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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

C Name of organization

D Employer identification number

E Telephone number

F Name and address of principal officer

G Gross receipts \$ 164,192,824

H(a) Is this a group return for subordinates?

H(b) Are all subordinates included?

H(c) Group exemption number

I Tax-exempt status

J Website: HTTPS //BALLADHEALTH ORG/JMH

K Form of organization

L Year of formation 1917

M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

Signature of officer

Date

JOHN JETER CFO/ASST ADMIN JMH

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **Yes** ☐ **No**

1 Briefly describe the organization's mission:

JOHNSTON MEMORIAL HOSPITAL (JMH) IS COMMITTED TO BRINGING LOVING CARE TO HEALTH CARE. WE EXIST TO IDENTIFY AND RESPOND TO THE HEALTH CARE NEEDS OF INDIVIDUALS AND COMMUNITIES IN OUR REGION AND TO ASSIST THEM IN ATTAINING THEIR HIGHEST POSSIBLE LEVEL OF HEALTH.

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 \$ 109,920,830	including grants of \$ 154,224) (Revenue \$ 156,159,448)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$) (Revenue \$)
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4e	Total program service expenses	109,920,830
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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)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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 or for domestic individuals 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	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 "Yes," 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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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	28a 28b 28c	No Yes No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
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 Yes	
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 Yes	
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 ComplianceCheck 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	131
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
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	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? 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	15	
	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	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	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	Yes
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	Yes
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: VA

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, address, and telephone number of the person who possesses the organization's books and records.
 ▶ JOHN JETER 16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 (276) 258-2800

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

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

Form **990** (2016)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		3,286,411	367,935

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 ▶

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VIRGINIA HIGHLANDS ANESTHESIA PO BOX 1476 ABINGDON, VA 24212	ANESTHESIA	3,124,698
BURWILL CONSTRUCTION CO INC PO BOX 637 620 LOCUST STREET BRISTOL, TN 37621	CONSTRUCTION	2,807,270
VEP MSHA ED INC 1990 N CALIFORNIA BLVD STE 400 WALNUT CREEK, CA 94596	ER PHYS SERVS	954,654
ABINGDON PHYSICIANS ASC GROUP 613 CAMPUS DRIVE SUITE 300 ABINGDON, VA 24210	SURG CTR MGMT	601,208
CROTHALL SERVICES EAST TN 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	LINEN SERVICES	434,014

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 ► 23

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	47,336			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,772			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		58,108			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621110	154,933,270	154,933,270		
	b WELLNESS PROGRAMS	621110	710,151	710,151		
	c RENT TO EXEMPT AFFILIATES	621110	430,112	430,112		
	d LABORATORY	621511	83,379		83,379	
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		156,156,912			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,378,409			3,378,409
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		890,344				
	b Less rental expenses	644,845				
	c Rental income or (loss)	245,499				
	d Net rental income or (loss) ▶		245,499			245,499
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		2,820,018 7,167				
	b Less cost or other basis and sales expenses		4,631			
	c Gain or (loss)	2,820,018 2,536				
	d Net gain or (loss) ▶		2,822,554	2,536		2,820,018
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . . . a					
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	Business Code					
11a VENDOR SETTLEMENT	900099	653,568			653,568	
b REVENUE FROM PARENT	900099	116,326			116,326	
c CAFETERIA & VENDING	722514	27,118			27,118	
d All other revenue		84,854			84,854	
e Total. Add lines 11a-11d ▶		881,866				
12 Total revenue. See Instructions ▶		163,543,348	156,076,069	83,379	7,325,792	

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	154,224	154,224		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	632,872		632,872	
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.	41,000,117	35,547,415	5,452,702	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,532,460	1,320,363	212,097	
9 Other employee benefits.	5,749,102	4,084,896	1,664,206	
10 Payroll taxes.	2,725,652	2,525,676	199,976	
11 Fees for services (non-employees):				
a Management.	33,483		33,483	
b Legal.	250,338		250,338	
c Accounting.	41,251		41,251	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	377,092		377,092	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	30,525,051	28,177,555	2,347,496	
12 Advertising and promotion.	485,355	16,606	468,749	
13 Office expenses.	1,135,884	917,094	218,790	
14 Information technology.	2,721,550	2,601,582	119,968	
15 Royalties.				
16 Occupancy.	2,500,292	1,749,521	750,771	
17 Travel.	206,619	175,430	31,189	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	29,619	26,176	3,443	
20 Interest.	70,316		70,316	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	11,030,298	3,504,763	7,525,535	
23 Insurance.	716,260	19,426	696,834	
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 MEDICAL SUPPLIES & DRUGS	25,319,973	25,319,973		
b REPAIRS AND MAINTENANCE	3,429,832	3,223,104	206,728	
c MANAGEMENT FEES TO PARENT	2,480,200		2,480,200	
d TAXES - UBI	3,168		3,168	
e All other expenses	1,251,943	557,026	694,917	
25 Total functional expenses. Add lines 1 through 24e.	134,402,951	109,920,830	24,482,121	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,574,841	1	10,432,434
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		19,890,264	4	21,869,482
	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		96,435	7	
	8	Inventories for sale or use		3,143,185	8	3,128,400
	9	Prepaid expenses and deferred charges		886,996	9	1,045,287
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	273,032,953		
	b	Less: accumulated depreciation	10b	120,293,427		
				155,114,444	10c	152,739,526
	11	Investments—publicly traded securities		170,814,547	11	189,998,223
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		142,230	13	113,590
	14	Intangible assets		35,200	14	35,200
15	Other assets. See Part IV, line 11		1,034,697	15	2,306,615	
16	Total assets. Add lines 1 through 15 (must equal line 34)		360,732,839	16	381,668,757	
Liabilities	17	Accounts payable and accrued expenses		11,921,477	17	14,457,685
	18	Grants payable			18	
	19	Deferred revenue		1,831,821	19	1,555,687
	20	Tax-exempt bond liabilities		18,405,000	20	
	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.		2,223,775	25	1,607,183
	26	Total liabilities. Add lines 17 through 25		34,382,073	26	17,620,555
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		326,297,995	27	363,910,905
	28	Temporarily restricted net assets		52,771	28	137,297
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		326,350,766	33	364,048,202	
34	Total liabilities and net assets/fund balances		360,732,839	34	381,668,757	

Part XI Reconciliation of Net AssetsCheck 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	163,543,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,402,951
3	Revenue less expenses Subtract line 2 from line 1	3	29,140,397
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	326,350,766
5	Net unrealized gains (losses) on investments	5	7,039,244
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	1,517,795
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	364,048,202

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

Software ID:	
Software Version:	
EIN:	54-0544705
Name:	JOHNSTON MEMORIAL HOSPITAL INC

Form 990 (2016)

Form 990, Part III, Line 4a:

JOHNSTON MEMORIAL HOSPITAL (JMH) IS LOCATED IN ABINGDON, VIRGINIA (WASHINGTON COUNTY) THE HOSPITAL OWNS AND OPERATES A 116-BED NONPROFIT ACUTE CARE HOSPITAL AND HOME HEALTH AGENCY OUR PRIMARY SERVICE AREA ENCOMPASSES 7 COUNTIES IN SOUTHWEST VIRGINIA JMH IS THE SOLE MEMBER OF ABINGDON PHYSICIAN PARTNERS, A TAX EXEMPT ORGANIZATION THAT OWNS AND OPERATES PHYSICIAN PRACTICES JMH IS PART OF THE MOUNTAIN STATES HEALTH ALLIANCE NETWORK ITS MEMBERSHIP CONSISTS OF MOUNTAIN STATES HEALTH ALLIANCE (MAJORITY OWNER) AND JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC. (CONTINUED ON SCHEDULE O) (CONT'D) DURING FY17, 8,656 PATIENTS WERE ADMITTED TO OUR HOSPITAL, WITH JUST OVER 32,000 PATIENT DAYS THERE WERE AN ADDITIONAL 3,981 OBSERVATION DAYS AND JUST UNDER 1,400 NEWBORN DAYS WE EXPERIENCED 234,109 OUTPATIENT VISITS THIS YEAR THERE WERE 41,014 VISITS TO OUR EMERGENCY DEPARTMENT THERE WERE 6,659 SURGERIES PERFORMED WE DELIVERED 624 BABIES PROMOTE COMMUNITY HEALTH MOUNTAIN STATES HEALTH ALLIANCE IS ONE OF ONLY 32 ORGANIZATIONS IN THE COUNTRY THAT WERE CHOSEN RECENTLY TO BE PART OF THE U S CENTERS FOR MEDICARE & MEDICAID SERVICES' (CMS) NEW PROGRAM AIMED AT IMPROVING THE HEALTH OF MEDICARE AND MEDICAID BENEFICIARIES THE NEW PROGRAM - CMS' ACCOUNTABLE HEALTH COMMUNITIES (AHC) MODEL - WILL SEEK TO IMPROVE THE OVERALL HEALTH OF MEDICARE AND MEDICAID BENEFICIARIES BY HELPING TO ADDRESS PATIENTS' HEALTH-RELATED SOCIAL NEEDS THE PROGRAM SEEKS TO BRIDGE THE GAP BETWEEN CLINICAL AND COMMUNITY SERVICE PROVIDERS TO ADDRESS ISSUES SUCH AS HOUSING INSTABILITY, FOOD INSECURITY, UTILITY NEEDS, INTERPERSONAL VIOLENCE AND TRANSPORTATION MOUNTAIN STATES WILL SERVE AS THE BRIDGE ORGANIZATION FOR THE PROJECT LOCALLY, LEADING A COLLABORATIVE WITH MULTIPLE OTHER ORGANIZATIONS AND CARE SITES TO BRING THE NEEDED SERVICES TO BENEFICIARIES WHO LIVE IN SOUTHWEST VIRGINIA THE VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES WILL ALSO PARTNER IN THE PROGRAM THE AHC MODEL PROVIDES FEDERAL FUNDING TO HIRE PATIENT NAVIGATORS, ALONG WITH ADDITIONAL SUPPORT STAFF WHO WILL BE LOCATED AT COMMUNITY SERVICES BOARDS THROUGHOUT SOUTHWEST VIRGINIA JMH, ALONG WITH FOUR OTHER MSHA VIRGINIA HOSPITALS, WILL PARTICIPATE IN THE NEW PROGRAM APP, A NONPROFIT PHYSICIAN ORGANIZATION OWNED BY JMH, WILL ALSO PARTICIPATE IN THE PROGRAM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES MADE THE SELECTION NEAR THE END OF OUR FISCAL YEAR SO WE WERE IN THE VERY EARLY STAGE OF PLANNING AT JUNE 30, 2017 OUR TRIUMPH CANCER NAVIGATOR PROGRAM CELEBRATED ITS 1-YR ANNIVERSARY AND HAS EXPANDED ITS SCOPE TO COVER ALL TYPES OF CANCER THE PROGRAM IS DESIGNED TO SUPPORT CANCER PATIENTS AND THEIR FAMILIES, ADVOCATE FOR THE PATIENT, AND TO HELP COORDINATE THE PATIENT'S CARE THROUGHOUT THE CONTINUUM OF TREATMENT - FROM DIAGNOSIS TO SURVIVORSHIP THERE IS NO CHARGE FOR THESE SERVICES REGARDLESS OF WHETHER A PATIENT CHOOSES TO RECEIVE THEIR TREATMENT AT JMH OR AN UNRELATED FACILITY THOSE THAT JOIN THE PROGRAM RECEIVE ONE- ON-ONE ASSISTANCE FROM SPECIALLY TRAINED ONCOLOGY PROFESSIONALS OUR CANCER NAVIGATORS COMMUNICATE WITH THE PATIENT'S DOCTOR, WILL COORDINATE TRANSPORTATION, SET UP APPOINTMENT REMINDERS AND PROVIDE EMOTIONAL SUPPORT FOR BOTH THE PATIENT AND THE PATIENT'S FAMILY OUR NAVIGATORS WILL ALSO COORDINATE SUPPORT SERVICES SUCH AS TREATMENT PLANNING, PROSTHESIS SELECTION, NUTRITION COUNSELING, AND IDENTIFICATION OF RESOURCES FOR SPIRITUAL CARE, FINANCIAL ASSISTANCE AND OTHER NEEDS OUR NAVIGATORS PARTICIPATE IN COMMUNITY EVENTS SUCH AS HEALTH FAIRS, CANCER EDUCATION EVENTS, AND CANCER SUPPORT GROUPS THEY VISIT PHYSICIAN OFFICES, SENIORS' GROUPS, ATTEND MEETINGS WITH LOCAL BUSINESS ORGANIZATIONS, AND THEY WORK WITH MANY OTHER ORGANIZATIONS TO EXPLAIN THE NAVIGATION PROGRAM AND PROVIDE CANCER AWARENESS/EDUCATION THROUGH THE COMMUNITY THE PROGRAM HAS MADE AN IMPACT, WITH THE TRIUMPH PROGRAM RECEIVING A PATIENT SATISFACTION SCORE OF 93 A COLLABORATIVE PROJECT, THE SEPSIS INITIATIVE, LAUNCHED BY CLINICAL TEAMS AT JMH AND MSHA HAS EARNED NATIONAL RECOGNITION FROM THE SOCIETY OF HOSPITAL MEDICINE THE SEPSIS INITIATIVE IS ESTIMATED TO HAVE SAVED MORE THAN 70 LIVES OVER THE COURSE OF A YEAR THE PROJECT TEAM WAS HONORED BY THE SOCIETY OF HOSPITAL MEDICINE WITH A 2017 AWARD FOR EXCELLENCE IN TEAMWORK IN QUALITY IMPROVEMENT, RESEARCH, TEACHING AND TEAMWORK SEPSIS IS A POTENTIALLY DEADLY CONDITION CAUSED BY THE BODY'S OVERWHELMING RESPONSE TO AN INFECTION, WHICH CAN LEAD TO TISSUE DAMAGE, ORGAN FAILURE AND DEATH ACCORDING TO THE NATIONAL INSTITUTES OF HEALTH, SEVERE SEPSIS STRIKES MORE THAN A MILLION AMERICANS EVERY YEAR, AND IT'S BEEN ESTIMATED THAT BETWEEN 28 AND 50 PERCENT OF THOSE PEOPLE DIE - FAR MORE THAN THE NUMBER OF U S DEATHS FROM BREAST CANCER, PROSTATE CANCER AND AIDS COMBINED THE JMH TEAM WORKED TO IDENTIFY SEPSIS QUICKLY, THEN TO IMPROVE COMMUNICATION AMONG CLINICAL TEAMS SEPSIS EDUCATION WAS MADE MANDATORY FOR NURSE ORIENTATION AND ANNUAL LEARNING REQUIREMENTS THE TEAM BUILT PROTOCOL INTO THE ELECTRONIC MEDICAL RECORD SYSTEM IN THE FORM OF SEPSIS SCREENING TOOLS, AUTOMATIC ALERTS AND SEPSIS-SPECIFIC ORDER SETS AND BECAUSE MOST SEPSIS PATIENTS COME INTO THE HOSPITAL THROUGH THE EMERGENCY ROOM, THE TEAM HARDWIRED SEPSIS SCREENING INTO THE ER TRIAGE PROCESSES THE SEPSIS INITIATIVE IS NOW BEING USED AT SIX OTHER MSHA HOSPITALS OUR DIAPER ASSISTANCE PROGRAM PROVIDES DIAPERS TO LOW-INCOME FAMILIES THAT DELIVER AT JMH FOR THE FIRST 6 MONTHS OF THE BABY'S LIFE WE HAD 371 WOMEN ENROLL WITH THEIR BABIES THIS YEAR AND INCURRED EXPENSE OF 8,652 FOR THIS PROGRAM THE OUTPATIENT DIABETES CARE CENTER (CENTER) AT JMH CONTINUES TO EXPERIENCE INCREASED VOLUMES AFTER AN INCREASE OF ALMOST 170% FROM FY14 TO FY15, OUR VOLUME GREW 43% IN FY16 AND AN ADDITIONAL 15% IN FY17 THE CENTERS FOR DISEASE CONTROL AND PREVENTION IDENTIFIES THE COUNTIES SERVED BY JMH AS BEING LOCATED IN WHAT IS REFERRED TO AS THE "DIABETES BELT" OF THE U S DIABETES PREVALENCE IS 30% HIGHER IN WASHINGTON COUNTY THAN THE STATEWIDE RATE JMH'S DIABETES CENTER PROVIDES MEDICAL MANAGEMENT OF DIABETES AND DIABETES-RELATED CONDITIONS FOR PATIENTS AGED 12 AND UP A COMPREHENSIVE DIABETES EDUCATION PROGRAM THAT IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IS PART OF THE CENTER'S PROGRAM OF CARE THE JMH CENTER FOR COMPREHENSIVE WOUND CARE IS THE ONLY FACILITY IN SOUTHWEST VIRGINIA OFFERING HYPERBARIC OXYGEN THERAPY - THE DELIVERY OF OXYGEN AT LEVELS HIGHER THAN ATMOSPHERIC PRESSURE IN A CHAMBER SETTING THAT STIMULATES THE HEALING PROCESS THE NEAREST FACILITY OFFERING HYPERBARIC OXYGEN THERAPY IS AN HOUR AWAY OUR TRAINED STAFF FOLLOW A TEAM APPROACH TO WOUND HEALING EACH PATIENT RECEIVES A COMPREHENSIVE INDIVIDUALIZED PLAN DESIGNED TO HELP DIFFICULT-TO-HEAL WOUNDS JMH STAFF STRIVE TO ADDRESS THE UNDERLYING CAUSE OF THE PROBLEM, CONTROL INFECTION, AND IMPROVE THE OVERALL HEALTH OF OUR PATIENTS THE CENTER CONTINUES TO SEE A GROWTH IN PATIENT VOLUME EACH YEAR THERE WAS A 16 7% INCREASE IN PROCEDURES FROM FY16 TO FY17 JMH CONTINUES THE "LEAN" PROCESS OF PROVIDING VALUE TO CUSTOMERS (OUR PATIENTS, PHYSICIANS AND TEAM MEMBERS) THROUGH QUALITY IMPROVEMENT TEAMS (REFERRED TO AS RAPID IMPROVEMENT EVENTS) THAT MEET ALL DAY FOR SEVERAL DAYS TO DEVELOP PROCESSES THAT WILL OPTIMIZE CARE OF PATIENTS, REDUCE RESOURCE UTILIZATION, AND, OFTENTIMES, IMPROVE BOTH THIS PROCESS OF IMPROVEMENT IS CALLED THE "VALUE OPTIMIZATION SYSTEM" (VOS) DURING FY17, WE CONTINUED VOS ACTIVITIES STARTED DURING FY16 AND PLANNED AND BEGAN ACTIVITIES THAT WILL CONTINUE INTO FY18 NEW ACTIVITIES STARTED DURING FY17 INCLUDE A FOCUS ON PROCESSES IMPACTING PATIENT THROUGHPUT AND EXPERIENCE FROM POINT OF ENTRY (EMERGENCY DEPARTMENT) THROUGH DISCHARGE FROM THE HOSPITAL THESE RAPID IMPROVEMENT EVENTS (RIE) ARE CONDUCTED OVER A 12 MONTH PERIOD TO ENSURE THE PATIENT IS THE CENTER OF OUR CONTINUOUS IMPROVEMENT ACTIVITIES RESULTS WILL NOT BE AVAILABLE UNTIL FY18 GOALS WERE ESTABLISHED TO REDUCE INPATIENT LENGTH OF STAY (LOS), SUSTAIN OBSERVATION LOS, IMPROVE ED PATIENTS' EXPERIENCE, IMPROVE PHYSICIAN COMMUNICATION, IMPROVE RN COMMUNICATION, IMPROVE COMMUNICATION ABOUT MEDICATIONS, AND, IMPROVE COMMUNICATION ABOUT PATIENT DISCHARGE ANOTHER VOS ACTIVITY STARTED DURING THE YEAR THAT WILL CONTINUE INTO FY18 FOCUSES ON CARDIOVASCULAR SERVICES THIS RAPID IMPROVEMENT EVENT DEVELOPED AND IMPLEMENTED PROCESSES TO REDUCE AVOIDABLE READMISSIONS FOR PATIENTS WITH CONGESTIVE HEART FAILURE, IMPROVE THE QUALITY OF CARE FOR PATIENTS THROUGHOUT ALL CARDIOVASCULAR SERVICES THROUGH EDUCATION, IMPROVE THE QUALITY OF TRANSFERS, INCLUDE OUTSIDE EMERGENCY MEDICAL STAFF IN TRAINING/EDUCATION (RESCUE SQUADS, FIRE DEPARTMENTS, ETC), IMPLEMENT A LIMB SALVAGE PROGRAM, AND, IMPROVE MEDICATION ADMINISTRATION AT DISCHARGE TARGETS ARE SET TO REDUCE CONGESTIVE HEART FAILURE READMISSIONS, REDUCE COST, AND IMPROVE DISCHARGE PERFORMANCE SCORE BASED ON COMMUNITY NEED, JMH INCURR

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARVIN EICHORN MSHA EVP CO	6 70 48 30	X		X				0	590,395	39,746
JIM GARDNER MD APP PHY DIRECTOR	2 00 38 00	X						0	222,175	28,944
GARY PEACOCK DIRECTOR	3 20 4 30	X						0	0	0
JOANNE GILMER VICE-CHAIR	4 80 2 40	X		X				0	0	0
BILL HAYTER SECRETARY	4 80	X		X				0	0	0
RACHEL FOWLKES DIRECTOR	2 90	X						0	0	0
ERIC MILLER DIRECTOR	2 90	X						0	0	0
BRIAN DAWSON MD DIRECTOR	2 90	X						0	0	0
KATHY MITCHELL DIRECTOR	2 90	X						0	0	0
RICHARD DICK GAIL DIRECTOR	3 00	X						0	0	0

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			
BRENDAN MCSHEEHY CHAIR	5 80	X		X				0	0	0
JOHN THOMAS FOWLKES DIRECTOR	2 70	X						0	0	0
MIKE SPIEGLER DIRECTOR	3 30	X						0	0	0
MARVIN GILLIAM DIRECTOR	2 70	X						0	0	0
DONNIE MEADOWS DIRECTOR	3 40	X						0	0	0
JOHN JETER CFO/ASST AD	25 00 20 00			X				0	181,681	28,315
STAN HICKSON CEO	39 00 6 00			X				0	174,305	8,782
BRYAN MULLINS COO	45 00				X			0	155,261	23,822
BRIAN CONDIT MD VP/CMO NE MA	45 00					X		0	312,394	33,854
SCOTT HUNTER PA HOSPITALIST	40 00					X		0	273,474	36,920

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			
WILEY KENT PA HOSPITALIST	40 00					X		0	263,985	38,514
JOHN RAY MD HOSPITALIST	40 00					X		0	253,190	24,502
RONNA NEW MD DIRECTOR	40 00					X		0	241,062	29,486
SEAN MCMURRAY JMH CEO, FOR	45 00						X	0	176,133	23,807
STEPHEN GIVENS RCMC ADMINISTRATOR FMR JMH KEY	0 00 45 00						X	0	173,857	30,483
DAMIAN SOOKLAL MD MSMG PHYSICIAN FMR JMH HIGH	0 00 40 00						X	0	268,499	20,760

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization JOHNSTON MEMORIAL HOSPITAL INC	Employer identification number 54-0544705

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization JOHNSTON MEMORIAL HOSPITAL INC	Employer identification number 54-0544705
--	--

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		12,385
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			12,385
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART IV	PART II-B, LINE 1 JMH HAD LOBBYING EXPENSES OF 12,385 WHICH REPRESENTS THE PORTION OF DUES PAID TO VIRGINIA HOSPITAL AND HEALTHCARE ASSOCIATION ATTRIBUTABLE TO DIRECT LOBBYING

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493090000018	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization JOHNSTON MEMORIAL HOSPITAL INC				Employer identification number 54-0544705	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on 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		6,784,856		6,784,856
b Buildings		154,079,276	42,030,561	112,048,715
c Leasehold improvements		6,106,231	2,685,933	3,420,298
d Equipment		105,011,781	75,040,720	29,971,061
e Other		1,050,809	536,213	514,596
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				152,739,526

Part VII

Investments—Other Securities.

Complete if the organization answered 'Yes' on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RESERVE FOR PROF LIABILITIES	857,157
DUE TO AFFILIATES	563,295
CAPITAL LEASE OBLIGATIONS	133,600
OTHER LONG-TERM LIABILITIES	53,131
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,607,183

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' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on 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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 54-0544705

Name: JOHNSTON MEMORIAL HOSPITAL INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	"THE HOSPITAL AND APP ARE CLASSIFIED AS ORGANIZATIONS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE JMH ER IS ORGANIZED AS A LIMITED LIABILITY CORPORATION AND IS CONSIDERED A DISREGARDED ENTITY FOR TAX PURPOSES AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE HOSPITAL HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT JUNE 30, 2017 AND 2016 AT JUNE 30, 2017, TAX RETURNS FOR 2014 THROUGH 2016 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE "

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

JOHNSTON MEMORIAL HOSPITAL INC

Employer identification number

54-0544705

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public?	6b	
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)			1,705,839		1,705,839	1 270 %
b Medicaid (from Worksheet 3, column a)			18,244,508	15,123,052	3,121,456	2 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			19,950,347	15,123,052	4,827,295	3 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			893,482		893,482	0 660 %
f Health professions education (from Worksheet 5)			3,089,942	897,117	2,192,825	1 630 %
g Subsidized health services (from Worksheet 6)			5,644,124	4,121,696	1,522,428	1 130 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			110,914		110,914	0 080 %
j Total. Other Benefits			9,738,462	5,018,813	4,719,649	3 510 %
k Total. Add lines 7d and 7j			29,688,809	20,141,865	9,546,944	7 100 %

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare 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	16,505,073	
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	11,994,761	
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	49,148,327	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	47,957,533	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	1,190,794	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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				
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)

JOHNSTON MEMORIAL HOSPITAL INC

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BALLADHEALTH.ORG</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>	10	No
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

JOHNSTON MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW BALLADHEALTH ORG		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW BALLADHEALTH ORG		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW BALLADHEALTH ORG		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

JOHNSTON MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized 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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

JOHNSTON MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

22 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 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?

