TennCare) for inpatient and outpatient services is administered by various managed care organizations. TennCare reimbursement for inpatient and outpatient services is based upon diagnosis related group assignments, a negotiated per diem or a fee schedule basis. The Hospital also receives additional distributions from the State of Tennessee under the TennCare Essential Access program and other programs designed to provide supplemental funding for services provided to TennCare patients. The amount recognized totaled approximately $3,796,000 and $4,460,000, respectively, in 2014 and 2013.

The estimated payable to third-party payers, net in the accompanying Consolidated Balance Sheets at June 30, 2014 and 2013 includes approximately $2,800,000 in supplemental funding received in 2012 and 2013 which will be recognized when the Hospital's eligibility to receive such funding is confirmed. Supplemental funding of approximately $416,000 was received in 2014 and has been included in net patient service revenue in the accompanying 2014 Consolidated Statements of Operations and Changes in Net Assets as management believes such amounts will be confirmed upon examination by applicable authorities. The supplemental funding received in years 2009 through 2014 is subject to audit by the State of Tennessee. Future distributions under these programs are not guaranteed.

In addition, during 2013 the Hospital recognized approximately $2,415,000 from the TennCare Medicaid Provider Incentive Program related to the implementation and meaningful use of electronic medical records as provided by the Health Information Technology for Economics and Clinical Health (HITECH) act. The payments are included within other operating revenue in the accompanying 2013 Consolidated Statement of Operations and Changes in Net Assets and are not guaranteed in future periods. The Hospital did not receive any payments under this program during 2014.

Hospital providers in the State of Tennessee are subject to an annual assessment based upon a percentage of net patient service revenue. The provider payments are matched with available federal funds and used to make payments back to providers. In fiscal years 2014 and 2013, assessments paid by the Hospital of approximately $5,804,000 were completely offset by payments received from the State of Tennessee. As such, no net amounts related to these assessments have been recognized in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

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

Patient service revenue, net of contractual allowances is composed of the following for the years ended June 30:

	2014	*2013*
Third-party payers	$ 205,356,483	$ 222,385,692
Patients	3,970,557	4,307,164
Patient service revenue	$ 209,327,040	$ 226,692,856

Patient deductibles and copayments under third-party payment programs are included within the patient amounts above.

The Hospital also provides services to uninsured and underinsured patients that do not qualify for financial assistance. Based on historical experience, a significant portion of uninsured and underinsured patients are unable or unwilling to pay the portion of their bill for which they are financially responsible and a significant provision for bad debts is recorded in the period the services are provided.

Estimated allowances for uncollectible accounts decreased approximately $1,088,000 during the year ended June 30, 2014. The change in the allowance for uncollectible accounts during 2014 is primarily due to a general improvement in the aging of patient accounts receivable and a shift in payer mix from Commercial and Other payers to TennCare.

NOTE H--RETIREMENT PLAN

The Hospital sponsors a 403(b) plan (the 403(b) Plan) which is funded solely by employee contributions. The Hospital does not make any discretionary or matching contributions into the 403(b) Plan. In addition, the Hospital sponsors a defined contribution plan (the Plan) under which

the Hospital contributes from 2% to 4% of each eligible employee's salary, based on the employee's length of service. The contribution is limited to the first $255,000 of salary in each plan year. The Hospital also contributes to the Plan one-half of each employee's contributions to the 403(b) Plan, limited to two percent of eligible employee's salary each plan year. Contributions related to the Plan totaled approximately $3,090,000 and $3,214,000 in 2014 and 2013, respectively. The Hospital also sponsors a 457(f) plan for certain key executives and physician employees.

Notes receivable and other in the Consolidated Balance Sheets at June 30, 2014 and 2013 includes approximately $1,305,000 related to the Hospital's portion of benefits recoverable upon the death of individuals participating in a previous secured executive benefit program. The Hospital did not make any contributions into this program during 2013 or 2014 and the Hospital is not required to make any future contributions into this program.

NOTE I--RELATED PARTY TRANSACTIONS

The Hospital has entered into transactions with entities affiliated with certain members of the Board of Directors to provide professional services and investment management. Professional and other fees associated with Board members totaled approximately $1,209,000 and $2,402,000 in 2014 and 2013, respectively. Board members refrain from discussion and abstain from voting on transactions with entities with which they are related.

NOTE J--COMMITMENTS AND CONTINGENCIES

Insurance: The Hospital maintains general and professional liability insurance through a commercial insurance company. The general and professional liability insurance policies have $1,000,000 per claim coverage with an aggregate maximum coverage of $3,000,000 per annum, after a deductible of $100,000 per claim and an aggregate annual deductible of $700,000. In addition, the Hospital maintains an umbrella liability policy in the amount of $20,000,000. The policy coverages are on a claims-made basis.

At June 30, 2014, the Hospital is involved in litigation relating to alleged medical malpractice arising in the ordinary course of business. There are also known incidents occurring through June 30, 2014 that may result in the assertion of additional claims, and other unreported claims may be asserted arising from services provided in the past. Hospital management has estimated and accrued for the cost of asserted claims based on historical data and legal counsel advice. No accrual for claims incurred but not reported is recorded in the accompanying consolidated financial statements as management is not able to estimate such amounts.

The Hospital also maintains worker's compensation insurance through a commercial carrier. The policy has a $250,000 per occurrence deductible. The Hospital is required to hold a $450,000 letter of credit for the benefit of the insurance company. This letter of credit was unused as of June 30,

2014. Hospital management has estimated and accrued for the cost of asserted claims based on historical data. No accrual for claims incurred but not reported is recorded in the accompanying consolidated financial statements as management is not able to estimate such amounts.

