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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MOUNTAIN STATES HEALTH ALLIANCE

Doing business as
JOHNSON CITY MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1021 W OAKLAND AVENUE SUITE 103

City or town, state or province, country, and ZIP or foreign postal code
JOHNSON CITY, TN 37604

D Employer identification number
62-0476282

E Telephone number
(423) 302-3374

G Gross receipts $ 730,166,966

F Name and address of principal officer
ALAN LEVINE
303 MED TECH PARKWAY SUITE 300
JOHNSON CITY, TN 37604

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW BALLADHEALTH ORG

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

L Year of formation 1945

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR MISSION HONOR THOSE WE SERVE BY DELIVERING THE BEST POSSIBLE CARE OUR VISION TO BUILD A LEGACY OF SUPERIOR HEALTH BY LISTENING TO AND CARING FOR THOSE WE SERVE

Activities & Governance

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)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8,004
6	Total number of volunteers (estimate if necessary)	6	1,181
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,678,278
b	Net unrelated business taxable income from Form 990-T, line 34	7b	538,987

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,851,553	2,818,566
9	Program service revenue (Part VIII, line 2g)	716,841,391	704,253,585
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,838,583	16,903,072
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,414,293	5,510,600
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	740,945,820	729,485,823

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,009,333	978,764
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	295,310,931	309,858,627
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶880,811		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	409,686,609	417,612,646
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	706,006,873	728,450,037
19	Revenue less expenses Subtract line 18 from line 12	34,938,947	1,035,786

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,581,000,029	1,534,285,953
21	Total liabilities (Part X, line 26)	1,045,335,789	992,458,877
22	Net assets or fund balances Subtract line 21 from line 20	535,664,240	541,827,076

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

****** 2018-10-03
Signature of officer Date

LYNN KRUTAK EVP/CFO
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) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION HONOR THOSE WE SERVE BY DELIVERING THE BEST POSSIBLE CARE

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 $ 609,235,239 including grants of $ 978,764) (Revenue $ 704,224,059)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 609,235,239

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	613		
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**	8,004		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
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		Yes	
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			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ TN , 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 ▶LYNN KRUTAK 303 MED TECH PARKWAY SUITE 300 JOHNSON CITY, TN 37604 (423) 302-3374

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								7,823,392		897,754

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 ▶ 255

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER HEALTH SERVICES INC P O BOX 959167 SAINT LOUIS, MO 631959167	CONSULTING	8,051,954
ANESTHESIA & PAIN CONSULTANTS 1009 LARK STREET SUITE 2 JOHNSON CITY, TN 37604	ANESTHESIA SVCS	4,810,166
VIGILANCE ANESTHESIA SOLUTIONS P O BOX 645293 CINCINNATI, OH 452645293	ANESTHESIA SVCS	2,830,550
CROTHALL SERVICES EAST TENNESSEE 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	LAUNDRY SVCS	2,816,346
ADVISORY BOARD COMPANY 2445 M STREET NW WASHINGTON, DC 20037	DATA SVCS/CONSU	2,776,286

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 ▶ 116

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	980,874			
	e Government grants (contributions)	1e	1,334,334			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	503,358			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		2,818,566			
Program Service Revenue		Business Code				
	2a PATIENT REVENUE	622110	706,397,154	706,397,154		
	b ~~WELLNESS REVENUE~~	622110	5,262,419	5,262,419		
	c ~~P/S ORDINARY INCOME~~	541900	1,274,620	1,274,620		
	d ~~LAB OUTREACH INCOME~~	621500	802,509		802,509	
	e ~~LOSS ON DEBT RETIREMENT~~	900099	-9,483,117	-9,483,117		
	f All other program service revenue					
	g Total. Add lines 2a-2f		704,253,585			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,035,093			11,035,093
	4 Income from investment of tax-exempt bond proceeds		57,857			57,857
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	1,070,940				
	b Less rental expenses	618,051				
	c Rental income or (loss)	452,889				
	d Net rental income or (loss)			452,889		151,347	301,542
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5,839,648	33,566			
	b Less cost or other basis and sales expenses		63,092			
	c Gain or (loss)	5,839,648	-29,526			
	d Net gain or (loss)			5,810,122	-29,526		5,839,648
	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	2,826,139			2,826,139
	b DAY CARE	624410	992,716			992,716
	c DIETARY, SECURITY, ENGIN, ETC	900099	859,449			859,449
	d All other revenue		379,407		724,422	-345,015
	e Total. Add lines 11a-11d		5,057,711			
	12 Total revenue. See Instructions		729,485,823	703,421,550	1,678,278	21,567,429