If "Yes," explain in Section C

24 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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

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

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Form and Line Reference	Explanation
PART I, LINE 3C - OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE	FINANCIAL ASSISTANCE APPROVAL CAN APPLY TO AN ASSORTMENT OF PATIENTS SUCH AS THOSE WHO HAVE EXHAUSTED THEIR MEDICAID BENEFITS, THOSE WHO QUALIFIED FOR MEDICAID AFTER THE DATE OF SERVICE, DECEASED PATIENTS WITH NO ESTATE OR ASSETS, UNINSURED PATIENTS, AND UNDERINSURED PATIENTS. MSHA/JMH CHARITY QUALIFICATION IS BASED ON FEDERAL POVERTY GUIDELINES BUT ALSO USES ASSET VALUES TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY. CHARITY APPROVAL COVERS ALL DATES OF SERVICE FOR THE PATIENT WHEN THEY ARE APPROVED AND THERE IS NO LIMITATION OR CAP ON THE AMOUNT OF CHARITY THAT THEY CAN RECEIVE. MSHA ALWAYS ATTEMPTS TO FULFILL ITS OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE TO THOSE PATIENTS WITHOUT THE ABILITY TO PAY. THE MAJORITY OF MSHA HOSPITALS ARE LOCATED IN TENNESSEE AND PURSUANT TO TENNESSEE LAW ALL PATIENTS WITHOUT THIRD-PARTY PAYER COVERAGE RECEIVE A DISCOUNT OF 70%, WITH THE EXCEPTION OF CRITICAL ACCESS HOSPITALS THAT RECEIVE 58%. THIS IS A CALCULATED DISCOUNT THAT IS UPDATED ON AN ANNUAL BASIS. ALTHOUGH VIRGINIA DOES NOT HAVE A LAW THAT REQUIRES HOSPITALS TO PROVIDE DISCOUNTS TO UNINSURED PATIENTS, MSHA EXTENDS THESE UNINSURED DISCOUNTS TO ITS VIRGINIA HOSPITALS AS WELL, INCLUDING JMHS.
PART I, LINE 6A - RELATED ORGANIZATION INFORMATION	MSHA'S COMMUNITY BENEFIT REPORT COMPLETED IN FY15 INCLUDED JMHS. OUR NEXT COMMUNITY BENEFIT REPORT WILL BE ISSUED DURING FY18.

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Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	<p>THE COST TO CHARGE RATIO (WORKSHEET 2 "RATIO OF PATIENT CARE COST TO CHARGES") WAS USED TO CALCULATE LINE 7A FINANCIAL ASSISTANCE AT COST. OUR COST ACCOUNTING SYSTEM PROVIDED MEDICAID/TENNCARE LOSSES REPORTED ON LINE 7B, WITH THE EXCEPTION OF HOME HEALTH. WE USED A COST TO CHARGE RATIO FOR HOME HEALTH MEDICAID LOSSES BECAUSE ITS DATA IS NOT AVAILABLE IN OUR COST ACCOUNTING SOFTWARE. LINE 7E COMMUNITY HEALTH IMPROVEMENT INCLUDES COSTS THAT ARE TAKEN DIRECTLY FROM DEPARTMENTAL OPERATING REPORTS, WITH NO ADDITIONAL OVERHEAD INCLUDED. LINE 7F HEALTH PROFESSIONS EDUCATION IS COMPRISED OF STUDENT INTERNSHIPS (PRIMARILY NURSING, THERAPY, AND PHARMACY STUDENTS) WITH LOCAL SCHOOLS AND UNIVERSITIES, ALLOWING THEIR HEALTH PROFESSION STUDENTS TO RECEIVE HANDS-ON TRAINING AT A HOSPITAL AS PART OF THEIR EDUCATION AND TRAINING. OUR ORGANIZATIONAL DEVELOPMENT DEPARTMENT KEEPS DETAILED RECORDS OF HOURS SPENT ON THESE STUDENT ACTIVITIES, THE NUMBER OF STUDENTS THAT ROTATE THROUGH OUR HOSPITAL, ETC. INFORMATION IS MAINTAINED FOR EACH HOSPITAL UNIT THAT PARTICIPATES. WE ONLY INCLUDE LABOR COSTS AND WE ONLY ASSUME A PERCENTAGE OF OUR INVOLVED TEAM MEMBERS' TIME IS ATTRIBUTABLE TO THESE STUDENTS. ANOTHER SOURCE OF HEALTH PROFESSIONS EDUCATION REPORTED ON LINE 7F IS OUR MEDICARE-APPROVED FAMILY MEDICINE AND INTERNAL MEDICINE PROGRAMS (IN THEIR SECOND YEAR). THE MEDICAL RESIDENT PROGRAM COST AND REIMBURSEMENT INFORMATION COMES FROM OUR FILED MEDICARE COST REPORT, ADHERING TO IRS 990 INSTRUCTIONS. FOR LINE 7G SUBSIDIZED HEALTH SERVICES, WE USE OUR COST ACCOUNTING SYSTEM. WE ARE CAREFUL TO ENSURE NO DOUBLE COUNTING OF COST (FOR EXAMPLE, WE DO NOT INCLUDE CHARITY AND MEDICAID/TENNCARE ALREADY REPORTED ON LINES 7A AND 7B). AND, PURSUANT TO IRS INSTRUCTIONS, WE DO NOT INCLUDE BAD DEBT LOSSES. ALTHOUGH WE HAVE MANY SERVICE LINES WITHIN OUR HOSPITAL THAT LOSE MONEY, WE DO NOT REPORT SERVICES THAT HOSPITALS ARE REQUIRED BY STATE LICENSURE TO PROVIDE, SERVICES THAT ARE READILY AVAILABLE WITHIN OUR AREA OR ANCILLARY DEPARTMENTS SUCH AS RADIOLOGY, LAB, ETC. FOR THE SERVICE LINES WE DO REPORT, SUCH AS OUTPATIENT DIABETES, NEONATOLOGY, AND WOUND CARE, WE USED OUR COST ACCOUNTING SYSTEM SINCE THESE SERVICES HAVE ESTABLISHED, STANDARD FINANCIAL REPORTS. LINE 7I CASH AND IN-KIND CONTRIBUTIONS INCLUDE CASH DISBURSEMENTS AND THE IN-KIND DONATIONS OF MEDICATIONS TO LOCAL NONPROFIT RESCUE SQUADS AND FIRE DEPARTMENTS. IN-KIND DONATIONS OF MEDICATIONS ARE BASED ON OUR ACTUAL COST FOR THESE ITEMS.</p>
PART II - COMMUNITY BUILDING ACTIVITIES	<p>JMH LEADERS SUPPORT AND ENCOURAGE ALL TEAM MEMBERS TO VOLUNTEER TIME, MONEY AND SKILLS TO COMMUNITY SERVICE PROJECTS AND CHARITABLE ORGANIZATIONS. SENIOR LEADERS AND BOARD MEMBERS SET A POSITIVE EXAMPLE FOR TEAM MEMBERS, SERVING VOLUNTARILY ON COMMITTEES AND BOARDS OF LOCAL SERVICE AND NONPROFIT ORGANIZATIONS. SOME ALSO SERVE AS MEMBERS AND CONSULTANTS ON PROFESSIONAL COMMITTEES AND TASK FORCES THAT AFFECT REGIONAL DEVELOPMENT IN HEALTHCARE AND EDUCATION. WE DO NOT CAPTURE COSTS ASSOCIATED WITH TEAM MEMBERS THAT SERVE ON OTHER NONPROFIT BOARDS OR PROVIDE SERVICES TO OTHER NONPROFITS. JMH, IN COLLABORATION WITH AREA HEALTH AGENCIES AND PROVIDERS, MAY OFFER ASSISTANCE WITH COORDINATION, ADVOCACY, OR CONTRIBUTE SUPPLIES TO SUPPORT GROUPS FOR THEIR PROGRAM ACTIVITIES THAT SERVE TO ASSIST SPECIAL POPULATIONS WITHIN OUR AREA. MOST OF THESE ORGANIZATIONS WORK TO IMPROVE THE LIVES OF COMMUNITY MEMBERS THAT HAVE LIMITED, OR NO, FINANCIAL RESOURCES.</p>

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Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	<p>SELF-PAY BALANCES INCLUDE ACCOUNTS AFTER PAYMENTS AND CONTRACTUAL ADJUSTMENTS (DISCOUNTS) HAVE BEEN POSTED FROM ALL THIRD-PARTY PAYERS- GENERALLY LEAVING THE PATIENT RESPONSIBLE FOR ANY REMAINING DEDUCTIBLE AND/OR CO-PAYMENT OTHER SELF-PAY ACCOUNTS ARE FROM PATIENTS WITH NO INSURANCE OR OTHER THIRD-PARTY COVERAGE ALL UNINSURED PATIENTS RECEIVE A 70% UNINSURED DISCOUNT AND MANY SELF-PAY PATIENTS WILL QUALIFY FOR CHARITY CARE IF THEY PROVIDE THE FINANCIAL INFORMATION WE NEED TO DEEM THEM ELIGIBLE AFTER THE NORMAL COLLECTION PROCESS HAS INDICATED AN ACCOUNT IS UNCOLLECTIBLE, JMH WRITES THE ACCOUNT OFF TO BAD DEBT THE HOSPITAL'S OVERALL SELF-PAY ACCOUNTS RECEIVABLE BALANCE IS EVALUATED ON AN ONGOING BASIS TO GATHER HISTORICAL INFORMATION TO APPLY TO THE CURRENT RECEIVABLE BALANCE ANOTHER CONSIDERATION WHEN ESTIMATING BAD DEBT EXPENSE IS UNUSUAL CIRCUMSTANCES (SUCH AS LOCAL, REGIONAL OR NATIONAL ECONOMIC CONDITIONS) WHICH AFFECT THE COLLECTABILITY OF RECEIVABLES</p>
PART III, LINE 3 BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE	<p>OUR REIMBURSEMENT DEPARTMENT ESTIMATES THAT 73% OF BAD DEBT EXPENSE AT JMH IS ASSUMED ATTRIBUTABLE TO PATIENTS LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE, EITHER A FULL OR PARTIAL WRITE-OFF OF CHARGES THIS ESTIMATE IS BASED ON THE COMPOSITION OF BAD DEBTS ATTRIBUTABLE TO PEOPLE WITH NO FORM OF INSURANCE OR OTHER THIRD-PARTY COVERAGE, WHICH REPRESENTS THE MAJORITY OF BAD DEBT ACCOUNTS WE ALSO ESTIMATE A MUCH SMALLER PERCENTAGE OF LIKELY CHARITY-ELIGIBLE ACCOUNTS TO PEOPLE WITH BALANCES AFTER INSURANCE/THIRD- PARTY COVERAGE HAS PAID (E G DEDUCTIBLES AND CO-PAYMENT BALANCES) IT IS IMPLAUSIBLE TO DETERMINE WITH EXACTITUDE THE AMOUNT OF JMH'S BAD DEBT ASSOCIATED WITH THOSE PATIENTS WHO MAY HAVE MET THE CRITERIA SET FORTH IN OUR FINANCIAL ASSISTANCE POLICY WITHOUT HAVING A COMPLETED FINANCIAL ASSESSMENT WE ARE UNABLE TO DETERMINE OUR PATIENTS' FINANCIAL CIRCUMSTANCES UNLESS A COMPLETED FINANCIAL ASSISTANCE FORM IS VOLUNTARILY PROVIDED TO US WE CAN ASSERT THAT 84 6% OF COMPLETED FINANCIAL ASSISTANCE APPLICATIONS PROCESSED DURING FY17 RECEIVED A FULL DISCOUNT (COMPLETE WRITE-OFF) AN ADDITIONAL 11 2% RECEIVED A PARTIAL DISCOUNT, RESULTING IN AN OVERALL APPROVAL RATE OF 95 8% FOR COMPLETED APPLICATIONS DURING FY17, ONLY 4 2% OF COMPLETED FINANCIAL ASSISTANCE APPLICATIONS WERE DENIED UNFORTUNATELY, MANY PATIENTS EITHER DO NOT SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE OR DO NOT PROVIDE A COMPLETE APPLICATION INCOMPLETE APPLICATIONS ARE RETURNED TO PATIENTS ALONG WITH A NOTICE OF MISSING INFORMATION THE NOTICE ALSO PROVIDES A CONTACT PHONE NUMBER PATIENTS MAY CALL FOR ASSISTANCE IN COMPLETING THE APPLICATION ALL SELF-PAY PATIENTS RECEIVE FOLLOW UP CALLS EVERY 7 DAYS FROM A COMPANY JMH PAYS TO PROCESS CHARITY CARE APPLICATIONS FOR UNINSURED PATIENTS AND TO OFFER PATIENTS ENROLLMENT ASSISTANCE IN MEDICAID OUR FINANCIAL COUNSELORS FOLLOW UP WITH PATIENTS THAT HAVE A BALANCE AFTER INSURANCE HAS PAID WE HAVE MANY INSTANCES OF PATIENTS WITH LARGE ACCOUNT BALANCES AND NO HEALTH INSURANCE COVERAGE THAT WE ARE SURE WOULD QUALIFY FOR FINANCIAL ASSISTANCE ALTHOUGH PATIENTS ARE ENCOURAGED TO APPLY FOR ASSISTANCE, MANY WILL NOT DO SO JMH WOULD PREFER FOR PATIENTS TO SUBMIT COMPLETED FINANCIAL ASSISTANCE APPLICATIONS GIVEN THAT HISTORICAL DATA CLEARLY INDICATES THAT MOST UNINSURED PATIENTS WILL QUALIFY FOR FINANCIAL ASSISTANCE UNDER OUR PROGRAM WITHOUT A COMPLETED APPLICATION, WE HAVE NO CHOICE OTHER THAN TO RECORD AN UNPAID ACCOUNT AS BAD DEBT INSTEAD OF CHARITY CARE</p>