Employee Benefits: The Hospital is self-insured for health claims under a health insurance program and has purchased reinsurance for individual claims exceeding $175,000 annually. Claims payable, as well as management's estimate for claims incurred but not reported is included as part of accounts payable and accrued expenses in the accompanying Consolidated Balance Sheets. At June 30, 2014 and 2013, no amounts were recoverable from the reinsurance carrier.

Physician Agreements: The Hospital enters into contractual relationships with physician practices to provide services to the community. Upon termination of the contracts for specified reasons, certain of the agreements require the Hospital to purchase professional liability tail coverage for the physician. Management estimates that the Hospital's liability related to purchasing the professional liability tail coverage is not significant as of June 30, 2014.

Compliance: The ever increasing compliance requirements placed on hospitals in general and the current implementation of the new Stark regulations in particular have far-reaching consequences. This has resulted in new initiatives by the Hospital to review and strengthen compliance requirements. The Board of Directors has a standing compliance committee which has been actively involved with management in reviewing all physician related contracts. In addition, the Hospital employs, as part of the management team, a Vice President for Legal Services and General Counsel. This individual is responsible for several areas, including compliance, contract coordination, and risk management. In addition to these compliance initiatives, management and the Board have adopted a vision, *Leading the Way to Healthy Children*, and have adopted a strategic plan that will guide the efforts of the Hospital over the next five years.

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.

Construction in Progress: Construction in progress at June 30, 2014 relates primarily to a planned addition to the Hospital and renovations to current Hospital facilities which will be funded by tax-exempt bond financing and private donations. Total costs to complete these projects are estimated to be approximately $72,780,000.

Other: The Hospital has entered into a contractual relationship with the Knox County Board of Education to support a program designed to enhance the quality of health of the children in certain

elementary schools. Pursuant to the contract, the Hospital will contribute up to $500,000 in 2015 and 2016.

NOTE K--CONCENTRATION OF CREDIT RISK

The Hospital is located in Knoxville, Tennessee and the Hospital grants credit without collateral to its patients, most of whom are local residents insured under third-party payer agreements. Admitting physicians are primarily practitioners in the local area. Approximately 89% of net patient service revenue was related to the operations of the acute care hospital in 2014 and 2013.

A significant portion of the Hospital's support is related to contributions and donations from the local community. Unconditional promises to give include $800,000 from one donor at June 30, 2014.

The mix of receivable balances from patients and third-party payers are as follows as of June 30:

	2014	*2013*
TennCare	52%	44%
Medicaid	6%	4%
Commercial and other	39%	49%
Patients	3%	3%
	100%	100%

The Hospital maintains bank accounts at various financial institutions covered by the Federal Deposit Insurance Corporation (FDIC). At times throughout the year, the Hospital may maintain bank account balances in excess of the FDIC insured limit. Management believes the credit risk associated with these deposits is not significant.

The Hospital's investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the estimated values of investments could occur in the near term and that such changes could materially affect the investment amounts reported in the accompanying Consolidated Balance Sheets.

NOTE L--INCOME TAXES

As of June 30, 2014, Primary Care has net operating loss carryforwards for federal and state income tax purposes of approximately $34,600,000 related to operating losses generated in the current and prior years which expire in years 2014 through 2032. The net operating loss carryforwards may be

offset against future taxable income to the extent permitted by the Internal Revenue Code and Tennessee Code Annotated. Deferred income taxes reflect the net tax effects of temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the amounts used for income tax purposes.

The components of Primary Care's deferred taxes at June 30, 2014 and 2013 consist of deferred tax assets of approximately $5,193,000 and $4,703,000, respectively, related to net operating loss carryforwards. Primary Care has established a valuation allowance which completely offsets all recorded deferred tax assets at June 30, 2014 and 2013. The valuation allowance of Primary Care increased by approximately $490,000 in 2014, due primarily to the 2014 net operating loss. The Hospital did not recognize any income tax expense or benefit related to Primary Care in the years ending June 30, 2014 and 2013.

NOTE M--OPERATING EXPENSES BY FUNCTIONAL CLASSIFICATION

The Hospital does not present expense information by functional classification because its resources and activities are primarily related to providing healthcare services. Further, since the Hospital receives substantially all of its resources from providing healthcare services in a manner similar to a business enterprise, other indicators contained in these consolidated financial statements are considered important in evaluating how well management has discharged their stewardship responsibilities.

NOTE N--FAIR VALUE MEASUREMENT

FASB ASC 820 establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 - Inputs based on quoted market prices for identical assets or liabilities in active markets at the measurement date.

- Level 2 - Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

- Level 3 - Inputs reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. The inputs are unobservable in the market and significant to the instrument's valuation.