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	978,764	978,764		
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	7,745,948	258,033	7,487,915	
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	239,055,605	225,567,239	12,923,981	564,385
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,715,435	11,119,159	568,454	27,822
9 Other employee benefits	33,918,633	33,345,082	565,129	8,422
10 Payroll taxes	17,423,006	15,812,997	1,578,898	31,111
11 Fees for services (non-employees)				
a Management				
b Legal	2,854,429	939	2,853,490	
c Accounting	631,027	781	608,308	21,938
d Lobbying	142,702	142,702		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	924,625		924,625	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	122,181,934	108,240,642	13,932,946	8,346
12 Advertising and promotion	5,054,397	133,209	4,907,459	13,729
13 Office expenses	5,885,892	4,865,820	1,000,681	19,391
14 Information technology	17,220,602	15,412,497	1,808,105	
15 Royalties . .				
16 Occupancy	13,702,113	10,407,402	3,224,527	70,184
17 Travel	1,949,594	1,439,658	505,553	4,383
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	35,728,891	1,117	35,727,774	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	45,721,225	21,760,961	23,958,983	1,281
23 Insurance . . .	1,097,993		1,097,993	
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	138,876,706	138,876,706		
b REPAIRS & MAINTENANCE	16,892,857	16,078,297	737,468	77,092
c DUES & SUBSCRIPTIONS	5,722,747	2,486,114	3,233,520	3,113
d RETENTION & RECRUITMENT	1,595,934	685,646	910,103	185
e All other expenses	1,428,978	1,621,474	-221,925	29,429
25 **Total functional expenses.** Add lines 1 through 24e	728,450,037	609,235,239	118,333,987	880,811
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		62,507,823	1	10,808,245
	2	Savings and temporary cash investments		6,331,382	2	5,506,817
	3	Pledges and grants receivable, net		308,342	3	443,373
	4	Accounts receivable, net		103,319,561	4	112,430,519
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		11,535,908	5	11,977,590
	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		19,597,279	7	18,827,128
	8	Inventories for sale or use		17,983,101	8	18,615,225
	9	Prepaid expenses and deferred charges		7,401,767	9	6,994,594
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,142,791,307			
	b	Less accumulated depreciation	10b 647,112,272	489,197,719	10c	495,679,035
	11	Investments—publicly traded securities		320,692,082	11	334,991,957
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		338,744,993	13	339,717,493
	14	Intangible assets		145,025,185	14	145,025,185
	15	Other assets See Part IV, line 11		58,354,887	15	33,268,792
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,581,000,029	16	1,534,285,953
Liabilities	17	Accounts payable and accrued expenses		125,337,834	17	100,285,014
	18	Grants payable			18	
	19	Deferred revenue		6,511,099	19	4,513,039
	20	Tax-exempt bond liabilities		877,932,035	20	150,252,709
	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		8,190,000	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		27,364,821	25	737,408,115
	26	**Total liabilities.** Add lines 17 through 25		1,045,335,789	26	992,458,877
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		535,395,968	27	541,800,639
	28	Temporarily restricted net assets		268,272	28	26,437
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		535,664,240	33	541,827,076
	34	Total liabilities and net assets/fund balances		1,581,000,029	34	1,534,285,953

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	729,485,823
2	Total expenses (must equal Part IX, column (A), line 25)	2	728,450,037
3	Revenue less expenses Subtract line 2 from line 1	3	1,035,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	535,664,240
5	Net unrealized gains (losses) on investments	5	416,190
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	4,710,860
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	541,827,076

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 62-0476282

Name: MOUNTAIN STATES HEALTH ALLIANCE

Form 990 (2017)

Form 990, Part III, Line 4a:

SINCE 1998, MSHA HAS BEEN BRINGING THE NATION'S BEST HEALTH CARE CLOSE TO HOME TO SERVE THE RESIDENTS OF NORTHEAST TENNESSEE, SOUTHWEST VIRGINIA, SOUTHEASTERN KENTUCKY AND WESTERN NORTH CAROLINA THE 1,899-BED NOT-FOR- PROFIT HEALTH CARE ORGANIZATION BASED IN JOHNSON CITY, TENNESSEE OPERATES A FAMILY OF 12 HOSPITALS SERVING A 29-COUNTY REGION MSHA OFFERS A LARGE TERTIARY HOSPITAL WITH A LEVEL 1 TRAUMA CENTER, A DEDICATED CHILDREN'S HOSPITAL AND AN INPATIENT BEHAVIORAL HEALTH HOSPITAL, SEVERAL COMMUNITY HOSPITALS, TWO CRITICAL ACCESS HOSPITALS, THREE LONG-TERM CARE FACILITIES, HOME CARE AND HOSPICE SERVICES, RETAIL PHARMACIES, OUTPATIENT SERVICES, AND A COMPREHENSIVE MEDICAL MANAGEMENT CORPORATION THIS FORM 990 INCLUDES (CONTINUED)