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Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	THE TEXT OF JMH'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE APPEARS ON PAGES 11 AND 12 IN OUR MOST RECENT AUDITED FINANCIAL STATEMENTS (ATTACHED)
PART III, LINE 8 - MEDICARE EXPLANATION	<p>SCHEDULE H PART III, SECTION B REPORTS A JMH MEDICARE GAIN DURING FY17 THE GAIN REPORTED IN PART III EXCLUDES MEDICARE LOSSES OF 832,837 REPORTED IN PART I, LINE 7G SUBSIDIZED HEALTH SERVICES RELATED TO PROGRAMS SUCH AS WOUND CARE AND OUTPATIENT DIABETES EXCLUDING MEDICARE LOSSES REPORTED IN PART I SUBSIDIZED HEALTH, PART III MEDICARE ALLOWABLE COSTS ARE REPORTED USING JMH'S FILED MEDICARE COST REPORT (C/R) THE C/R USES A COST TO CHARGE RATIO BASED ON A STEP-DOWN ALLOCATION METHODOLOGY IN CARING FOR THE PATIENT, THERE ARE SEVERAL SERVICES THAT ARE CONSIDERED NON-ALLOWABLE SUCH AS TRANSPORTATION OF A PATIENT AND COMFORT ITEMS, INCLUDING A TELEVISION AND A TELEPHONE THE RECRUITMENT OF PHYSICIANS AND PHYSICIAN GUARANTEES ARE NON-ALLOWED COSTS BY THE MEDICARE PROGRAM EVEN THOUGH PHYSICIANS ARE RECRUITED BASED ON DOCUMENTED COMMUNITY NEED ALSO, A PORTION OF THE BAD DEBT ASSOCIATED WITH THE CARE OF THE PATIENT IS NOT AN ALLOWED COST BY MEDICARE MEDICARE LOSSES, INCLUDING SOME NON-ALLOWABLE COSTS SUCH AS THOSE NOTED ABOVE, SHOULD BE COUNTED AS A COMMUNITY BENEFIT AS THIS IS THE COST OF CARE FOR SERVING THE AGING POPULATION WHILE WE AGREE THAT COSTS SUCH AS MARKETING TO ATTRACT PATIENTS AND LOBBYING ARE REASONABLE TO EXCLUDE, IT DOES NOT SEEM REASONABLE TO EXCLUDE RECRUITMENT OF PHYSICIANS AND BASIC ITEMS SUCH AS A TELEVISION AND TELEPHONE IN PATIENTS' ROOMS ALTHOUGH OUR HOSPITAL DID NOT SUSTAIN A MEDICARE LOSS THIS YEAR, WE STRONGLY FEEL HOSPITALS THAT DO SUSTAIN OVERALL MEDICARE LOSSES SHOULD BE ALLOWED TO REPORT LOSSES IN PART I AS A COMMUNITY BENEFIT, SIMILAR TO GOVERNMENTAL PROGRAMS SUCH AS MEDICAID AS A PARTICIPATING PROVIDER IN THE MEDICARE PROGRAM, HOSPITALS ARE REQUIRED TO PROVIDE THE FULL REGIMEN OF CARE FOR THE MEDICARE POPULATION THERE ARE A NUMBER OF CARE REGIMENS THAT ARE COMPENSATED BY THE MEDICARE PROGRAM AT LEVELS BELOW COST THEREFORE, IT IS ONLY LOGICAL TO ALLOW HOSPITALS TO REPORT THESE UNCOMPENSATED SERVICES AS A COMMUNITY BENEFIT BY MAKING THIS CHANGE, NON-PROFIT PROVIDERS WILL BE ENCOURAGED TO SUSTAIN IMPORTANT CARE DELIVERY MODELS FOR OUR AGING POPULATION IN SPITE OF THE FACT IT IS SOMETIMES ECONOMICALLY INJURIOUS PART III, LINE 9B - COLLECTION PRACTICES</p> <p>EXPLANATION JMH HAS ESTABLISHED A STRONG COMMITMENT TO MEET THE MEDICAL NEEDS OF THE COMMUNITIES WE SERVE ALL REQUESTS FOR FINANCIAL ASSISTANCE ARE EVALUATED USING ESTABLISHED GENERAL GUIDELINES, WHILE ALLOWING FOR UNIQUE FINANCIAL CIRCUMSTANCES - FOR EXAMPLE, MEDICALLY INDIGENT PATIENTS WITH CATASTROPHIC MEDICAL COSTS THAT WOULD THREATEN THE PATIENT'S HOUSEHOLD FINANCIAL VIABILITY JOHNSTON MEMORIAL HOSPITAL RECOGNIZES ITS OBLIGATION TO PROVIDE QUALITY HEALTHCARE TO THOSE WHO ARE UNABLE TO PAY JMH CHARITY GUIDELINES ARE BASED ON THE NATIONAL POVERTY GUIDELINES HOWEVER, FINANCIAL ASSISTANCE IS NOT BASED SOLELY ON INCOME UNIQUE FINANCIAL CIRCUMSTANCES ARE CONSIDERED, WHICH CAN CHANGE THE CATEGORY OF ELIGIBILITY IN ADDITION, CHARITY DETERMINATION MAY BE RETROACTIVE FOR ALL DATES OF SERVICE WHEN A PATIENT REQUESTS FINANCIAL ASSISTANCE OR WHEN AN APPLICATION HAS BEEN RECEIVED, THE PATIENT ACCOUNT IS PLACED IN A HOLD STATUS TO PREVENT FURTHER COLLECTION ACTIVITIES UNTIL FINANCIAL ASSISTANCE ELIGIBILITY IS DETERMINED ALL MSHA HOSPITALS ADHERE TO IRS REGULATORY GUIDELINES SET FORTH IN 501(R) A COPY OF OUR CREDIT AND COLLECTION POLICY MAY BE FOUND ONLINE OR OBTAINED IN PRINT VERSION FREE OF CHARGE</p>

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Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>MSHA INCLUDED AMERICA'S HEALTH RANKINGS (AHR) IN ITS ASSESSMENT IN ORDER TO BETTER DEFINE THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. IN 2017, VIRGINIA'S OVERALL HEALTH RANKING REMAINED AT 19TH, WHILE TENNESSEE MOVED FROM 44TH TO 45TH. HOWEVER, IT SHOULD BE NOTED THAT SOUTHWEST VIRGINIA (WHERE JMH IS LOCATED) CLOSELY RESEMBLES THE HEALTH RANKINGS FOR TENNESSEE. AMERICA'S HEALTH RANKINGS ARE BASED ON A SERIES OF MEASURES INCLUDING SEVERAL HEALTH OUTCOMES AND HEALTH FACTORS. A SURVEY WAS GIVEN TO 106 INDIVIDUALS REPRESENTING THE TEN COUNTIES IN WHICH MSHA OWNS A FACILITY. THESE INDIVIDUALS INCLUDED PHYSICIANS, PUBLIC HEALTH LEADERS, NONPROFIT DIRECTORS, SCHOOL NURSES AND OFFICIALS, AND BUSINESS LEADERS. A SURVEY WAS GIVEN TO EACH INDIVIDUAL SEEKING FEEDBACK REGARDING AVAILABLE RESOURCES IN EACH AREA, THE PERCEIVED HEALTH STATUS, HEALTH PRIORITIES (DISEASE CONDITIONS, HEALTH BEHAVIORS AND SOCIOECONOMIC FACTORS), AND SUGGESTIONS FOR IMPROVEMENT. THE MAJORITY OF RESPONSES SUGGESTED FOCUSING ON EDUCATION IN ORDER TO PROMOTE HEALTHY HABITS AND INCREASED ACCESS TO RESOURCES. OTHER RESPONSES INCLUDED MAKE PHYSICAL EDUCATION A REQUIREMENT AS PART OF SCHOOL CURRICULUM, IMPROVE NATURAL TRAILS AND WALKWAYS, INCREASE COMMUNITY SUPPORT FOR SMOKE-FREE AREAS, PARTNER WITH LOCAL FARMER'S MARKETS, SHARE HEALTH INFORMATION BETWEEN PHARMACIES, NETWORK WITH SMALL BUSINESSES AND NON-PROFITS IN ORDER TO AVOID DUPLICATING RESOURCES, AND PROVIDE EARLY SCREENINGS FOR THE UNINSURED OR UNDERINSURED. OVERALL, THE COMMUNITY MEMBERS GAVE MSHA'S CORE SERVICE AREA A HEALTH STATUS RANKING OF 4.55 OUT OF 10 (1 BEING THE LOWEST, 10 BEING THE HIGHEST). JMH WAS GIVEN A HEALTH STATUS RANKING OF 4.14. AMONG THE 106 PARTICIPANTS, THE AREAS OF OBESITY, CANCER, HEART DISEASE, SMOKING, SUBSTANCE/PRESCRIPTION DRUG ABUSE, AND DIABETES WERE THE TOP HEALTH PRIORITIES IN OUR REGION. ACCORDING TO THE MOST RECENT AHR REPORTS, VIRGINIA AND TENNESSEE BOTH SAW AN INCREASE IN DIABETES AND OBESITY WITHIN THE PAST TEN YEARS. VIRGINIA RANKS 25TH FOR CARDIOVASCULAR DEATHS, 24TH FOR CANCER DEATHS AND 23RD FOR DIABETES.</p>
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>MOUNTAIN STATES HEALTH ALLIANCE COMMUNICATES WITH AND EDUCATES OUR PATIENTS THROUGH VARIOUS AVENUES FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND HOSPITAL FINANCIAL ASSISTANCE. EDUCATION IS PROVIDED TO PATIENTS THROUGH SIGNAGE AND FINANCIAL ASSISTANCE BROCHURES AT ALL HOSPITAL AND AMBULATORY ADMISSION LOCATIONS. FINANCIAL ASSISTANCE APPLICATIONS AND PLAIN LANGUAGE SUMMARIES ARE PROVIDED TO PATIENTS SHOULD THEY REQUEST ONE DURING THEIR PRE-REGISTRATION, REGISTRATION OR FINANCIAL COUNSELING PROCESS. OUR GOVERNMENTAL PROGRAM ELIGIBILITY REPRESENTATIVES ASSIST PATIENTS IN SECURING ELIGIBILITY FOR MEDICAID, FEDERAL DISABILITY AND OTHER GOVERNMENTAL ASSISTANCE PROGRAMS. ADDITIONALLY, IF A PATIENT OR COMMUNITY RESIDENT EXPRESSES AN INTEREST IN THE ACA-HEALTHCARE EXCHANGE, OUR REPRESENTATIVES HAVE THE QUALIFICATIONS AND EXPERIENCE TO ASSIST THEM THROUGH THE ENTIRE PROCESS. FINANCIAL COUNSELORS OFFER FINANCIAL ASSISTANCE APPLICATIONS TO PATIENTS WHO DO NOT QUALIFY FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND ARE UNABLE TO PAY FOR THE COST OF THEIR HEALTHCARE. FINANCIAL ASSISTANCE APPLICATIONS ARE AVAILABLE ON OUR WEBSITE TO INCLUDE THE FINANCIAL ASSISTANCE APPLICATION, POLICY AND PLAIN LANGUAGE SUMMARY IN BOTH ENGLISH AND SPANISH. ALL PATIENT STATEMENTS HAVE VERBIAGE DISCUSSING FINANCIAL ASSISTANCE ALONG WITH THE CONTACT INFORMATION. OUR LAST LETTER TO THE PATIENT DISPLAYS THE PLAIN LANGUAGE SUMMARY. IN ALL ORAL CORRESPONDENCES WITH THE PATIENT, IF IT IS IDENTIFIED THEY CANNOT MEET THE PAYMENT REQUIREMENTS ON THEIR ACCOUNT, FINANCIAL ASSISTANCE IS DISCUSSED AS AN OPTION.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>JMH IS LOCATED IN THE TOWN OF ABINGDON, WASHINGTON COUNTY, WHICH IS IN SOUTHWEST VIRGINIA. SOUTHWEST VIRGINIA (SWVA) IS LOCATED WITHIN THE APPALACHIAN MOUNTAINS, SPECIFICALLY THE BLUE RIDGE MOUNTAIN REGION. SWVA IS CONSIDERED RURAL AND MUCH DIFFERENT THAN THE REST OF THE STATE. SWVA HAS BEEN AND REMAINS A MAJOR COAL MINING REGION AND HAS A HIGH RATE OF UNINSURED ADULTS. ACCORDING TO U.S. CENSUS BUREAU ESTIMATES, THE TOWN OF ABINGDON HAS A POPULATION OF 8,117, WHILE WASHINGTON COUNTY'S POPULATION IS 54,562. THE LATEST CENSUS BUREAU DATA ESTIMATES THE MEDIAN AGE OF RESIDENTS OF WASHINGTON COUNTY IS 45.3, WHICH IS OLDER THAN THE MEDIAN AGE OF 37.8 IN VIRGINIA. 20.3% OF WASHINGTON COUNTY'S RESIDENTS ARE 65 OR OLDER COMPARED TO 13.9% FOR THE STATE. THE BUREAU ESTIMATES WASHINGTON COUNTY MEDIAN HOUSEHOLD INCOME AT \$43,835 (\$35,363 FOR THE TOWN OF ABINGDON) COMPARED TO \$66,149 FOR THE STATE OF VIRGINIA. 23% OF WASHINGTON COUNTY'S CHILDREN LIVE IN POVERTY COMPARED TO 15% STATEWIDE. WASHINGTON COUNTY IS 71% RURAL COMPARED WITH THE STATEWIDE RURAL RATE OF 24.5%. THIS FACTOR IS A SIGNIFICANT CONTRIBUTING FACTOR IN INFLUENCING HEALTH OUTCOMES IN A POPULATION. MANY RURAL RESIDENTS MUST TRAVEL A GREATER DISTANCE TO ACCESS DIFFERENT POINTS OF THE HEALTH CARE DELIVERY SYSTEM, HOWEVER, DUE TO GEOGRAPHIC DISTANCE, SOMETIMES EXTREME WEATHER CONDITIONS, LACK OF PUBLIC TRANSPORTATION AND CHALLENGING ROADS, RURAL RESIDENTS MAY BE LIMITED, AND IN SOME INSTANCES, EVEN PROHIBITED FROM ACCESSING HEALTH CARE SERVICES. MORE THAN 50% OF VEHICLE CRASH-RELATED FATALITIES OCCUR IN RURAL AREAS, EVEN THOUGH LESS THAN ONE-THIRD OF MILES TRAVELED IN A VEHICLE OCCUR THERE AND THERE IS AN ADDITIONAL 22% RISK OF INJURY-RELATED DEATHS IN RURAL COMMUNITIES. WITHIN OUR OWN COUNTY, INJURY DEATHS ARE 40% HIGHER THAN THE STATEWIDE RATE. AND, WHILE OUR AREA HAS GENERALLY UNFAVORABLE HEALTH STATISTICS, THE NUMBER OF RESIDENTS PER PRIMARY CARE PHYSICIAN IN OUR COUNTY IS 12% HIGHER THAN THE OVERALL STATE RATE AND 42% HIGHER THAN U.S. TOP PERFORMERS ACCORDING TO COUNTY HEALTH RANKINGS. A NUMBER OF FACTORS CONTRIBUTE TO A UNIQUE AND CHALLENGING ENVIRONMENT THAT INFLUENCE OVERALL HEALTH STANDING IN OUR COUNTY. ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION'S COUNTY HEALTH RANKINGS, 30% OF THE ADULTS IN JMH'S HOME COUNTY ARE OBESE. OBESITY INCREASES THE RISK FOR MANY HEALTH CONDITIONS SUCH AS CORONARY HEART DISEASE, TYPE 2 DIABETES, HYPERTENSION, STROKE, CANCER, SLEEP APNEA AND RESPIRATORY PROBLEMS, AND OSTEOARTHRITIS. EVIDENCE INDICATES PHYSICAL ACTIVITY, INDEPENDENT OF ITS EFFECT ON WEIGHT, HAS SUBSTANTIAL BENEFITS FOR HEALTH. OUR COUNTY'S INACTIVITY RATE OF 27% IS NEARLY 29% HIGHER THAN THE STATEWIDE RATE AND ACCESS TO EXERCISE OPPORTUNITIES IN THE COUNTY IS 26% LOWER THAN THE OVERALL STATE RATE.</p>
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>JMH IS DEDICATED TO OPERATING EFFICIENTLY SO THAT WASTE IS MINIMIZED. OPERATING SURPLUSES ARE INVESTED INTO IMPROVING TREATMENT OPTIONS FOR OUR PATIENTS THROUGH NEW TECHNOLOGIES, RECRUITING PHYSICIANS AND OTHER HEALTH PROFESSIONALS IN SHORTAGE AREAS, AND IMPROVING OUR FACILITIES AND EQUIPMENT. VARIOUS CHECKS AND BALANCES ARE ESTABLISHED TO ENSURE THAT EXPENDITURES FOR OPERATING EXPENSES AND CAPITAL COSTS ARE REASONABLE AND NECESSARY. THE MAJORITY OF JMH'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREAS. ONLY TWO DIRECTORS, MARVIN EICHORN AND JOANNE GILMER LIVE OUTSIDE THE AREA. THERE ARE THREE DIRECTORS DEEMED NON-INDEPENDENT, PER IRS INSTRUCTIONS. ONE IS A PHYSICIAN EMPLOYED BY A JMH SUBSIDIARY AND HAS A FAMILY MEMBER EMPLOYED BY JMH, ONE IS AN EMPLOYEE OF MSHA, JMH'S MAJORITY MEMBER, THE THIRD HAS A FAMILY MEMBER EMPLOYED BY JMH IN A NURSING ROLE. PHYSICIANS THAT REQUEST PRIVILEGES WHO ARE QUALIFIED AND CREDENTIALLED ARE EXTENDED PRIVILEGES BY JMH.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	JMH IS A 116-BED, ACUTE-CARE FACILITY OPERATED UNDER THE DIRECTION OF A 15 -MEMBER BOARD OF DIRECTORS PRIMARILY COMPRISED OF LOCAL COMMUNITY RESIDENTS JMH IS MAJORITY OWNED BY MOUNTAIN STATES HEALTH ALLIANCE (MSHA) BASED IN JOHNSON CITY, TENNESSEE, THE LARGEST REGIONAL HEALTHCARE SYSTEM WITH 13 HOSPITALS MSHA PROVIDES CARE TO PEOPLE IN 29 COUNTIES IN TENNESSEE, VIRGINIA, KENTUCKY, AND NORTH CAROLINA JMH SERVES AS ITS COUNTY'S PRIMARY HEALTH SERVICE PROVIDER PATIENTS BENEFIT FROM JMH'S AFFILIATION WITH A HEALTHCARE SYSTEM WHERE THEY CAN BE EFFICIENTLY MOVED ALONG AN INTEGRATED, COMPREHENSIVE CONTINUUM OF CARE AS THEIR HEALTH STATUS DICTATES IF NEEDED, PATIENTS CAN BE MOVED TO THE SYSTEM'S FLAGSHIP FACILITY, JOHNSON CITY MEDICAL CENTER, WHICH IS A TERTIARY CARE FACILITY PROVIDING ADVANCED TREATMENT OPTIONS MSHA HOSPITALS WORK CLOSELY WITH ONE ANOTHER TO SHARE EXPERTISE AND RESOURCES FOR EXAMPLE, JMH ASSISTED SMYTH COUNTY COMMUNITY HOSPITAL (SCCH) AND RUSSELL COUNTY MEDICAL CENTER (RCMC) TO ESTABLISH OUTPATIENT ONCOLOGY SERVICES AT BOTH FACILITIES THE EXPERIENCED CLINICAL TEAM AT JMH PROVIDED VALUABLE INSIGHT THAT SAVED SCCH AND RCMC TIME, MONEY, AND MISTAKES THERE ARE MANY OTHER EXAMPLES OF SHARED EXPERTISE AND SERVICES BETWEEN MSHA FACILITIES - LABORATORY, CARDIAC SERVICES, ADMINISTRATIVE, ETC
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	VIRGINIA