In instances where the determination of the fair value hierarchy measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The Hospital's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

The following table sets forth, by level within the fair value hierarchy, the financial instruments measured on a recurring basis at fair value as of June 30, 2014 and 2013:

	June 30, 2014	*Level 1*	*Level 2*	*Level 3*
Marketable equity securities	$ 62,655,165	$ 62,655,165	$ -	$ -
U.S. government securities	7,850,296	7,850,296	-	-
U.S. agency securities	19,177,043	-	19,177,043	-
Corporate debt securities	61,453,203	-	61,453,203	-
Municipal bond securities	11,887,984	-	11,887,984	-
Cash equivalents	4,191,070	4,191,070	-	-
	$ 167,214,761	$ 74,696,531	$ 92,518,230	$ -

	June 30, 2013	*Level 1*	*Level 2*	*Level 3*
Marketable equity securities	$ 53,130,254	$ 53,130,254	$ -	$ -
U.S. government securities	6,686,678	6,686,678	-	-
U.S. agency securities	16,973,150	-	16,973,150	-
Corporate debt securities	45,387,600	-	45,387,600	-
Municipal bond securities	10,976,168	-	10,976,168	-
Cash equivalents	11,135,475	11,135,475	-	-
	$ 144,289,325	$ 70,952,407	$ 73,336,918	$ -

The carrying value of cash and cash equivalents, patient accounts receivable, other receivables, pledges receivable, inventories and prepaid assets, accounts payable and accrued expenses, accrued compensation, benefits and payroll taxes and the estimated payable to third-party payers, net reported in the Consolidated Balance Sheets approximate fair value because of the short maturity of these instruments.

The estimated fair value of the Hospital's long-term debt at June 30, 2014 and 2013, is approximately $35,562,000 and $40,262,000, respectively and would be classified as Level 2 in the fair value hierarchy. The estimated fair value is based upon current rates offered for similar issues with similar security terms and maturities.

Community Health Needs Assessment
East Tennessee Children's Hospital

TABLE OF CONTENTS

INTRODUCTION

Community assessment is the foundation for improving and promoting the health of community members The role of a community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors East Tennessee Children's Hospital ("ETCH") routinely assesses the community needs to evaluate the overall health status of the children it serves. The information from these assessments is used to guide the strategic planning process of the organization

The 2010 Patient Protection and Affordable Care Act introduced new reporting requirements for not-for-profit hospitals to maintain their 501(c)(3) tax-exempt status Effective for tax years beginning after March 23, 2012, each hospital must

- Conduct a Community Health Needs Assessment ("CHNA") at least once every three years for each hospital facility.
- Develop an implementation strategy to address the needs identified
- Report the results of each CHNA publicly.

The report contained herein was designed to meet the criteria identified above The report is available for download on the ETCH website at www etch com Please direct any questions, comment,s or report requests to the East Tennessee Children's Hospital Community Benefit Department at (865) 541-8532

2013 EXECUTIVE SUMMARY

At ETCH, children are our only concern, and that drives our mission to improve the health of children through exceptional, comprehensive family-centered care, wellness, and education It is a mission that centers on a profound and unchanging commitment to the physical, educational, and emotional needs of each child

In order for ETCH to serve its community most effectively, it is essential to understand the community's needs ETCH has conducted a CHNA to profile the health of the children within the local region This CHNA focuses on ETCH's core counties served Knox, Blount, and Sevier

Activities associated with the development of this assessment took place during the winter of 2011 through the spring of 2013, including state and county-specific data collection and primary data obtained through surveys and interviews with individuals from the local community

Throughout the assessment, high priority was given to determining the health status and available resources within each county Members from various community groups provided input on current health concerns and potential solutions The information gathered from a local

perspective, paired with county, state, and national data, helps to communicate the community's health situation in order to begin formulating solutions for improvement

After compiling the various sources of information, five top health priorities were identified by all three counties within ETCH's core service area These priorities include. access to primary care, behavioral health, childhood obesity, parent education, and dental care

Combining the assets of the local community served with the mission, dedication, and vision of ETCH, the ETCH Board of Directors members have confidence in the potential to address the health needs identified by community members.

COMMUNITY SERVED

SERVICE AREA IDENTIFIED

ETCH is certified by the state of Tennessee as a Comprehensive Regional Pediatric Center ("CRPC") This is the highest level of certification for pediatric care in Tennessee As such, ETCH is capable of providing comprehensive specialized pediatric medical and surgical care to all acutely ill and injured children The CRPC designation meets guidelines similar to those of an Adult Level 1 Trauma Center As a result, Emergency Department physicians and nurses provide on-site education to hospitals and physician groups in the region Training includes advanced CPR techniques, line insertion, trauma care, and more

Yellow LeBonheur Children's Medical Center - Memphis
Red Monroe Carell Jr Children's Hospital at Vanderbilt - Nashville
Green T C Thompsons Children's Hospital - Chattanooga
Blue East Tennessee Children's Hospital - Knoxville

To identify the primary and secondary service areas for purposes of this CHNA, ETCH examined patient admission data Specifically, ETCH identified the county in which the patient resided Although ETCH serves the entire East Tennessee region as a CRPC, nearly half (48%) of ETCH's total patient visits during the 2012 fiscal year were from Knox County residents, making Knox County ETCH's primary service area ETCH's secondary service area, for purposes of this CHNA, has been identified as Blount County and Sevier County, with 8 1% and 7 7% of the total patient visits for fiscal year 2012, respectively The remainder of the patient visits during fiscal year 2012 originated from counties with less than 5% of the total patient visits

DEMOGRAPHIC DATA

The population served by ETCH includes children and young adults, newborn to age twenty-one According to ETCH inpatient data, more than half of the patients admitted to ETCH are five years old and younger. The majority of ETCH inpatients are "white" (Caucasian) Nearly 40% of the inpatients treated by ETCH are uninsured or have some form of government subsidized health insurance