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			
ALAN LEVINE PRESIDENT/CE	34 90 20 10	X		X				1,296,102	0	183,940
BARBARA ALLEN CHAIR	1 00 2 80	X		X				0	0	0
JULIE BENNETT DIRECTOR	0 10 1 40	X						0	0	0
MICHAEL CHRISTIAN TREASURER	3 30 0 10	X		X				0	0	0
ROBERT FEATHERS VICE CHAIR	3 70 0 10	X		X				0	0	0
JOANNE GILMER SECRETARY	3 30 3 10	X		X				0	0	0
DAVID GOLDEN DIRECTOR	0 50 1 90	X						0	0	0
DAVID LESTER VICE CHAIR	0 50 2 50	X		X				0	0	0
DAVID MAY MD DIRECTOR	1 00 2 00	X						0	0	0
BRENDEN MCSHEEHY DIRECTOR	1 80 3 10	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			
DAVID MOULTON MD DIRECTOR	2 80 0 10	X						0	0	0
SCOTT NISWONGER DIRECTOR	0 40 1 60	X						0	0	0
BRIAN NOLAND DIRECTOR	0 40 1 60	X						0	0	0
GARY PEACOCK TREASURER	1 00 6 10	X		X				0	0	0
BERT SMITH MD DIRECTOR	1 80 0 60	X						0	0	0
DOUG SPRINGER SECRETARY	0 20 1 60	X		X				0	0	0
RICK STOREY DIRECTOR	1 00 1 40	X						0	0	0
GRANT SUMMERS DIRECTOR	1 80 0 10	X						0	0	0
CLEM WILKES JR PAST CHAIR DIRECTOR	3 30 0 10	X		X				0	0	0
KEITH WILSON DIRECTOR	0 20 1 60	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			
MARVIN EICHORN EVP/COO	41 70 13 30			X				749,129	0	42,742
LYNN KRUTAK EVP/CFO	49 00 6 00			X				587,884	0	88,257
DAWN TRIMBLE VP/CEO WASHI	45 00				X			559,125	0	43,321
SHANE HILTON SVP MKT FIN	46 50 3 50				X			396,092	0	58,587
MONTY MCLAURIN VP/CEO NW MK	35 50 9 50				X			386,782	0	54,704
LINDA WHITE VP & CEO, FW	45 00				X			340,317	0	43,915
RICHARD BOONE VP/CFO WASHI	45 00				X			332,949	0	25,992
LEMMIE TAYLOR VP/CEO SE MK	45 00				X			275,491	0	50,057
MORGAN MAY JCMC CNO	45 00				X			209,702	0	30,957
STEVE SAWYER AVP/CFO NW M	26 00 19 00				X			203,148	0	31,777

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			
MORRIS SELIGMAN MD EVP & CMO	54 50 0 50					X		670,741	0	60,897
ANTHONY KECK EVP POP HLT	54 90 0 10					X		458,610	0	65,584
CLAY RUNNELS MD VP SVC LINE	44 00 1 00					X		435,873	0	35,287
MARK WILKINSON MD VP/CMO	45 00					X		418,280	0	35,310
PAUL MERRYWELL CIO	45 00					X		387,395	0	38,725
TONY BENTON VP/COO WASH							X	115,772	0	7,702

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE

Employer identification number
62-0476282

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 **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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	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)? *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)*	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **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 ☐ 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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 62-0476282

Name: MOUNTAIN STATES HEALTH ALLIANCE

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130008249

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

2017

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	Employer identification number
MOUNTAIN STATES HEALTH ALLIANCE	62-0476282

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ 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-
1					
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		
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-		

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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) Yes	(a) No	(b) 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		104,848
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		512,237
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			617,085
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?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART IV	BALLAD HEALTH'S COMMUNITY & GOVERNMENT RELATIONS VICE PRESIDENT AND/OR DIRECTOR ATTENDED THE FOLLOWING LEGISLATIVE CONFERENCES -PREMIER FEDERAL AFFAIRS NETWORK MEETING -AMERICAN HOSPITAL ASSOCIATION ANNUAL MEETING -TENNESSEE HOSPITAL ASSOCIATION LEGISLATIVE ADVOCACY DAY -TENNESSEE PUBLIC & TEACHING HOSPITALS ASSOCIATION ANNUAL MEETING THE COMMUNITY & GOVERNMENT RELATIONS VICE PRESIDENT AND/OR DEPARTMENTAL STAFF ALSO CONTACTED CONGRESSIONAL OFFICES CONCERNING THE FOLLOWING ISSUES -OPPOSED ADDITIONAL CUTS IN MEDICARE/MEDICAID -SUPPORTED REAUTHORIZATION AND FUNDING OF CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION -SUPPORTED AREA WAGE INDEX REFORM -SUPPORTED MEDICARE DEPENDENT HOSPITAL AND LOW-VOLUME DESIGNATIONS -SUPPORTED CHILDREN'S HEALTH INSURANCE PROGRAM FUNDING -OPPOSED CUTS TO 340B PROGRAM THE COMMUNITY AND GOVERNMENT RELATIONS VICE PRESIDENT AND/OR DEPARTMENT DIRECTOR RESPONDED VIA LETTER, PHONE, OR IN PERSON TO THE FOLLOWING TENNESSEE AND VIRGINIA LEGISLATIVE ISSUES SUPPORTED THE FOLLOWING ISSUES -CERTIFICATE OF NEED (TN)/CERTIFICATE OF PUBLIC NEED (VA) REFORM -CONTINUATION OF HOSPITAL ASSESSMENT FEE IN TENNESSEE -FUNDING FOR PERINATAL CENTERS IN TENNESSEE -MENTAL HEALTH FUNDING FOR INPATIENT PSYCHIATRIC CARE-TENNESSEE -ADEQUATE TENNCARE FUNDING IN TENNESSEE AND MEDICAID EXPANSION IN VIRGINIA -CONTINUATION OF MAINTENANCE OF CERTIFICATE REQUIREMENTS FOR PHYSICIAN PRIVILEGES -MINOR MODIFICATION TO CONFIDENTIALITY REQUIREMENTS FOR HOSPITAL COOPERATIVE AGREEMENT -HOSPITAL REPORTING REQUIREMENTS FOR SURPRISE BILLING