Additional Data

Software ID:

Software Version:

EIN: 54-0544705

Name: JOHNSTON MEMORIAL HOSPITAL INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		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
(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											
1	JOHNSTON MEMORIAL HOSPITAL INC 16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 WWW.BALLADHEALTH.ORG H 1864	X	X		X			X			

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

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

Form and Line Reference	Explanation
FACILITY 1, JOHNSTON MEMORIAL HOSPITAL, INC - PART V, LINE 5	MSHA MET WITH TEN FOCUS GROUPS, EACH REPRESENTING ONE OF THE THIRTEEN HOSPITAL FACILITIES, INCLUDING JMH EACH GROUP CONSISTED OF PUBLIC HEALTH LEADERS, NURSES, NON-PROFIT DIRECTORS, COMMUNITY DEVELOPERS, FAITH BASED LEADERS, PUBLIC OFFICIALS AND SCHOOL REPRESENTATIVES EACH GROUP RANGED IN ATTENDANCE FROM 5 TO 18 INDIVIDUALS PARTICIPANTS WERE GIVEN SURVEYS TO DETERMINE A COUNTY'S PERCEIVED HEALTH STATUS RATING, AVAILABLE RESOURCES, TOP HEALTH PRIORITIES (DISEASE CONDITIONS, HEALTH BEHAVIORS, AND SOCIOECONOMIC FACTORS), AND SUGGESTIONS FOR IMPROVEMENT OPEN DISCUSSION FOLLOWED THE COLLECTED INFORMATION WAS THEN PAIRED WITH STATISTICAL DATA IN ORDER TO PRIORITIZE HEALTH NEEDS THE FACILITY COMMUNITY BOARDS (SUCH AS JMH'S BOARD) WERE PRESENTED THIS INFORMATION AND SHARED THEIR THOUGHTS AS WELL ON THE HEALTH NEEDS TO PRIORITIZE THE SPECIFIC NEEDS FOR EACH COUNTY WERE THEN ADDRESSED IN THE RESPECTIVE FACILITY IMPLEMENTATION PLAN WHICH WAS ADOPTED SEVERAL MONTHS LATER

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

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

Form and Line Reference	Explanation
FACILITY 1, JOHNSTON MEMORIAL HOSPITAL, INC - PART V, LINE 6A	EACH HOSPITAL WITHIN THE MSHA SYSTEM COMPLETED A CHNA JMH'S CHNA WAS CONDUCTED WITH ALL MSHA HOSPITALS TO INCLUDE JOHNSON CITY MEDICAL CENTER (INCLUDES NISWONGER CHILDREN'S HOSPITAL AND WOODRIDGE HOSPITAL), FRANKLIN WOODS COMMUNITY HOSPITAL, INDIAN PATH MEDICAL CENTER, SYCAMORE SHOALS HOSPITAL, JOHNSON COUNTY COMMUNITY HOSPITAL, UNICOI COUNTY MEMORIAL HOSPITAL, RUSSELL COUNTY MEDICAL CENTER, SMYTH COUNTY COMMUNITY HOSPITAL, NORTON COMMUNITY HOSPITAL AND DICKENSON COMMUNITY HOSPITAL

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

Form and Line Reference	Explanation
FACILITY 1, JOHNSTON MEMORIAL HOSPITAL, INC - PART V, LINE 11	MSHA PUBLISHED ITS COMMUNITY HEALTH NEEDS ASSESSMENT ON JUNE 29, 2015 THE DATA INCLUDED W AS COLLECTED OVER THE COURSE OF 2014 AND 2015 DUE TO LIMITED RESOURCES, EACH FACILITY PRI ORITIZED FOUR TO FIVE HEALTH PRIORITIES ON WHICH TO FOCUS AND DEVELOP IMPLEMENTATION PLANS TO IMPACT THERE WERE SEVEN COMMON HEALTH PRIORITIES SELECTED BY THE VARIOUS 11 FACILITIE S, BUT NOT ALL FACILITIES SELECTED THE SAME AREAS THE SEVEN ARE OBESITY, SUBSTANCE/PRESCR IPTION DRUG ABUSE, DIABETES, CANCER, HEART DISEASE, SMOKING AND MENTAL HEALTH ALL OF THES E ARE SIGNIFICANT ISSUES FOR ALL 11 FACILITIES, BUT EACH CHOSE TO PRIORITIZE ON A DIFFEREN T SET SO THEY COULD TARGET THEIR EFFORTS AND BE MORE EFFECTIVE WITH LIMITED RESOURCES FOR EXAMPLE, WHILE NEARLY ALL THE FACILITIES IDENTIFIED OBESITY (11 OF 11) AND SUBSTANCE/PRES CRIPTION DRUG ABUSE (10 OF 11), ONLY CERTAIN FACILITIES ELECTED TO FOCUS ON SOME NUMBER OF THE OTHER FIVE COMMON HEALTH PRIORITIES WHILE MENTAL HEALTH IS CLEARLY A SIGNIFICANT ISS UE FOR ALL 11 FACILITIES, ONLY THREE ARE FOCUSED ON IT DUE TO LIMITED RESOURCES THE SAME IS TRUE WITH SMOKING WHERE ONLY 5 OF THE 11 FACILITIES ARE FOCUSED ON IT, BUT IT IS AN ISS UE FOR ALL FACILITIES SIX OF THE 11 FACILITIES SELECTED CANCER, 6 OF THE 11 SELECTED HEAR T DISEASE, AND 9 OF THE 11 CHOSE DIABETES ANOTHER WAY TO STATE THIS IS BY FACILITY FOR E XAMPLE, WHILE CANCER AND MENTAL HEALTH ARE PREVALENT CHALLENGES FOR JCMC'S PRIMARY SERVICE AREA, THE HOSPITAL ELECTED NOT TO FOCUS ON THOSE DUE TO LIMITED TIME, FUNDING, PERSONNEL AND OTHER RESOURCES NEEDED TO EFFECTUATE CHANGE UCMH FELT IT WAS UNABLE TO ADDRESS HEART DISEASE, SMOKING, AND MENTAL HEALTH ISSUES IN ITS PRIMARY SERVICE AREA SOME FACILITIES ID ENTIFIED ISSUES SUCH AS TRANSPORTATION AND EDUCATION AS BARRIERS TO GOOD HEALTH, BUT WERE ALSO UNABLE TO SET ASIDE SUFFICIENT RESOURCES TO MEANINGFULLY IMPACT THOSE CHALLENGES AFT ER THE FACILITIES SELECTED A REASONABLE NUMBER OF HEALTH PRIORITIES THEY FELT THEY COULD A DEQUATELY IMPACT, AN IMPLEMENTATION PLAN WAS CREATED FOR EACH HOSPITAL, AND EACH HOSPITAL' S BOARD APPROVED THE IMPLEMENTATION PLAN DURING THE MONTHS OF NOVEMBER AND DECEMBER 2015 MSHA ANNUALLY TRACKS PROGRESS OF IMPLEMENTATION STRATEGIES FOR EACH HOSPITAL THE FACILITI ES CONTINUE TO CONDUCT ACTIVITIES CONSISTENT WITH THEIR RESPECTIVE IMPLEMENTATION PLANS F OR EXAMPLE, A PARTNERSHIP WAS DEVELOPED WITH FEEDING AMERICA OF SOUTHWEST VIRGINIA TO FUND HEALTHY FOOD OPTIONS FOR THE MOBILE FOOD BANK AND PROVIDE NUTRITIONAL EDUCATION TO RECIPI ENTS WHICH ADDRESSES OBESITY AND DIABETES JMH SUPPORTS THE WASHINGTON COUNTY SCHOOL SYSTE M'S MORNING MILE PROGRAM THIS IS A SCHOOL BASED PROGRAM IN WHICH KIDS ARRIVE AT SCHOOL EA RLY AND PARTICIPATE IN A SUPERVISED WALK OR RUN FOR A MILE SCCH CONTINUES TO SPONSOR THE LOCAL COMMUNITY ACTION NETWORK AND PROVIDES NUTRITIONAL AND WELLNESS INFORMATION TARGETING OBESITY RCMC SUPPORTS THE RUSSELL COUNTY SCHOOL BACKPACK PROGRAM WHICH PROVIDES HEALTHY FOOD FOR KIDS IN NEED TO HELP