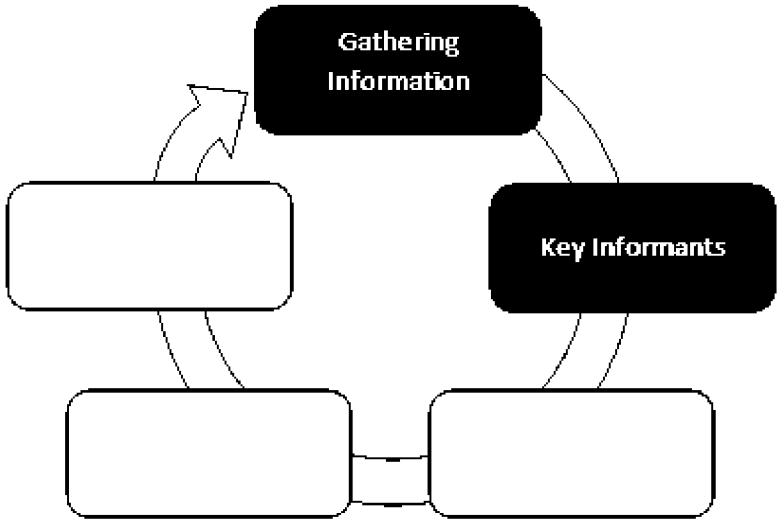
In addition to ETCH patient demographics, ETCH collected county demographic data from various public sources Highlights from the county statistics presented in ***Appendix A*** include the following.

- In general, the state of Tennessee is unhealthy compared to the United States as a whole
- When compared to the state of Tennessee as a whole, Blount, Sevier, and Knox County, especially, fare better health-wise
- Low birthrate is a concern in each of the counties presented
- Physical inactivity is a concern, especially in Knox and Blount counties
- Sevier County has a high percentage of children in poverty

PROCESS AND METHODS

GATHERING AND ANALYZING INFORMATION

The ETCH CHNA for the fiscal year ended June 30, 2013 is a compilation of data gathered from key informants, community leaders, and not-for-profit organizations as well as secondary data from existing public documents and other published material ETCH gathered the information to assess the health of the community it serves through the use of interviews, a community survey, focus groups, and research of published data



Key Informant Interviews

The purpose of the key informant interviews is to collect information from a wide range of people, including community leaders, professionals, and residents who have first-hand knowledge about the health of the community and population served, which in this case, is children and young adolescents ETCH solicited the help of the Knox County Health Department ("KCHD") in identifying and interviewing key informants Kathleen C Brown, PhD, MPH, CHES, KCHD Director of Community Assessment and Health Promotion, coordinated and supervised the key informant interviews, which were conducted by Fran Pisano, MD, pediatrician and student in the Masters of Public Health Program at the University of Tennessee Dr Pisano conducted 14 face-to-face interviews, one of which was conducted with a small group of three individuals A total of 16 individuals were interviewed between August and December 2012 The individuals interviewed included representatives from the Knox County Schools, the Knox County Juvenile Court System, various low-income organizations, ETCH emergency physicians, and Centro Hispano de East Tennessee A list of the individuals interviewed along with their credentials is available in ***Appendix B***. Interviewees were asked to identify what they believed to be the greatest health need among children in the community and ways in which they thought the need could be met The top five issues identified by interviewees as the greatest health needs among children in the area were access to care, parent education, child behavioral health, childhood obesity, and dental care

Community Survey

In order to supplement other sources of data available to assess the health needs of the community, ETCH conducted a community opinion survey throughout East Tennessee A written survey of the general public was mailed to 500 households who presented their children in ETCH's emergency room October through November 2012 Sixty percent of the 500 patients whose households were targeted for mailing were insured through TennCare TennCare is the state of Tennessee's Medicaid program ETCH targeted these households specifically in an effort to solicit the opinion of lower-income households A blank copy of the survey is provided in ***Appendix C*** The total number of surveys collected numbered 47 total responses Seventeen surveys analyzed included answers to every question on the survey The typical survey respondent was a Caucasian, living in Knox County with TennCare insurance Teen pregnancy and obesity, with 23% and 21% of the response, respectively, were considered the largest problems in the area according to the survey respondents

Focus Groups

Focus group meetings consisting of pediatricians and pediatric subspecialists serving in and around Knox County were conducted on ETCH's behalf by an outside third party October 2011 through January 2012 During these meetings, the pediatricians and pediatric subspecialists in attendance were asked to identify the pediatric health care needs they encountered in their practice The purpose of these meetings was to create an interactive setting where participants could converse freely with other group members about their perceptions and educated opinions

regarding the health of the children within the community A listing of the physicians in attendance along with their practice name and location is provided in ***Appendix D***

Additionally, ETCH requested input from the following groups regarding the needs they perceive to be the health care needs of the children served by ETCH.

- ETCH Nursing Magnet Leadership Group. ETCH is seeking Magnet status. Magnet status is an exclusive designation developed by the American Nurses Credentialing Center to recognize health care organizations that exemplify nursing excellence The ETCH Nursing Magnet Leadership Group was established to direct ETCH through the Magnet certification process See ***Appendix E*** to view the members of the ETCH Nursing Magnet Leadership Group
- ETCH Board of Directors The ETCH Board of Directors consists primarily of individuals representing the community who volunteer their time. A listing of the ETCH Board of Directors members is presented in ***Appendix F***
- ETCH Family Advisory Council The ETCH Family Advisory Council is composed of parents of former, current and future patients of ETCH See ***Appendix G*** to view the members of the ETCH Family Advisory Council

The focus groups all agreed that child behavioral health and childhood obesity were child health issues that need to be addressed Additional needs identified by the focus groups included parent education, dental care, and smoking cessation in youth

Secondary Data

Access to care, parent education, and childhood obesity health issues identified in reports issued by The Commonwealth Fund and Healthypeople org agree and further support the issues identified through key informant interviews and focus group discussions See ***Appendix H*** for a complete list of books, reports, and presentations sourced from various not-for-profit organizations and governmental agencies used in gathering information used in the assessment