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE

Employer identification number
62-0476282

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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 ▶ $ _____

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		38,869,446		38,869,446
b Buildings		549,577,106	223,652,748	325,924,358
c Leasehold improvements		963,135	675,053	288,082
d Equipment		546,749,488	417,784,837	128,964,651
e Other		6,632,132	4,999,634	1,632,498
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				495,679,035

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) INVESTMENT IN JMH	132,000,000	C
(2) INVESTMENT IN BRMMC	100,310,432	C
(3) INVESTMENT IN SCCH	71,400,494	C
(4) INVESTMENT IN ISHN	37,015,787	C
(5) INVESTMENT IN PREMIER,NET OF RESERVE	55,000	C
(6) INVESTMENT IN MSJC	-1,064,220	C
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	339,717,493	

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	
DUE TO AFFILIATES	714,431,878
EST FAIR VALUE OF INT RATE SWAPS	8,949,730
DUE TO THIRD-PARTY PAYORS	6,179,768
PROFESSIONAL LIABILITIES & OTHER	3,720,530
LONG TERM COMPENSATION PAYABLE	2,626,209
CONTRIBUTIONS PAYABLE	1,500,000
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	737,408,115

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: 62-0476282
Name: MOUNTAIN STATES HEALTH ALLIANCE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	"BALLAD IS CLASSIFIED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR BALLAD AND ITS TAX-EXEMPT SUBSIDIARIES BALLAD'S TAXABLE SUBSIDIARIES ARE DISCUSSED IN NOTE L BALLAD HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT JUNE 30, 2018 AT JUNE 30, 2018, TAX RETURNS FOR MSHA AND WHS FOR 2015 THROUGH 2017 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE "

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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

2017

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE

Employer identification number
62-0476282

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 225 0000000000 %			
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	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 450 0000000000 %			
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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		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)			11,526,651		11,526,651	1 580 %
b Medicaid (from Worksheet 3, column a)			117,471,911	94,047,830	23,424,081	3 220 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			128,998,562	94,047,830	34,950,732	4 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,615,211	716,125	3,899,086	0 540 %
f Health professions education (from Worksheet 5)			13,139,548	3,172,978	9,966,570	1 370 %
g Subsidized health services (from Worksheet 6)			9,792,095	6,998,519	2,793,576	0 380 %
h Research (from Worksheet 7)			279,404	138,617	140,787	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			829,224		829,224	0 110 %
j **Total.** Other Benefits			28,655,482	11,026,239	17,629,243	2 420 %
k **Total.** Add lines 7d and 7j			157,654,044	105,074,069	52,579,975	7 220 %

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			55,000		55,000	0 010 %
3 Community support			34,120		34,120	
4 Environmental improvements						
5 Leadership development and training for community members			2,375		2,375	
6 Coalition building						
7 Community health improvement advocacy			500		500	
8 Workforce development						
9 Other			100		100	
10 Total			92,095		92,095	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	79,808,597		
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	30,327,267		
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	160,969,415
6	Enter Medicare allowable costs of care relating to payments on line 5	6	159,374,525
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	1,594,890
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	MED'L SPEC OF JC LLC	MEDICAL SERVICES	51 000 %		49 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

7

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 123456

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 18			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) BALLADHEALTH ORG/LOCATIONSHOSPITALS			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
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)

A

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225 000000000000 % and FPG family income limit for eligibility for discounted care of 450 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ 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?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) BALLADHEALTH ORG			
b	☑ The FAP application form was widely available on a website (list url) BALLADHEALTH ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url) BALLADHEALTH ORG			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

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 nonpayment?	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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