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

Form and Line Reference	Explanation
FACILITY 1, JOHNSTON MEMORIAL HOSPITAL, INC - PART V, LINE 11	ADDRESS CHILDHOOD OBESITY JCCH STILL MEETS WITH THE LOCAL SCHOOLS TO PROVIDE EDUCATION ON THE DANGERS OF SMOKING UCMH PARTNERS WITH THE LOCAL YMCA TO PROVIDE DIABETES EDUCATION C LASSES AND SUPPORT FOR THE COMMUNITY IPMC HAS BEEN SUPPORTING SUGAR FREE INITIATIVES AT T HE LOCAL BOYS AND GIRLS CLUB TO HELP REDUCE OBESITY IN CHILDREN FWCH CONTINUES TO PROVIDE COOKING AND PHYSICAL ACTIVITY CLASSES TO THE COMMUNITY TO ADDRESS OBESITY AND DIABETES T HESE ARE JUST A FEW EXAMPLES OF THE EFFORTS MADE BY MSHA HOSPITALS TO SUPPORT THEIR IMPLEM ENTATION PLANS

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As Filed Data -

DLN: 93493090000018

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," on 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

2016

Open to Public Inspection

Name of the organization
JOHNSTON MEMORIAL HOSPITAL INC

Employer identification number
54-0544705

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

2

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

5

3

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	JMH CHARITABLE DONATIONS REQUIRE FINAL APPROVAL BY THE CEO. IN ORDER TO IMPROVE THE OVERALL EFFICIENCY OF CONTRIBUTION REQUEST EVALUATION, ALL REQUESTS ARE NOW REQUIRED TO BE COMPLETED USING OUR ONLINE APPLICATION FORM. THE ONLINE FORM PROVIDES CONSISTENCY AMONG APPLICANTS AND GIVES US THE INFORMATION WE NEED IN ORDER TO MAKE A FULLY VETTED FUNDING DECISION. SOME OF THE INFORMATION WE REQUIRE FROM APPLICANTS INCLUDES: IF THE APPLICANT IS REQUESTING FUNDING FOR A SPECIFIC EVENT OR PROGRAM, THE DATE, LOCATION, AND TIME ARE REQUIRED; DESCRIPTION OF THE EVENT/PROGRAM; APPLICANT'S OTHER SOURCES OF INCOME; EVENT/PROGRAM BUDGET; HOW THE EVENT/PROGRAM SUPPORTS JMH'S MISSION; WHO WILL BENEFIT FROM OUR CONTRIBUTION; WHAT WILL THE EVENT/PROGRAM ACCOMPLISH. APPLICANT ORGANIZATION'S MISSION STATEMENT; YEAR THE APPLICANT ORGANIZATION WAS FOUNDED; NUMBER OF PEOPLE SERVED ANNUALLY BY THE APPLICANT; APPLICANT'S WEBSITE; TAX STATUS OF THE APPLICANT; AND FEDERAL TAXPAYER ID NUMBER. WITH FEW EXCEPTIONS, DONATIONS TO NATIONAL ORGANIZATIONS ARE HANDLED AT MSHA'S CORPORATE LEVEL, WHICH PREVENTS MULTIPLE CONTRIBUTIONS BEING MADE TO THE SAME NATIONAL ORGANIZATION AND ALLOWS ADDITIONAL CONTRIBUTION DOLLARS TO BE USED FOR REGION-SPECIFIC REQUESTS. DONATIONS FROM MSHA HOSPITALS, INCLUDING JMH, ARE ALMOST ENTIRELY DIRECTED TO LOCAL NONPROFIT ORGANIZATIONS. MSHA'S SOCIAL RESPONSIBILITY COMMITTEE, WHICH PROVIDES SYSTEM-WIDE GUIDANCE, IS COMPRISED OF COMMUNITY LEADERS INCLUDING THE DEAN OF A LOCAL UNIVERSITY, THE PRESIDENT OF A LOCAL COLLEGE, UNITED WAY OF WASHINGTON COUNTY'S PRESIDENT, COMMUNITY VOLUNTEERS, BUSINESS LEADERS, MOUNTAIN STATES FOUNDATION'S PRESIDENT, AND OTHERS. COMMITTEE MEMBERS WERE SELECTED SO THAT MEMBERSHIP EXPERTISE INCLUDES PUBLIC HEALTH, HEALTH PROFESSIONS EDUCATION, KNOWLEDGE OF OTHER RESOURCES AVAILABLE TO CHARITABLE ORGANIZATIONS, AND INDIVIDUALS WITH HANDS-ON COMMUNITY VOLUNTEER EXPERIENCE. SOME OF THE ROUTINE ACTIVITIES OF THE COMMITTEE DURING QUARTERLY MEETINGS INCLUDE: QUARTERLY REVIEW OF THE SOCIAL RESPONSIBILITY SCORECARD, A MEASUREMENT OF ACTUAL ACCOMPLISHMENTS IN THE YEAR COMPARED TO TARGETS SET AT THE BEGINNING OF THE YEAR; REVIEW OF CHARITABLE CONTRIBUTION GIVING FOR THE PREVIOUS QUARTER THIS YEAR; THE COMMITTEE BEGAN WORK TO DEVELOP A SOCIAL RESPONSIBILITY BUSINESS PLAN; OPPORTUNITY FOR LOCAL TAX-EXEMPT ORGANIZATIONS TO PRESENT TO THE COMMITTEE PROGRAMS THEY OFFER, ACHIEVEMENTS, AND FUNDING NEEDS. THE COMMITTEE MAY OR MAY NOT RECOMMEND MSHA CORPORATE/HOSPITAL FUNDING OF PROGRAMS. SOMETIMES, MSHA DEPARTMENTS WILL BRING PROPOSALS FOR NEW PROGRAMS TO BENEFIT A SPECIFIC POPULATION, SUCH AS CHILDREN.

Additional Data

Software ID:
Software Version:
EIN: 54-0544705
Name: JOHNSTON MEMORIAL HOSPITAL INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VIRGINIA HIGHLANDS COMM COLLEGE P O BOX 828 ABINGDON, VA 24212	54-1268289	501C3	81,469				FUND NURSING PROGRAM
BARTER THEATRE PO BOX 867 ABINGDON, VA 24212	54-6000120	501C3	18,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WILLIAM KING MUSEUM PO BOX 2256 ABINGDON, VA 24210	54-1144120	501C3	10,000				SPONSORSHIP
WASHINGTON COUNTY PUBLIC SCHOOLS 812 THOMPSON DRIVE ABINGDON, VA 24210	54-6001671	501C3	7,250				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WASHINGTON COUNTY LIFE SAVING CREW 237 PARK STREET SE ABINGDON, VA 24212	54-1103215	501C3		5,243			DRUG BOX REFILLS

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization JOHNSTON MEMORIAL HOSPITAL INC	Employer identification number 54-0544705
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	SEAN MCMURRAY 0 7,615 0
SCHEDULE J, PART III	PART I, LINE 4B SEAN MCMURRAY PARTICIPATED IN A 457(F)RETIREMENT PLAN PROVIDED BY MOUNTAIN STATES HEALTH ALLIANCE (MSHA). THE 457(F)PLAN IS A NONQUALIFIED TAX- DEFERRED COMPENSATION PLAN AVAILABLE TO A SELECT GROUP OF KEY EXECUTIVES FOR THE INTENT OF SUPPORTING RETENTION AND TO OFFER A COMPETITIVE TOTAL RETIREMENT PROGRAM. ACCOUNT BALANCES HAVE A "SUBSTANTIAL RISK OF FORFEITURE" IN ADDITION TO CREDITOR RISK, SUBSTANTIAL RISK OF FORFEITURE IS CREATED THROUGH DEFAULT RISK IF THE PARTICIPANT'S EMPLOYMENT WITH MSHA IS TERMINATED PRIOR TO AGE 65. HOWEVER, THE 457(F) PLAN CONTAINS A NON- COMPETE PROVISION THAT PROVIDES THE ACCOUNT BALANCE TO BE PAID IN A LUMP SUM AFTER THE EXECUTIVE SATISFIES THE TWO-YEAR NON-COMPETE PERIOD. THIS PROVISION APPLIES TO EMPLOYER CONTRIBUTIONS IF THE EXECUTIVE HAS PROVIDED ELIGIBLE SERVICE FOR SIX OR MORE YEARS. (ELIGIBLE SERVICE IS OFFICER SERVICE THAT PERMITTED THE EXECUTIVE TO PARTICIPATE IN THE PLAN). THE EXECUTIVE WILL RECEIVE THE ENTIRE ACCOUNT BALANCE IF HE/SHE BECOMES DISABLED, DIES OR IF THE EXECUTIVE TERMINATES FOR "GOOD REASON- OR IS INVOLUNTARILY TERMINATED WITHOUT "GOOD CAUSE" WITHIN A 24-MONTH PERIOD AFTER A CHANGE-OF-CONTROL OCCURS. DISTRIBUTIONS FROM THIS PLAN ARE SUBJECT TO FEDERAL, STATE, AND LOCAL TAXES ON THE ENTIRE ACCOUNT BALANCE UPON DISTRIBUTION.

Additional Data

Software ID:

Software Version:

EIN: 54-0544705

Name: JOHNSTON MEMORIAL HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARVIN EICHORN MSHA EVP COO/TREAS	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	558,459	-----	31,936	18,200	24,493	630,141	-----
1JIM GARDNER MD APP PHY DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	171,324	49,899	952	9,425	19,727	251,119	-----
2JOHN JETER CFO/ASST ADMIN JMH	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	177,757	-----	3,924	9,399	19,318	209,996	-----
3STAN HICKSONCEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	148,528	25,000	777	-----	9,283	183,087	-----
4BRYAN MULLINSCO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	152,181	-----	3,080	5,748	19,654	179,083	-----
5BRIAN CONDIT MD VP/CMO NE MARKET	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	282,649	-----	29,745	9,170	26,648	346,248	-----
6SCOTT HUNTER PA HOSPITALIST	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	99,567	171,984	1,923	15,189	21,909	310,394	-----
7WILEY KENT PAHOSPITALIST	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	89,909	170,177	3,899	14,501	24,193	302,499	-----
8JOHN RAY MDHOSPITALIST	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	184,838	64,698	3,654	14,407	10,303	277,692	-----
9RONNA NEW MDDIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	176,047	20,000	45,015	7,613	22,081	270,548	-----
10SEAN MCMURRAY JMH CEO, FORMER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	154,712	-----	21,421	14,422	10,894	199,940	-----
STEPHEN GIVENS RCMC 11ADMINISTRATOR FMR JMH KEY EMPLOYEE	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	164,521	-----	9,336	9,058	23,158	204,340	-----
12DAMIAN SOOKLAL MD MSMG PHYSICIAN FMR JMH HIGHEST PAID	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	197,693	15,000	55,806	5,076	15,739	289,259	-----

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
JOHNSTON MEMORIAL HOSPITAL INC

Employer identification number
54-0544705

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GINGER MCSHEEHY	FAMILY MEMBER	65,055	EMPLOYMENT		No
(2) GRAHAM GARDNER	FAMILY MEMBER	11,955	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	(A1) NAME OF PERSON GINGER MCSHEEHY (B1) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF BRENDAN MCSHEEHY, JMH BOARD MEMBER (D1) DESCRIPTION OF TRANSACTION BRENDAN MCSHEEHY, JMH BOARD MEMBER, IS A FAMILY MEMBER OF GINGER MCSHEEHY, AN EMPLOYEE OF JOHNSTON MEMORIAL HOSPITAL (A2) NAME OF PERSON GRAHAM GARDNER (B2) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JIM GARDNER, M D , JMH BOARD MEMBER (D2) DESCRIPTION OF TRANSACTION JIM GARDNER, M D , JMH BOARD MEMBER, IS A FAMILY MEMBER OF GRAHAM GARDNER, AN EMPLOYEE OF JOHNSTON MEMORIAL HOSPITAL