IDENTIFYING HEALTH NEEDS

ETCH analyzed all of the quantitative and qualitative data described above In general, the input received from individuals who participate in the delivery of health care services focused more on medical health issues affecting the children in the community while the input gained from community members who receive health care services tended to focus more on environmental and behavioral issues affecting child health The health needs identified through the information gathering process include: access to health care, behavioral health, child immunization, childhood obesity, dental care, handicap access, parent education, teen pregnancy, and teen substance abuse

SELECTING PRIORITIES

ETCH considered how the health needs identified align with the ETCH mission Thought was also directed to the assets available to ETCH to address the selected health needs and the resources already available within the community to meet those needs See ***Appendix I*** for the ETCH assessment of available community resources

The top priorities selected represent the intersection of documented unmet community health needs and ETCH's key strengths and mission

1 Access to care
2 Behavioral health
3 Childhood obesity
4 Parent education
5 Dental care

CURRENT RESOURCES

ETCH is already involved in a variety of projects to provide services, support, and education to children and their families throughout the community served The following programs are heavily supported by ETCH.

- Knoxville Area Coalition on Childhood Obesity This coalition, for which ETCH is the lead organization, works to improve the health of children through a community-wide partnership The goal of the coalition is to reverse the incidence of childhood obesity and become one of America's fittest cities for children by 2015 The coalition includes more than 35 community agencies and organizations and is represented by over 90 individuals
- Project ADAM Tennessee Project ADAM (Automated Defibrillators in Adam's Memory) is a national, not-for-profit program, provided by ETCH and Knoxville Pediatric Cardiology, to serve children and adolescents through education and deployment of life-saving programs to help prevent sudden cardiac arrest The program provides schools with individual consultation on how to prevent sudden cardiac death in the school setting
- Safe Kids of the Greater Knox Area ETCH is the lead organization for Safe Kids of the Greater Knox Area, a local chapter of the international non-profit, Safe Kids Worldwide Safe Kids Worldwide is a global organization dedicated to preventing injuries in children, which is the number one killer of kids in the United States Safe Kids works with an extensive network of more than 600 coalitions in the United States and partners with organizations in 23 countries around the world to reduce injuries from motor vehicles, sports, drownings, falls, burns, poisonings, and more

State and local resources such as Tennessee Early Intervention System and Child & Family Tennessee are also available to the children who reside in Knox, Blount, Sevier, and the surrounding counties. A broad list of the resources available to the community free of charge or at a discount is presented at ***Appendix J***

IMPLEMENTATION

Using the results of the Community Health Needs Assessment, ETCH seeks to improve the health of the children in our community by empowering parents and caregivers with information, awareness of potential health issues, and knowledge of resources available to treat the issues We will incorporate the suggested areas for improvement into the ETCH Strategic Plan ETCH cannot realistically address every issue ETCH will endeavor to resolve those that most heavily affect the ETCH community The following programs and level of support was approved by the ETCH Board of Directors on April 16, 2013.

CONTINUING/INCREASING CURRENT PROGRAM SUPPORT

Program	Community Health Need Served	Current Annual Investment*	Projected Annual Investment*
Knoxville Area Coalition on Childhood Obesity	Childhood Obesity	$60,000	$285,000
Project ADAM Tennessee	Parent Education	$8,000	$94,000
Safe Kids of the Greater Knox Area	Parent Education	$60,000	$88,000
Total		**$128,000**	**$467,000**

** Investment represents monies contributed in the form of cash grants and employee time dedicated*

SUPPORTING/CREATING NEW PROGRAMS

Certain community needs identified during the CHNA are not adequately served through existing ETCH programs or through community organizations Therefore, ETCH has decided to create the following programs in response to the prioritized needs identified above

- Creation of an ETCH Behavioral Health Clinic Pediatricians serving patients in the area identified behavioral health as the top health need in the community In response to this need and the insufficiency of current programs available to children, ETCH will create a full-time, outpatient clinic to provide assessment, testing, and limited treatment services This clinic will provide referrals and coordinate care with primary physicians and specialists as appropriate The clinic will employ a behavioral/developmental pediatrician, nurse practitioner, and appropriate support staff The total annual projected cost for the program is $780,000, with estimated annual patient revenue of $650,000
- Support of the Knox County School Based Sealant Program Tooth decay is the most common chronic disease of childhood, as such, it is one of the prioritized community health needs identified during the ETCH CHNA Tooth decay is a largely preventable

disease Tooth decay, if left untreated, can cause abscesses, tooth loss, low self-esteem, weight issues, and even death in children The Tennessee Department of Public Health is focusing efforts on primary prevention of the disease through the School Based Sealant Program Designated schools are provided a consent form/medical history to be distributed to each student at the beginning of the school year The Dental Sealant Program consists of three phases Phase one consists of dental education, phase two includes exams and screenings, and phase three is the application of the sealant to the teeth ETCH will provide funding to this established program which currently serves twelve schools in Knox County

- Support of Knox County School Nurse Position in ALL Title I Schools "Title I" is a Federal status applied to schools that operate in high poverty areas Additional funds are distributed to Title I schools to operate programs for children who need extra educational assistance to perform at the appropriate level for his/her age and grade.