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? **11**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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 TENNCARE/MEDICAID BENEFITS, THOSE WHO QUALIFIED FOR TENNCARE/MEDICAID AFTER THE DATE OF SERVICE, DECEASED PATIENTS WITH NO ESTATE OR ASSETS, UNINSURED PATIENTS, AND UNDERINSURED PATIENTS WHILE BALLAD HEALTH'S QUALIFICATIONS FOR FINANCIAL ASSISTANCE IS BASED ON FEDERAL POVERTY GUIDELINES, ASSET VALUES MAY ALSO BE USED TO DETERMINE ELIGIBILITY UNIQUE CIRCUMSTANCES MAY BE ASSESSED ON A CASE-BY-CASE BASIS 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 A PATIENT MAY RECEIVE BALLAD HEALTH HOSPITALS DO NOT STOP APPROVING FINANCIAL ASSISTANCE FOR PATIENT ACCOUNTS IF A HOSPITAL'S CHARITY WRITE-OFFS EXCEED THE HOSPITAL'S CHARITY BUDGET OUR HOSPITALS' CHARITY WRITE-OFFS EXCEEDED BUDGET BY 8,735,103 THIS YEAR ALL BALLAD HEALTH HOSPITALS PROVIDE AN UNINSURED DISCOUNT, THE CURRENT UNINSURED DISCOUNT IS 80% WITH THE EXCEPTION OF CRITICAL ACCESS HOSPITALS THAT PROVIDE 58% IN ADDITION TO THE UNINSURED DISCOUNT, MANY PATIENTS WILL FURTHER QUALIFY FOR ADDITIONAL FINANCIAL ASSISTANCE ALL PATIENTS SEEKING FINANCIAL ASSISTANCE MUST SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE AND SUBMIT DOCUMENTS IN SUPPORT OF THE INFORMATION ON THE APPLICATION, UNLESS SPECIFICALLY EXCLUDED ACCORDING TO OUR POLICY GUIDELINES MEDICAID ELIGIBLE PATIENTS WILL QUALIFY FOR 100% FINANCIAL ASSISTANCE AND NOT BE REQUIRED TO COMPLETE THE REQUIRED DOCUMENTATION WHEN A) MEDICAID ELIGIBILITY REQUIREMENTS ARE MET AFTER THE SERVICE IS PROVIDED, B) NON- COVERED CHARGES OCCUR ON A MEDICAID ELIGIBLE ENCOUNTER, OR C) BENEFITS HAVE BEEN EXHAUSTED DECEASED PATIENTS WITH NO ESTATE ALSO QUALIFY FOR 100% FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE DETERMINATIONS MAY BE RETROACTIVE FOR ALL OUTSTANDING BALANCES IN ADDITION, WE HAVE A NUMBER OF PROGRAMS WITH SPECIAL DISCOUNTS SUCH AS LACTATION CONSULTATION SERVICES, ONCOLOGY TREATMENT REGIMENS, ENROLLMENT IN VARIOUS COMMUNITY PROGRAMS, AND PRESCRIPTION DRUGS FILLED POST-DISCHARGE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE COST TO CHARGE RATIO (WORKSHEET 2 "RATIO OF PATIENT CARE COST TO CHARGES") WAS USED TO CALCULATE LINE 7A FINANCIAL ASSISTANCE (CHARITY CARE) COST OUR COST ACCOUNTING SYSTEM WAS USED TO DETERMINE LOSSES FROM TENNCARE AND MEDICAID REPORTED ON LINE 7B, WITH THE EXCEPTION OF HOME HEALTH, A SMALL PHYSICIAN CLINIC AND UCMH - WE USED THE COST TO CHARGE RATIO FOR THEIR DATA BECAUSE THESE ARE SMALLER DIVISIONS NOT AVAILABLE IN OUR COST ACCOUNTING SOFTWARE LINE 7E COMMUNITY HEALTH IMPROVEMENT INCLUDES COSTS THAT ARE TAKEN DIRECTLY FROM DEPARTMENTAL OPERATING REPORTS OR EXPENSES SPECIFIC TO A COMMUNITY HEALTH EVENT, WITH NO ADDITIONAL OVERHEAD INCLUDED IN THE COST LINE 7F HEALTH PROFESSIONS EDUCATION IS COMPRISED OF INTERNSHIPS (PRIMARILY INTERNAL MEDICINE RESIDENTS, NURSING, PHARMACY, AND THERAPY STUDENTS) WITH SCHOOLS AND UNIVERSITIES, ALLOWING THEIR HEALTH PROFESSION STUDENTS TO GET HANDS-ON TRAINING IN A HOSPITAL SETTING OUR MEDICARE-APPROVED PROGRAMS INCLUDE MEDICAL RESIDENTS, PHARMACY AND PASTORAL CARE AT JCMC AND IPMC AND A CERTIFIED NURSE ASSISTANT PROGRAM AT UCMH FOR THESE PROGRAMS, MEDICARE-APPROVED COSTS AND MEDICARE REIMBURSEMENT COMES FROM FILED MEDICARE COST REPORTS OUR ORGANIZATIONAL DEVELOPMENT DEPARTMENT (OD) MAINTAINS RECORDS FOR THE NON-MEDICARE PROGRAMS OD KEEPS RECORDS OF THE NUMBER OF STUDENTS RECEIVING TRAINING AT OUR HOSPITALS AND THE AMOUNT OF HOURS THE STUDENTS SPEND AT OUR HOSPITALS HOURS MAY DIFFER BASED ON THE SCHOOL AND THE TYPE OF PROGRAM (RN, RADIOLOGY, LAB, ETC) THE NUMBER OF TEAM MEMBERS THAT PROVIDE TRAINING TO STUDENTS WILL ALSO VARY BASED ON WHERE THE STUDENT IS TRAINING FOR EXAMPLE, AN RN TRAINER ON A MEDICAL FLOOR MAY HAVE 3 OR 4 STUDENTS UNDER HER/HIS DIRECTION, WHILE AN RN TRAINER IN A SPECIALTY AREA SUCH AS ICU OR THE ER MAY BE TRAINING ONE-ON-ONE WITH A SINGLE STUDENT WE ONLY INCLUDE LABOR COSTS FOR OUR HOSPITAL TEAM MEMBERS THAT PROVIDE TRAINING (I E NO OVERHEAD IS APPLIED) AND WE ONLY ATTRIBUTE A PERCENTAGE OF OUR TEAM MEMBERS' TIME TO ACTUAL TRAINING FOR LINE 7G SUBSIDIZED HEALTH CARE SERVICES, WE USE OUR COST ACCOUNTING SYSTEM BECAUSE WE HAVE ESTABLISHED, STANDARD COSTING REPORTS FOR THESE SERVICES THERE ARE THREE EXCEPTIONS WHERE WE DO NOT USE OUR COST ACCOUNTING SYSTEM WE HAVE A SMALL CLINIC INSIDE JCCH, A FEDERALLY DESIGNATED CRITICAL ACCESS HOSPITAL JCCH SUBSIDIZES THE CLINIC AND WE USE THE CLINIC'S DEPARTMENTAL OPERATING REPORT TO COMPUTE THE CLINIC'S COMMUNITY BENEFIT (21,070) THE SECOND EXCEPTION IS A PALLIATIVE CARE PROGRAM FOR THIS PROGRAM, WE USE THE DEPARTMENT'S OPERATING REPORT THE THIRD EXCEPTION RELATES TO LOW-DOSE CT SCANS FOR LUNG CANCER PATIENT CHARGES FOR THIS SCREENING EVENT WERE WRITTEN-OFF AS AN ADMINISTRATIVE ADJUSTMENT (NOT AS CHARITY) WE USED THE COST TO CHARGE RATIO TO DETERMINE THE COST OF THE FREE SCANS THE SCANS WERE PERFORMED IN SUPPORT OF OUR CANCER CHNA PRIORITY WE ARE CAREFUL TO ENSURE NO DOUBLE COUNTING OF COST (FOR EXAMPLE, WE DO NOT INCLUDE CHARITY OR TENNCARE/MEDICAID 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 HOSPITALS THAT LOSE MONEY, WE DO NOT REPORT SERVICES THAT HOSPITALS ARE REQUIRED BY STATE LICENSURE TO PROVIDE, ROUTINE SERVICES, OR ANCILLARY SERVICES LINE 7H RESEARCH IS REPORTED USING THE RESEARCH DEPARTMENT'S ACTUAL EXPENSES AND NO OVERHEAD PROVISION IS INCLUDED LINE 7I CASH AND IN-KIND CONTRIBUTIONS INCLUDE CASH DISBURSEMENTS AND 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