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization JOHNSTON MEMORIAL HOSPITAL INC	Employer identification number 54-0544705
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	JOHNSTON MEMORIAL HOSPITAL (JMH) IS COMMITTED TO BRINGING LOVING CARE TO HEALTH CARE WE EXIST TO IDENTIFY AND RESPOND TO THE HEALTH CARE NEEDS OF INDIVIDUALS AND COMMUNITIES IN OUR REGION AND TO ASSIST THEM IN ATTAINING THEIR HIGHEST POSSIBLE LEVEL OF HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>(CONT'D) DURING FY17, 8,656 PATIENTS WERE ADMITTED TO OUR HOSPITAL, WITH JUST OVER 32,000 PATIENT DAYS THERE WERE AN ADDITIONAL 3,981 OBSERVATION DAYS AND JUST UNDER 1,400 NEWBORN DAYS WE EXPERIENCED 234,109 OUTPATIENT VISITS THIS YEAR THERE WERE 41,014 VISITS TO OUR EMERGENCY DEPARTMENT THERE WERE 6,659 SURGERIES PERFORMED WE DELIVERED 624 BABIES PROM OTE COMMUNITY HEALTH MOUNTAIN STATES HEALTH ALLIANCE IS ONE OF ONLY 32 ORGANIZATIONS IN T HE COUNTRY THAT WERE CHOSEN RECENTLY TO BE PART OF THE U S CENTERS FOR MEDICARE & MEDICAL SERVICES' (CMS) NEW PROGRAM AIMED AT IMPROVING THE HEALTH OF MEDICARE AND MEDICAID BENEFICIARIES THE NEW PROGRAM - CMS' ACCOUNTABLE HEALTH COMMUNITIES (AHC) MODEL - WILL SEEK TO IMPROVE THE OVERALL HEALTH OF MEDICARE AND MEDICAID BENEFICIARIES BY HELPING TO ADDRESS PATIENTS' HEALTH-RELATED SOCIAL NEEDS THE PROGRAM SEEKS TO BRIDGE THE GAP BETWEEN CLINICAL AND COMMUNITY SERVICE PROVIDERS TO ADDRESS ISSUES SUCH AS HOUSING INSTABILITY, FOOD INSECURITY, UTILITY NEEDS, INTERPERSONAL VIOLENCE AND TRANSPORTATION MOUNTAIN STATES WILL SERVE AS THE BRIDGE ORGANIZATION FOR THE PROJECT LOCALLY, LEADING A COLLABORATIVE WITH MULTIPLE OTHER ORGANIZATIONS AND CARE SITES TO BRING THE NEEDED SERVICES TO BENEFICIARIES WHO LIVE IN SOUTHWEST VIRGINIA THE VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES WILL ALSO PARTNER IN THE PROGRAM THE AHC MODEL PROVIDES FEDERAL FUNDING TO HIRE PATIENT NAVIGATORS, ALONG WITH ADDITIONAL SUPPORT STAFF WHO WILL BE LOCATED AT COMMUNITY SERVICES BOARDS THROUGHOUT SOUTHWEST VIRGINIA JMH, ALONG WITH FOUR OTHER MSHA VIRGINIA HOSPITALS, WILL PARTICIPATE IN THE NEW PROGRAM APP, A NONPROFIT PHYSICIAN ORGANIZATION OWNED BY JMH, WILL ALSO PARTICIPATE IN THE PROGRAM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES MADE THE SELECTION NEAR THE END OF OUR FISCAL YEAR SO WE WERE IN THE VERY EARLY STAGE OF PLANNING AT JUNE 30, 2017 OUR TRIUMPH CANCER NAVIGATOR PROGRAM CELEBRATED ITS 1-YR ANNIVERSARY AND HAS EXPANDED ITS SCOPE TO COVER ALL TYPES OF CANCER THE PROGRAM IS DESIGNED TO SUPPORT CANCER PATIENTS AND THEIR FAMILIES, ADVOCATE FOR THE PATIENT, AND TO HELP COORDINATE THE PATIENT'S CARE THROUGHOUT THE CONTINUUM OF TREATMENT - FROM DIAGNOSIS TO SURVIVORSHIP THERE IS NO CHARGE FOR THESE SERVICES REGARDLESS OF WHETHER A PATIENT CHOOSES TO RECEIVE THEIR TREATMENT AT JMH OR AN UNRELATED FACILITY THOSE THAT JOIN THE PROGRAM RECEIVE ONE-ON-ONE ASSISTANCE FROM SPECIALLY TRAINED ONCOLOGY PROFESSIONALS OUR CANCER NAVIGATORS COMMUNICATE WITH THE PATIENT'S DOCTOR, WILL COORDINATE TRANSPORTATION, SET UP APPOINTMENT REMINDERS AND PROVIDE EMOTIONAL SUPPORT FOR BOTH THE PATIENT AND THE PATIENT'S FAMILY OUR NAVIGATORS WILL ALSO COORDINATE SUPPORT SERVICES SUCH AS TREATMENT PLANNING, PROSTHESIS SELECTION, NUTRITION COUNSELING, AND IDENTIFICATION OF RESOURCES FOR SPIRITUAL CARE, FINANCIAL ASSISTANCE AND OTHER NEEDS OUR NAVIGATORS PARTICIPATE IN COMMUNITY EVENTS SUCH AS HEALTH FAIRS, CANCER EDUCATION EVENTS,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>AND CANCER SUPPORT GROUPS THEY VISIT PHYSICIAN OFFICES, SENIORS' GROUPS, ATTEND MEETINGS WITH LOCAL BUSINESS ORGANIZATIONS, AND THEY WORK WITH MANY OTHER ORGANIZATIONS TO EXPLAIN THE NAVIGATION PROGRAM AND PROVIDE CANCER AWARENESS/EDUCATION THROUGH THE COMMUNITY THE PROGRAM HAS MADE AN IMPACT, WITH THE TRIUMPH PROGRAM RECEIVING A PATIENT SATISFACTION SCORE OF 93 A COLLABORATIVE PROJECT, THE SEPSIS INITIATIVE, LAUNCHED BY CLINICAL TEAMS AT JMH AND MSHA HAS EARNED NATIONAL RECOGNITION FROM THE SOCIETY OF HOSPITAL MEDICINE THE SEPSIS INITIATIVE IS ESTIMATED TO HAVE SAVED MORE THAN 70 LIVES OVER THE COURSE OF A YEAR THE PROJECT TEAM WAS HONORED BY THE SOCIETY OF HOSPITAL MEDICINE WITH A 2017 AWARD FOR EXCELLENCE IN TEAMWORK IN QUALITY IMPROVEMENT, RESEARCH, TEACHING AND TEAMWORK SEPSIS IS A POTENTIALLY DEADLY CONDITION CAUSED BY THE BODY'S OVERWHELMING RESPONSE TO AN INFECTION, WHICH CAN LEAD TO TISSUE DAMAGE, ORGAN FAILURE AND DEATH ACCORDING TO THE NATIONAL INSTITUTES OF HEALTH, SEVERE SEPSIS STRIKES MORE THAN A MILLION AMERICANS EVERY YEAR, AND IT'S ESTIMATED THAT BETWEEN 28 AND 50 PERCENT OF THOSE PEOPLE DIE - FAR MORE THAN THE NUMBER OF U.S. DEATHS FROM BREAST CANCER, PROSTATE CANCER AND AIDS COMBINED THE JMH TEAM WORKED TO IDENTIFY SEPSIS QUICKLY, THEN TO IMPROVE COMMUNICATION AMONG CLINICAL TEAMS SEPSIS EDUCATION WAS MADE MANDATORY FOR NURSE ORIENTATION AND ANNUAL LEARNING REQUIREMENTS THE TEAM BUILT PROTOCOL INTO THE ELECTRONIC MEDICAL RECORD SYSTEM IN THE FORM OF SEPSIS SCREENING TOOLS, AUTOMATIC ALERTS AND SEPSIS-SPECIFIC ORDER SETS AND BECAUSE MOST SEPSIS PATIENTS COME INTO THE HOSPITAL THROUGH THE EMERGENCY ROOM, THE TEAM HARDWIRED SEPSIS SCREENING INTO THE ER TRIAGE PROCESSES THE SEPSIS INITIATIVE IS NOW BEING USED AT SIX OTHER MSHA HOSPITALS OUR DIAPER ASSISTANCE PROGRAM PROVIDES DIAPERS TO LOW-INCOME FAMILIES THAT DELIVER AT JMH FOR THE FIRST 6 MONTHS OF THE BABY'S LIFE WE HAD 371 WOMEN ENROLL WITH THEIR BABIES THIS YEAR AND INCURRED EXPENSE OF 8,652 FOR THIS PROGRAM THE OUTPATIENT DIABETES CARE CENTER (CENTER) AT JMH CONTINUES TO EXPERIENCE INCREASED VOLUMES AFTER AN INCREASE OF ALMOST 170% FROM FY14 TO FY15, OUR VOLUME GREW 43% IN FY16 AND AN ADDITIONAL 15% IN FY17 THE CENTER'S FOR DISEASE CONTROL AND PREVENTION IDENTIFIES THE COUNTIES SERVED BY JMH AS BEING LOCATED IN WHAT IS REFERRED TO AS THE "DIABETES BELT" OF THE U.S. DIABETES PREVALENCE IS 30% HIGHER IN WASHINGTON COUNTY THAN THE STATEWIDE RATE JMH'S DIABETES CENTER PROVIDES MEDICAL MANAGEMENT OF DIABETES AND DIABETES-RELATED CONDITIONS FOR PATIENTS AGED 12 AND UP A COMPREHENSIVE DIABETES EDUCATION PROGRAM THAT IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IS PART OF THE CENTER'S PROGRAM OF CARE THE JMH CENTER FOR COMPREHENSIVE WOUND CARE IS THE ONLY FACILITY IN SOUTHWEST VIRGINIA OFFERING HYPERBARIC OXYGEN THERAPY - THE DELIVERY OF OXYGEN AT LEVELS HIGHER THAN ATMOSPHERIC PRESSURE IN A CHAMBER SETTING THAT STIMULATES THE HEALING PROCESS THE NEAREST</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>ST FACILITY OFFERING HYPERBARIC OXYGEN THERAPY IS AN HOUR AWAY OUR TRAINED STAFF FOLLOW A TEAM APPROACH TO WOUND HEALING EACH PATIENT RECEIVES A COMPREHENSIVE INDIVIDUALIZED PLAN DESIGNED TO HELP DIFFICULT-TO-HEAL WOUNDS JMH STAFF STRIVE TO ADDRESS THE UNDERLYING CAUSE OF THE PROBLEM, CONTROL INFECTION, AND IMPROVE THE OVERALL HEALTH OF OUR PATIENTS THE CENTER CONTINUES TO SEE A GROWTH IN PATIENT VOLUME EACH YEAR THERE WAS A 16.7% INCREASE IN PROCEDURES FROM FY16 TO FY17 JMH CONTINUES THE "LEAN" PROCESS OF PROVIDING VALUE TO CUSTOMERS (OUR PATIENTS, PHYSICIANS AND TEAM MEMBERS) THROUGH QUALITY IMPROVEMENT TEAMS (REFERRED TO AS RAPID IMPROVEMENT EVENTS) THAT MEET ALL DAY FOR SEVERAL DAYS TO DEVELOP PROCESSES THAT WILL OPTIMIZE CARE OF PATIENTS, REDUCE RESOURCE UTILIZATION, AND, OFTENTIMES, IMPROVE BOTH THIS PROCESS OF IMPROVEMENT IS CALLED THE "VALUE OPTIMIZATION SYSTEM" (VOS) DURING FY17, WE CONTINUED VOS ACTIVITIES STARTED DURING FY16 AND PLANNED AND BEGAN ACTIVITIES THAT WILL CONTINUE INTO FY18 NEW ACTIVITIES STARTED DURING FY17 INCLUDE A FOCUS ON PROCESSES IMPACTING PATIENT THROUGHPUT AND EXPERIENCE FROM POINT OF ENTRY (EMERGENCY DEPARTMENT) THROUGH DISCHARGE FROM THE HOSPITAL THESE RAPID IMPROVEMENT EVENTS (RIE) ARE CONDUCTED OVER A 12 MONTH PERIOD TO ENSURE THE PATIENT IS THE CENTER OF OUR CONTINUOUS IMPROVEMENT ACTIVITIES RESULTS WILL NOT BE AVAILABLE UNTIL FY18 GOALS WERE ESTABLISHED TO REDUCE IN PATIENT LENGTH OF STAY (LOS), SUSTAIN OBSERVATION LOS, IMPROVE ED PATIENTS' EXPERIENCE, IMPROVE PHYSICIAN COMMUNICATION, IMPROVE RN COMMUNICATION, IMPROVE COMMUNICATION ABOUT MEDICATIONS, AND, IMPROVE COMMUNICATION ABOUT PATIENT DISCHARGE ANOTHER VOS ACTIVITY STARTED DURING THE YEAR THAT WILL CONTINUE INTO FY18 FOCUSES ON CARDIOVASCULAR SERVICES THIS RAPID IMPROVEMENT EVENT DEVELOPED AND IMPLEMENTED PROCESSES TO REDUCE AVOIDABLE READMISSIONS FOR PATIENTS WITH CONGESTIVE HEART FAILURE, IMPROVE THE QUALITY OF CARE FOR PATIENTS THROUGHOUT ALL CARDIOVASCULAR SERVICES THROUGH EDUCATION, IMPROVE THE QUALITY OF TRANSFERS, INCLUDE OUTSIDE EMERGENCY MEDICAL STAFF IN TRAINING/EDUCATION (RESCUE SQUADS, FIRE DEPARTMENTS, ETC.), IMPLEMENT A LIMB SALVAGE PROGRAM, AND, IMPROVE MEDICATION ADMINISTRATION AT DISCHARGE TARGETS ARE SET TO REDUCE CONGESTIVE HEART FAILURE READMISSIONS, REDUCE COST, AND IMPROVE DISCHARGE PERFORMANCE SCORE BASED ON COMMUNITY NEED, JMH INCURRED DIRECT EXPENSE OF 649,969 TO RECRUIT PHYSICIANS INTO OUR COMMUNITY IN ADDITION, MSHA CORPORATE ALLOCATES A PORTION OF ITS PHYSICIAN RECRUITMENT DEPARTMENTAL EXPENSES SINCE THAT DEPARTMENT SERVICES ALL MSHA DIVISIONS, INCLUDING JMH PHYSICIANS ARE RECRUITED TO REPLACE PHYSICIANS THAT RETIRE OR LEAVE THE AREA ACCORDING TO THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES, PHYSICIAN RETIREMENT IS THE PRIMARY FACTOR BEHIND THE PHYSICIAN SHORTAGE IN THE U.S. ABOUT ONE-THIRD OF CURRENTLY PRACTICING PHYSICIANS WILL BE AT LEAST 65 YEARS OLD WITHIN THE NEXT DECADE JMH RECRUITMENT EXPENSE DURING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V	LINE 2A W-2 EMPLOYEES JMH TEAM MEMBERS ARE PAID BY MOUNTAIN STATES HEALTH ALLIANCE (MSHA) JMH REIMBURSES MSHA FOR ALL SALARY AND BENEFITS RELATED TO OUR TEAM MEMBERS AND THE EXPENSE IS RECORDED ON JMH'S BOOKS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE CORPORATION IS ORGANIZED AS A VIRGINIA NON-STOCK, NONPROFIT CORPORATION WITH TWO MEMBERS MOUNTAIN STATES HEALTH ALLIANCE, WHICH MAINTAINS A 50 1% INTEREST AND JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, WHICH MAINTAINS A 49 9% INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THERE ARE TWO CLASSES OF MEMBERS, AND EACH CLASS IS ENTITLED TO ELECT A SPECIFIED NUMBER OF DIRECTORS TO THE BOARD THE MOUNTAIN STATES HEALTH ALLIANCE CLASS IS ELECTED BY THE MSHA BOARD OF DIRECTORS AND THE JOHNSTON MEMORIAL HOSPITAL CLASS IS ELECTED BY THE JOHNSTON MEMORIAL HEALTHCARE FOUNDATION'S BOARD OF DIRECTORS NEITHER SIDE CAN VETO AN APPOINTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	CERTAIN DECISIONS OF THE BOARD ARE PURSUANT TO CHARTER AND VIRGINIA STATUTE, SUBJECT TO APPROVAL OF THE MEMBERS THESE DECISIONS INCLUDE DISSOLUTION OF THE CORPORATION, MERGER OF THE CORPORATION, NON-ORDINARY COURSE OF BUSINESS SALE OF ASSETS, ETC NO ORDINARY DAY-TO-DAY DECISIONS ARE SUBJECT TO MEMBER APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE CFO REVIEWED THE FORM 990 WITH THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN WITH THE IRS THE RETURN WAS MADE AVAILABLE TO EACH BOARD MEMBER IN AN ELECTRONIC FORMAT PRIOR TO THE REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY, THE CORPORATE AUDIT AND COMPLIANCE DEPARTMENT OF MSHA FORWARDS THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM TO ALL MSHA MANAGEMENT TEAM MEMBERS AND BOARD MEMBERS, INCLUDING THOSE AT JMH EMPLOYEES AND BOARD MEMBERS MUST NOTE ANY CONFLICTS OR ATTEST THEY HAVE "NONE", AND RETURN THE FORM TO THE AUDIT AND COMPLIANCE DEPARTMENT ANY NOTED DISCLOSURES ARE FORWARDED TO THE APPROPRIATE MANAGEMENT OR BOARD PERSONNEL TO EVALUATE AND UTILIZE WHEN A TRANSACTION INVOLVING A CONFLICTED PERSON ARISES ADDITIONALLY, PERSONNEL WHO HAVE A CONFLICT ARISE BETWEEN THE ANNUAL DISTRIBUTION OF THE POLICY AND FORMS ARE REQUIRED TO DISCLOSE THE CONFLICT AND WOULD BE DISCIPLINED IN ANY INSTANCE WHERE THEY HAVE NOT DISCLOSED AND ENGAGED IN A CONFLICTED TRANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	ON AN ANNUAL BASIS, MOUNTAIN STATE HEALTH ALLIANCE'S HUMAN RESOURCE (H/R) DEPARTMENT EVALUATES COMPENSATION FOR ALL EXECUTIVES AT A POSITION LEVEL OF ASSISTANT VICE PRESIDENT AND ABOVE THE REVIEW INCLUDES JMH/APP'S CEO H/R'S EVALUATION IS BASED ON MARKET DATA OBTAINED FROM INDEPENDENT THIRD- PARTY CONSULTANTS FOR POSITIONS WITH SIMILAR RESPONSIBILITIES AT SIMILARLY SITUATED ORGANIZATIONS BASED ON THIS COMPARABLE DATA, MOUNTAIN STATE'S PRESIDENT & CEO EVALUATES THE DATA AND SUBMITS HIS RECOMMENDATIONS TO MOUNTAIN STATE'S BOARD OF DIRECTORS FOR THEIR FINAL REVIEW AND APPROVAL IN ADDITION, MOUNTAIN STATES OFFERS AN INCENTIVE PLAN TO EXECUTIVES BASED ON TARGETED ACHIEVEMENT METRICS SET IN ADVANCE OF THE PAY YEAR ESTABLISHED METRICS INCLUDE COMMUNICATION WITH PATIENTS, PATIENT EVIDENCE-BASED CARE SCORES AND PATIENT SAFETY, VALUE-BASED PURCHASING, ETC THESE SAME METRICS ARE USED FOR ALL EMPLOYEES THROUGHOUT MSHA, WITH ONLY A SMALL NUMBER OF EXCEPTIONS FOR OUR COMPANIES THAT DO NOT PROVIDE DIRECT PATIENT CARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SIMILAR TO JMH/APP'S CEO, JMH/APP'S CFO RECEIVES COMPENSATION THAT COMPLIES WITH MOUNTAIN STATE'S SALARY POLICY AND UNDERGOES THE SAME REVIEW AND APPROVAL PROCESS BY MOUNTAIN STATE'S BOARD OF DIRECTORS AS THE CEO, AS DESCRIBED IN 15A HIS PAY IS SET AT A MARKET PERCENTILE SPECIFIC TO HIS POSITON AS CFO OF JMH AND APP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST TO APPROPRIATE PARTIES REQUESTING THEM FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST TO APPROPRIATE PARTIES REQUESTING THEM, AND THEY ARE MADE AVAILABLE TO THOSE PARTIES WHO OWN INDEBTEDNESS OF THE COMPANY ON A QUARTERLY BASIS FORM 990, PART VII - RELATED ORGANIZATIONS DIRECTOR COMPENSATION JOHNSTON MEMORIAL HOSPITAL'S BOARD MEMBERS, MARVIN EICHORN AND JAMES GARDNER, M D RECEIVE COMPENSATION FOR SERVICES PROVIDED TO RELATED ORGANIZATIONS AND DO NOT RECEIVE COMPENSATION FOR SERVICES AS A JMH BOARD MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	HOSPITAL BASED PROVIDERS 5,320,316 0 0 HOSPITAL SUPPORTED CLINICS 10,323,446 0 0 PHYSICIAN FEES 4,573,175 0 0 COLLECTION SERVICE FEES 0 878,899 0 JANITORIAL & LINEN FEES 1,916,450 0 0 CONSULTING FEES 0 555,254 0 DIALYSIS SERVICES 402,516 0 0 HYPERBARIC SERVICES 121,649 0 0 SLEEP DIAGNOSTICS SERVICES 541,835 0 0 NUC MED /ONCOLOGY /RADIOLOGY 578,690 0 0 LABORATORY TESTS 632,598 0 0 AMBULATORY SURGERY CENTER 322,905 0 0 ENGINEERING SERVICES 0 228,359 0 DIETARY 1,856,332 0 0 TRANSCRIPTION & CODING 0 319,269 0 OTHER FEES 1,587,643 365,715 0 TOTAL 28,177,555 2,347,496 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ELIMINATION OF INTERCOMPANY REC/PAY 1,433,270 TEMPORARILY RESTRICTED NET ASSET CHANGE 84,525 TOTAL 1,517,795