  The school nurse role is central to coordination of health care services, health screenings, health promotion, and education School nurses have a broad knowledge base and use their expertise to assist students and families in developing healthy lifestyle choices, health care referrals, assistance in obtaining medical insurance, and case management for the chronically and acutely ill The school nurse is one of the main collaborative partners in a community school, therefore, having a full-time registered nurse in each Title I elementary school is paramount to student academic achievement, health, and wellness

The summary below provides the financial commitment ETCH intends to make with regard to these new programs and the community need met by the program

Program	Community Health Need Served	Projected Annual Investment*	
ETCH Behavioral Health Clinic	Behavioral Health	$130,000	(net benefit)
School Based Sealant Program	Dental Care	$10,000	
School Nurse Position	Access to Care	$500,000	
Total		**$640,000**	

COMMUNITY NEEDS NOT ADDRESSED

Additional topic areas were identified during the CHNA including. child immunization, teen pregnancy, teen substance abuse, and handicap access While ETCH will focus the majority of effort on the identified priorities outlined above, all of the needs identified in the CHNA will be reviewed for future collaboration and work These areas, while still important to the health of the children in the community, will be met through other health care organizations with assistance from ETCH as needed The community needs not addressed by ETCH will continue to be addressed by governmental agencies and existing community-based organizations

APPENDIX A:
PUBLIC COUNTY DEMOGRAPHIC DATA

2013 KEY STATISTICS[1]	KNOX	BLOUNT	SEVIER	TN	U.S.
DEMOGRAPHICS					
Population		123,901		6,403,353	
% below 18 years of age		22%		23%	
HEALTH OUTCOMES RANK[2]		4			
MORTALITY					
Infant mortality		618		844	
Child mortality		49		70	
MORBIDITY					
Low Birthweight		8 5%		9 3%	
HEALTH BEHAVIORS					
Teen birth rate		44		50	
Physical Inactivity		27%		27%	
Adult Smoking		23%		23%	
HEALTHCARE					
Uninsured children		5%		6%	
SOCIAL & ECONOMIC FACTORS					
Children in poverty		21%		27%	
Children in single-parent households		26%		35%	
Children eligible for free lunch		36%		48%	
PHYSICAL ENVIRONMENT					
Access to recreational facilities		6		8	
Fast food restaurants		48%		52%	
Limited access to healthy foods		10%		8%	

[1] Sources 2011 Behavioral Risk Factor Surveillance System, Tennessee Department of Health; County Health Rankings 2013 Tennessee, Robert Wood Johnson Foundation, 2011/2012 State and County QuickFacts, U S Census Bureau, December 2011 Federal Education Budget Project, New America Foundation

[2] The 2013 County Health Rankings report ranks Tennessee counties according to their summary measures of health outcomes and health factors Counties also receive a rank for mortality, morbidity, health behaviors, clincal care, social and economic factors and physical environment

APPENDIX B:
KEY INFORMATION INTERVIEWEE LISTING

Lisa Wagoner, RN, BSN, NCSN
Supervisor of Health Services, Knox County Schools

Silvia Calzadilla
Director of Centro Hispano de East Tennessee

Elaine Streno
Executive Director of Second Harvest

Charlayne Frazier
TENNder Care Program Manager, Knox County Health Department

Nancy Jackson, PNP, RN
Cherokee Health Systems

Tim Irwin, JD
Juvenile Court Judge, Knox County

Juanita Boring, MS, RN
Nurse at Richard Dean Juvenile Detention Center

Nan Gaylord, PhD, RN, CPNP
Administrator, Vine School Health Clinic

Ryan Redman, MD
Director of Emergency Services, ETCH

Lise Christensen, MD
Chief of the Medical Staff, ETCH

Lisa Hurst
Executive Vice President, Knoxville Boys & Girls Club

Tamera Saunders
Knox County Schools, Homeless Families Liaison

Joe Childs, MD
Director Pediatric ICU, ETCH

Kim Bailes, RN & Elaine Proctor, RN
Head Start Nurses

Debra Petree
Head Start Health Coordinator

APPENDIX C:
COMMUNITY SURVEY

What do you think?

We need to know the most important, unmet, health care needs of this area's children:

1. What are the ages of the children in your home? _____ _____ _____ _____ _____

2. Do you have difficulty finding healthcare for your child?
   ❑ No ❑ Yes

3. Does your child have a chronic health care condition?
   ❑ No ❑ Yes Diagnosis? _____

4. Does your child have a primary care doctor?
   ❑ No ❑ Yes
   If yes, how often does your child see this doctor?
   ❑ Once a month or less ❑ More than once a month?

5. How would you rate your child's health?
   ❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Very Poor

6. Which health care issue(s) do you feel are the largest problems in our area?
   ❑ Access to Primary Care ❑ Handicapped Access ❑ Parenting/Parent Education
   ❑ Behavioral Health ❑ Health Education in Schools ❑ Smoking
   ❑ Dental Care ❑ Immunizations ❑ Teen Pregnancy
   ❑ Diversity ❑ Obesity

7. How often does your child go to a hospital Emergency Room?
   ❑ Rarely ❑ Once a month or less ❑ At least twice a month?

8. Does your child's school nurse help meet the healthcare needs of your child?
   ❑ No ❑ Yes

We want to be sure that we are meeting the health care needs of all children in our community:

1. Ethnicity –
   ❑ African-American ❑ Caucasian ❑ Two or more races
   ❑ American Indian or Alaska Native ❑ Hispanic
   ❑ Asian ❑ Other

2. Zip Code _ _ _ _ _

3. Insurance – What kind of insurance do you have for your child?
   ❑ Commercial ❑ Cover Kids ❑ Tenncare ❑ No Insurance ❑ Other _____

Thank you!