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Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	MSHA 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 MSHA 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 COMMUNITY BUILDING REPORTED ON THIS RETURN INCLUDES CHARITABLE CONTRIBUTIONS TO NONPROFITS DIRECTED TO PROVIDING ASSISTANCE TO LOW INCOME FAMILIES, MENTORING PROGRAMS FOR CHILDREN, TUTORING FOR ADULTS TO IMPROVE LITERACY SKILLS, ECONOMIC DEVELOPMENT PROJECTS, AND OTHER PROGRAMS SPECIFIC TO CHILDREN MSHA, IN COLLABORATION WITH AREA HEALTH AGENCIES AND PROVIDERS, MAY OFFER ASSISTANCE WITH COORDINATION, ADVOCACY, PROVIDE SPACE, 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	SELF-PAY BALANCES INCLUDE ACCOUNTS AFTER PAYMENTS AND CONTRACTUAL ADJUSTMENTS (DISCOUNTS) HAVE BEEN APPLIED FROM ALL THIRD-PARTY PAYERS SUCH AS MEDICARE, TENNCARE, COMMERCIAL INSURERS, AND OTHERS - 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 UNDER BALLAD HEALTH'S SELF-PAY POLICY, ANY PATIENT WHO HAS NO INSURANCE AND IS INELIGIBLE FOR ANY GOVERNMENT ASSISTANCE PROGRAM RECEIVED A 71% DISCOUNT UNTIL FEBRUARY 1, 2018, AT WHICH TIME THE UNINSURED DISCOUNT INCREASED TO 80% MANY SELF-PAY PATIENTS WILL FURTHER QUALIFY FOR FINANCIAL ASSISTANCE (SOMETIMES REFERRED TO AS 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, MSHA WRITES THE ACCOUNT OFF TO BAD DEBT THE HOSPITAL'S OVERALL SELF-PAY ACCOUNTS RECEIVABLE BALANCE IS EVALUATED ON AN ONGOING BASIS TO EVALUATE THE AGE OF ACCOUNTS RECEIVABLE, HISTORICAL WRITE-OFFS AND RECOVERIES AND ANY UNUSUAL INSTANCES (SUCH AS LOCAL, REGIONAL OR NATIONAL ECONOMIC CONDITIONS) WHICH AFFECT THE COLLECTIVITY OF RECEIVABLES