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
JOHNSTON MEMORIAL HOSPITAL INC

Employer identification number
54-0544705

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JMH EMERGENCY PHYSICIANS LLC 16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 45-4786385	MED SERV	VA		7,799	JMH

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

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) INTEGRATED SOLUTIONS HEALTH NETWORK 509 MED TECH PARKWAY SUITE 100 JOHNSON CITY, TN 37604 62-1711997	INVESTMENT	TN	NA					No			No	
(2) EMMAUS COMMUNITY HEALTHCARE PLLC 6070 HWY 11E PINEY FLATS, TN 37686 20-0577483	MED SERV	TN	NA					No			No	
(3) MEDICAL SPECIALISTS OF JC LLC 2528 WESLEY STREET SUITE 2 JOHNSON CITY, TN 37601 27-2199037	MED SERV	TN	NA					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) BLUE RIDGE MEDICAL MANAGEMENT CORP 1021 W OAKLAND AVENUE SUITE 207 JOHNSON CITY, TN 37604 62-1711997	MED SERV	TN	NA	C CORP					No
(2) MEDISERVE MED EQUIP OF KINGSPORT 1021 W OAKLAND AVE SUITE 207 JOHNSON CITY, TN 37604 62-1212286	DME	TN	NA	C CORP					No
(3) MOUNTAIN STATES PROPERTIES 1021 W OAKLAND AVE SUITE 207 JOHNSON CITY, TN 37604 62-1845895	PROP MGMT	TN	NA	C CORP					No
(4) MOUNTAIN STATES PHYSICIAN GROUP 1021 W OAKLAND AVENUE SUITE 207 JOHNSON CITY, TN 37604 62-1700412	MED SERV	TN	NA	C CORP					No
(5) COMMUNITY HOME CARE INC 1460 PARK AVENUE NORTON, VA 24273 54-1453810	DME	VA	NA	C CORP					No
(6) WILSON PHARMACY INC P O BOX 5289 JOHNSON CITY, TN 37604 62-0329587	PHARMACY	TN	NA	C CORP					No
(7) CRESTPOINT HEALTH INSURANCE CO INC 509 MED TECH PARKWAY SUITE 100 JOHNSON CITY, TN 37604 62-0381170	INSURANCE	TN	NA	C CORP					No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i No

1j Yes

1k No

1l Yes

1m No

1n Yes

1o Yes

1p Yes

1q Yes

1r Yes

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)ABINGDON PHYSICIAN PARTNERS	A	893,460	
(2)ABINGDON PHYSICIAN PARTNERS	C	1,433,270	

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 54-0544705
Name: JOHNSTON MEMORIAL HOSPITAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 26-2870970	SUPPORT	VA	501C3	12B	NA		No
(1) 16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 20-5485346	MED SERV	VA	501C3	12A	JMH		No
(2) 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604 62-0476282	HOSP SYS	TN	501C3	3	NA		No
(3) 2335 KNOB CREEK ROAD SUITE 101 JOHNSON CITY, TN 37604 58-1418862	FUNDRAISER	TN	501C3	12A	MSHA		No
(4) 1021 W OAKLAND AVENUE SUITE 207 JOHNSON CITY, TN 37604 80-0592504	MED SERV	VA	501C3	12A	NA		No
(5) 1600 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 54-0917478	SUPPORT	VA	501C3	12A	NA		No
(6) 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604 58-1418345	SUPPORT	TN	501C3	12A	MSHA		No
(7) 100 15TH STREET NW NORTON, VA 24273 54-0566029	HOSPITAL	VA	501C3	3	NA		No
(8) ONE HOSPITAL DRIVE CLINTWOOD, VA 24228 77-0599553	HOSPITAL	VA	501C3	3	NCH		No
(9) 245 MEDICAL PARK DRIVE MARION, VA 24354 54-0794913	HOSPITAL	VA	501C3	3	MSHA		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BLUE RIDGE MEDICAL MANAGEMENT CORP 1021 W OAKLAND AVENUE SUITE 207 JOHNSON CITY, TN 37604 62-1711997	MED SERV	TN	NA	C CORP					No
(1) MEDISERVE MED EQUIP OF KINGSPORT 1021 W OAKLAND AVE SUITE 207 JOHNSON CITY, TN 37604 62-1212286	DME	TN	NA	C CORP					No
(2) MOUNTAIN STATES PROPERTIES 1021 W OAKLAND AVE SUITE 207 JOHNSON CITY, TN 37604 62-1845895	PROP MGMT	TN	NA	C CORP					No
(3) MOUNTAIN STATES PHYSICIAN GROUP 1021 W OAKLAND AVENUE SUITE 207 JOHNSON CITY, TN 37604 62-1700412	MED SERV	TN	NA	C CORP					No
(4) COMMUNITY HOME CARE INC 1460 PARK AVENUE NORTON, VA 24273 54-1453810	DME	VA	NA	C CORP					No
(5) WILSON PHARMACY INC P O BOX 5289 JOHNSON CITY, TN 37604 62-0329587	PHARMACY	TN	NA	C CORP					No
(6) CRESTPOINT HEALTH INSURANCE CO INC 509 MED TECH PARKWAY SUITE 100 JOHNSON CITY, TN 37604 62-0381170	INSURANCE	TN	NA	C CORP					No