APPENDIX D:
PHYSICIAN FOCUS GROUP PARTICIPANT LISTING

Syed M. Amer, MD
Pediatric Choice
Lenoir City, TN

Lori A. Baxter, MD and Lana G. Fox, MD
Cedar Creek Pediatrics & Adolescent
Maryville, TN

Michael W. Bean, MD
Maryville Pediatric Group
Maryville, TN

Jason T. Cheney, MD
Children's Clinic of Oak Ridge
Oak Ridge, TN

Thomas L. Clary, MD
Oak Ridge Pediatric Clinic, P C
Oak Ridge, TN

Clifford D. James, MD
Kids Central Pediatrics
Oak Ridge, TN

Marc Vincent Courts, MD and James P. Guider, MD and C. Rob Schaerer, MD
Loudon Pediatric Clinic
Loudon, TN

Cynthia J. Easter, MD
Good Samaritan Clinic, P C
Alcoa, TN

Richard A. Glover, MD and Leslie David Perry, MD
Children's Faith Pediatrics
Knoxville, TN

Stephanie S. Shults, MD
Shults Pediatrics
Knoxville, TN

Wendy Saint Robbins, MD
Sweetwater Medical Clinic
Sweetwater, TN

Sarah Ann Seeley-Dick, DO
Highlands Pediatrics
Abingdon, VA

APPENDIX E:
ETCH NURSING MAGNET LEADERSHIP GROUP LISTING

Katie Ausmus

Tomica Bellamy

Crystal Blake

Karen Burchfield

Deena Cantrill

Bill Chesney

Tammy Childers

Janie Cochran

Brian Dennis

Letty Dolin

Shenaiah Draper

Amy Gilliland

Allison Gonzalez

Dora Harper

Jaquline Hembree

Allison Henderson

Sherry Hill

Dawn Jeffers

Lisa Johnson

Janet Kegal

Sarah Koty

Dana Laney

Melissa Marsee

Morgan Marshall

Sarabeth Mayo

Ashley McNeilly

Carrie Millsaps

Miranda Nelson

Betty Norton

Sandra Partilla

Jamie Pate

Brandy Payne

Traci Richards

Joyce Riddle

John Ritter

Tracie Savage

Carolyn Scarbrough

Lindsay Sondles

Kathleen Stevens

Jennifer Topping

Alyson Walker-Glover

Karen Watson

Robert Yost

APPENDIX F:
ETCH BOARD OF DIRECTORS MEMBER LISTING

John Q. Buchheit, MD

James S. Bush

William G. Byrd, MD

Debbie J. Christiansen, MD

Michael C. Crabtree

Gordon Mark Cramolini, MD

Randall L. Gibson

Keith D. Goodwin

Steven D. Harb

Lewis Harris, MD

Dee Haslam

R. Gale Honeycutt, Jr.

John F. Lansing

A. David Martin

Larry B. Martin

Christopher A. Miller, MD

Donald H. Parnell

Dennis B. Ragsdale

Stephen A. South

Barbara Summers, MD

William F. Terry, MD

APPENDIX G:
ETCH FAMILY ADVISORY COUNCIL MEMBER LISTING

Laura Barnes

Beth Watkins

Brandi Brown

Bridget Goad

Joe Childs, MD

Crystal Rosecranze

Cathy Shuck-Sparer

Deborah Dial

Donna Watson

Gwen Creswell

Keith D. Goodwin

Jennifer Connelly

Leigh Anne McAfee

Michelle Recchia-Israel

Mary Pegler

Troy Criscillis

Wade Knapper

Willem Van Tol

APPENDIX H:
PUBLISHED RESOURCES
(BOOKS, REPORTS, PRESENTATIONS, ETC.)

"2011 Kids Count Data Book"
Copyright 2011 The Annie E Casey Foundation

Children's & Knox County Health Department (KCHD) "Community Assessment of Medical Need in Childrenpower" point presentation

East Tennessee Children's Hospital
Neonatal Abstinence Syndrome Demographics
"NAS Project Summary Report"

Gustin, Jon Knox County Tennessee Health Department E-Government Services
Knox County Office of Information Technology, n d. Web 2013

Kids Count
"The State of the Child in Tennessee 2010"
Copyright The Annie E Casey Foundation

"Knoxschools org " Knox County Schools Ed. Schoolfusion com Blackboard Engage, 2013 Web

Healthypeople gov (HP gov) "Topics & Objectives for 2020"

Tennessee Emergency Medical Services for Children (EMSC), tnemsc org

APPENDIX I:
ETCH ASSESSMENT OF AVAILABLE COMMUNITY RESOURCES

Gail Clift, PNP
Vine School Health Clinic
Vine School Health Clinic (which is available to any child in the Knox County School System) coordinates access to care for students with behavioral health needs ETCH consulted with Ms Clift to further understand their referral process

Amy Drury
Director of Development, Arnold Palmer Hospital for Children
A health teacher has been provided as a community benefit by the Arnold Palmer Hospital for Children for the last five years. The hospital invested and implemented the program because there was no curriculum in place within the Central Florida Public School Districts ETCH conducted a phone conference with Ms Drury to obtain feedback on their satisfaction of the results of the health teacher program

Jill Edds, MSSW
Neonatal Intensive Care Unit Coordinator, ETCH
Ms. Edds is a social worker at ETCH who serves as a liaison between the hospital and the Department of Children's Services ETCH consulted with Ms Edds to further understand the communication process for discharge and parenting education for babies with Neonatal Abstinence Syndrome ("NAS")