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Form and Line Reference	Explanation
PART III, LINE 3 BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE	OUR PRIMARY EXTERNAL COLLECTION AGENCY ESTIMATES THAT 38% OF MSHA'S BAD DEBT WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE IF PATIENTS HAD PROVIDED OUR HOSPITALS WITH A FINANCIAL ASSISTANCE APPLICATION AND REQUIRED DOCUMENTATION THE AGENCY BASED THEIR LIKELY ELIGIBLE FOR CHARITY ASSUMPTION ON INDIVIDUALS WITH A LOW SCORE AN INDIVIDUAL'S SCORE IS BASED ON AN ALGORITHM THAT INCLUDES DATA POINTS SUCH AS FICO CREDIT SCORE, PROPERTY VALUE, YEARS AT CURRENT RESIDENCE, NUMBER OF TIMES AN INDIVIDUAL HAS MOVED AND AN INDIVIDUAL'S PROPENSITY TO PAY SCORE JUST UNDER 83% OF COMPLETED FINANCIAL ASSISTANCE APPLICATIONS PROCESSED DURING FY18 RECEIVED A FULL DISCOUNT (COMPLETE WRITE-OFF) AN ADDITIONAL 12% RECEIVED A PARTIAL DISCOUNT, RESULTING IN AN OVERALL APPROVAL RATE OF 95% FOR COMPLETED APPLICATIONS THEREFORE, ONLY 5% 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 21 DAYS FROM A COMPANY MSHA PAYS TO PROCESS CHARITY CARE APPLICATIONS FOR UNINSURED PATIENTS AND TO OFFER PATIENTS ENROLLMENT ASSISTANCE IN TENNCARE (TN) OR MEDICAID (VA) 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 BELIEVE WOULD QUALIFY FOR FINANCIAL ASSISTANCE ALTHOUGH PATIENTS ARE ENCOURAGED TO APPLY FOR ASSISTANCE, MANY WILL NOT DO SO MSHA WOULD PREFER FOR PATIENTS TO SUBMIT COMPLETED FINANCIAL ASSISTANCE APPLICATIONS GIVEN THAT HISTORICAL DATA CLEARLY INDICATES THAT MOST UNINSURED PATIENTS AND MANY UNDERINSURED 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

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Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	BALLAD HEALTH'S AUDITED FINANCIAL STATEMENTS INCLUDE A FOOTNOTE ON PAGES 13-14 THAT DESCRIBES BAD DEBT MSHA IS INCLUDED IN THE JUNE 30, 2018 AUDITED FINANCIAL STATEMENTS OF BALLAD HEALTH THE AUDITED FINANCIAL STATEMENTS ARE FOR THE FIVE MONTHS ENDING AFTER THE FEBRUARY 1, 2018 MERGER OF MOUNTAIN STATES HEALTH ALLIANCE AND WELLMONT HEALTH SYSTEM (ATTACHED)

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Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	MEDICARE ALLOWABLE COSTS ARE REPORTED USING MSHA'S FILED MEDICARE COST REPORTS (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 THAT INCLUDE A TELEVISION AND A TELEPHONE THE RECRUITMENT OF PHYSICIANS ARE NON-ALLOWED COSTS BY THE MEDICARE PROGRAM EVEN THOUGH PHYSICIANS ARE RECRUITED BASED ON DOCUMENTED COMMUNITY NEED AND TO FEDERALLY RECOGNIZED MEDICALLY UNDERSERVED AREAS A PORTION OF THE BAD DEBT ASSOCIATED WITH THE CARE OF THE PATIENT IS NOT AN ALLOWED COST BY MEDICARE, LEAVING THE HOSPITAL TO ABSORB THE LOSS 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 PHONE IN PATIENT ROOMS WE BELIEVE MEDICARE LOSSES SHOULD BE ALLOWED AS A REPORTABLE 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, NONPROFIT PROVIDERS WILL BE ENCOURAGED TO CONTINUE IMPORTANT CARE DELIVERY MODELS FOR OUR AGING POPULATION IN SPITE OF THE FACT IT MAY BE ECONOMICALLY INJURIOUS PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION REQUESTS FOR FINANCIAL ASSISTANCE ARE EVALUATED USING ESTABLISHED 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 WHEN A PATIENT REQUESTS FINANCIAL ASSISTANCE OR WHEN AN APPLICATION HAS BEEN RECEIVED, THE PATIENT'S ACCOUNT IS PLACED IN A HOLD STATUS TO PREVENT FURTHER COLLECTION ACTIVITIES UNTIL FINANCIAL ASSISTANCE ELIGIBILITY IS DETERMINED ALL BALLAD HEALTH HOSPITALS COMPLY WITH IRS 501(R) REGULATORY GUIDELINES OUR COLLECTION POLICY CLEARLY STATES THAT ALL PATIENTS ARE TREATED EQUALLY - WITH DIGNITY AND RESPECT WE ENSURE THAT OUTSIDE COLLECTION AGENCIES USED BY OUR HOSPITALS ADHERE TO OUR BILLING AND COLLECTION GUIDELINES OUR HOSPITALS' COLLECTION PROGRAM INCLUDES COMMUNICATING EXPECTED FINANCIAL RESPONSIBILITY PRIOR TO SERVICE OUR HOSPITALS PROVIDE ASSISTANCE TO HELP UNDERINSURED AND UNINSURED PATIENTS DETERMINE SOURCES OF PAYMENT FOR MEDICAL BILLS AND TO HELP PATIENTS DETERMINE ELIGIBILITY FOR PROGRAMS SUCH AS TENNCARE OR MEDICAID AFTER INSURANCE BENEFIT VERIFICATION, OUR HOSPITALS BILL INSURANCE CARRIERS IF THE INSURANCE CARRIER DENIES PAYMENT OF THE SERVICE/PROCEDURE AS NON-COVERED OR THE PATIENT HAS EXCEEDED THEIR MAXIMUM BENEFITS, THE SERVICE/PROCEDURE WILL QUALIFY FOR THE UNINSURED DISCOUNT FINANCIAL COUNSELORS ARE AVAILABLE TO DISCUSS FINANCIAL ASSISTANCE WITH PATIENTS AND THEIR FAMILIES OUR HOSPITALS PROVIDE A NUMBER OF PAYMENT OPTIONS - A PRE-SERVICE DISCOUNT MAY BE OFFERED - A DISCOUNT IN EXCESS OF ESTABLISHED DISCOUNTING RATES MAY BE GRANTED FOR CATASTROPHIC HIGH DOLLAR ACCOUNTS - OUR HOSPITALS ACCEPT ALL NON-CONTRACTED AND OUT-OF-NETWORK PAYERS AND WILL MAKE ATTEMPTS TO WORK WITH THESE PAYERS REGARDING APPROPRIATE REIMBURSEMENT AND BILLING TO THEIR MEMBERS - PAYMENT ARRANGEMENTS ARE AVAILABLE SO LONG AS THE ACCOUNT IS NOT WITH A COLLECTION AGENCY REASONABLE EFFORTS ARE MADE TO DETERMINE IF A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE - SEE SCHEDULE H, PART VI, LINE 3 FOR INFORMATION ON HOW PATIENTS ARE INFORMED ABOUT OUR FINANCIAL ASSISTANCE POLICY