Jean Heise
Physical Education, Health/Wellness Specialist, Knox County Schools
The elementary schools in Knox County utilize The Michigan Model for Health ™ which is a comprehensive and sequential K-12 health education curriculum whose purpose is to give school-aged children the knowledge and skills needed to practice and maintain healthy behaviors and lifestyles ETCH consulted with Ms Heise to become more educated regarding The Michigan Model for Health ™

Steven Keeton, DDS
Director of Dental Services, Knox County Health Department (KCHD)
Angela Kelly
Dental Hygienist, KCHD School Based Preventative Dental Program
The KCHD operates a dental clinic providing basic preventative and restorative dental care Patients are seen regardless of their ability to pay Most patients lack health insurance or are supported by the TennCare program In addition, KCHD operates a school based dental program to serve Knox County Title I Schools Unfortunately the program is only able to serve approximately 15 of the 24 schools once every two to three years based on manpower The program provides dental health education, scheduled dental exams/screenings, and treatment based on need Parents are notified through the school nurse of severe conditions ETCH met with both Dr Keeton and Ms Kelly to discuss pediatric dental needs in Knox County

Robert Kronick, PhD
Education Psychology & Counseling Department, University of Tennessee, Knoxville
Dr. Robert Kronick has developed the University Assisted Community Schools Program in Knoxville The University Assisted Community Schools initiative works to enhance student academic success and to eliminate achievement gaps by meeting students' basic needs through aligned and coherent support services The program began at Knox County's Pond Gap Elementary School The program is currently being expanded to additional public schools in Knoxville ETCH met with Dr Kronick to better understand the structure and benefit of University Assisted Community Schools Program

Betsy Lowry, RN, BSN
Nurse Consultant, Department of Children's Services (DCS)
Kelly Sanders
Team Leader, Department of Children's Services
The role of DCS is to ensure the safety of the child ETCH consulted with DCS to better understand the process DCS undertakes in situations with drug addicted parents and Neonatal Abstinence Syndrome infants, the services DCS provides, the referrals provided by DCS, and the communication the DCS employees have with ETCH

James McIntyre
Superintendent, Knox County Schools
James McIntyre is responsible for oversight of all activities in all schools within the Knox County School System ETCH consulted with Mr McIntyre to discuss and understand the structure of Knox County School System.

Lenny Myer, MSN, CFRE, RN
Chief Development Officer, Norton Healthcare
Kosair Children's Hospital recently invested in a health teacher program after researching existing programs for four years Kosair Children's Hospital will launch the program January 1, 2013 ETCH consulted with Ms Myer to obtain feedback on the health teacher program

Rachel Nielsen
Health Families East Tennessee Program Coordinator, Helen Ross McNabb Center
Healthy Families East Tennessee focuses on first time parents The program provides at-home visitation designed to prevent child abuse and neglect through education, intervention and strengthening the family before negative parenting practices begin Emphasis is placed on medical checkups, immunization, family planning, developmental screenings, early brain development and stimulation, and school readiness ETCH consulted with Ms Nielsen to better understand the services and programs provided by Helen Ross McNabb Center

Sheri Smith, BSN
Director of Critical Care, ETCH
Ms. Smith has led efforts within the region to develop standard of care clinical practice associated with babies struggling with Neonatal Abstinence Syndrome ('NAS") Between 2010-2012 there has been a dramatic increase in the incidence of this condition in East Tennessee In addition to leading efforts to care for these children, she has also led advocacy efforts to both educate the community and develop policy positions that will result in the reduction in this completely avoidable condition. One aspect associated with reducing the incidence of this condition involves providing better treatment options for mothers addicted to narcotics

Oliver "Buzz" Thomas
President, Great Schools Partnership
The Great Schools Partnership is a free-standing public charity whose goal is "to help Knox County take its schools from good to great " The Birth to Kindergarten program is supported by this organization and employs certified parent educators to provide parenting education, family support, and to build protective factors for at-risk, low income families in Knox County ETCH consulted with Mr. Thomas to better understand the services provided by the Great Schools Partnership

Jan Tilinski
Regional Vice President, Health Teacher
"Health Teacher" is an online resource of health education tools, including lessons, interactive presentations, and additional resources to integrate health into any classroom. The program can be used by K-12 teachers, school nurses, guidance counselors, and physical education teachers. Ms Tilinski is very enthusiastic and confident in the Health Teacher program She confirms this program is an effective way to educate students regarding their health ETCH conducted a phone conference with Ms Tilinski to obtain information about Health Teacher.

Debbie Christiansen, MD
Knoxville Pediatric Associates (KPA)
Dr Christiansen, a practicing pediatrician, provides behavioral health screening and treatment services to patients seen within the KPA practice

Acadia Village at Peninsula

Autism Society of America

Blount County Health Departments

Cerebral Palsy Center of Knoxville

Cherokee Health

Department of Children's Services

Donated Dental Services

Down Syndrome Awareness Group of East TN

East Tennessee Access Center, Inc.

Fort Sanders Educational Development Center

Freedom from Smoking

Goodwill Industries

Helen Ross McNabb Center

Joni and Friends Knoxville

Knox Adolescent Pregnancy Prevention Initiative

Knox County Health Departments

Knoxville Center for the Deaf

Recording for the Blind and Dyslexic

Sertoma Center

Sevier County Health Departments

Shangri-La Therapeutic Academy of Riding

Sunshine Industries

Support and Training for Exception Parents

Tennessee Early Intervention System

Tennessee Infant Parent Services School

Tennessee Tobacco Quit Line

The American Lung Association

Therapeutic Riding Academy of Knoxville

University Assisted Community Schools

Vine Clinic

APPENDIX J:
ADDITIONAL COMMUNITY RESOURCES