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Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	FOCUSING ON 25 ACTIVE POPULATION HEALTH INDEX MEASURES ALLOWS BALLAD HEALTH TO FURTHER ENGAGE THE EFFORTS OF ITS HOSPITALS IN PARTNERSHIP WITH COMMUNITIES IN OUR SERVICE AREAS IT HAS HELPED BALLAD TO BETTER IDENTIFY HEALTH DISPARITIES THAT APPEAR ACROSS THE INDIVIDUAL COMMUNITIES AND HAS HELPED BALLAD TO PRIORITIZE ISSUES THAT ARE MOST IMPORTANT IN EACH HOSPITAL'S COMMUNITY ENGAGING LOCAL COMMUNITY ORGANIZATIONS WILL EXPAND PARTNERSHIPS SO THAT ORGANIZATIONS WORK TOGETHER MORE TO ADDRESS COMMUNITY HEALTH NEEDS BALLAD HEALTH DEVELOPED A COMPREHENSIVE PROCESS TO GATHER INPUT FOR AND DRAFT A POPULATION HEALTH PLAN DURING FY18 AN EXECUTIVE STEERING TEAM WAS ESTABLISHED, AIDED BY NATIONAL EXPERTS WITH EXPERIENCE IN LARGE-SCALE POPULATION HEALTH IMPROVEMENT BECAUSE OUR HOSPITALS ARE LOCATED IN A REGION WITH MANY CHRONIC DISEASE CHALLENGES, BALLAD HEALTH'S GOAL IS TO TARGET POPULATION HEALTH ISSUES TO MAKE LASTING IMPROVEMENTS BALLAD CONDUCTED APPROXIMATELY 150 INTERVIEWS AND HELD 40 MEETINGS WITH EXTERNAL GROUPS, INCLUDING THE REGIONAL HEALTH DEPARTMENTS, UNITED WAY AGENCIES, CHAMBERS OF COMMERCE, SCHOOLS AND COMMUNITY ORGANIZATIONS, THE REGIONAL ACCOUNTABLE CARE COMMUNITY STEERING COMMITTEE, AS WELL AS INTERNAL GROUPS SUCH AS OUR POPULATION HEALTH AND SOCIAL RESPONSIBILITY COMMITTEE OF THE BALLAD HEALTH BOARD OF DIRECTORS, THE BALLAD HEALTH POPULATION HEALTH CLINICAL COMMITTEE, AND OUR HOSPITAL COMMUNITY BOARDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	BALLAD HEALTH COMMUNICATES WITH AND PROVIDES EDUCATION TO OUR PATIENTS THROUGH VARIOUS AVENUES REGARDING GOVERNMENTAL ASSISTANCE PROGRAMS AND HOSPITAL FINANCIAL ASSISTANCE VARIOUS EDUCATIONAL AND APPLICATION DOCUMENTS RELATED TO OBTAINING FINANCIAL ASSISTANCE ARE WIDELY AVAILABLE AND ALL DOCUMENTS ARE AVAILABLE ON THE BALLAD HEALTH WEBSITE PRINTED FINANCIAL ASSISTANCE EDUCATIONAL MATERIALS ARE PART OF EACH REGISTRATION PACKET AND POSTERS ARE DISPLAYED IN HIGHLY VISIBLE AREAS OF THE HOSPITAL OUR FINANCIAL ASSISTANCE POLICY AND DOCUMENTS ARE AVAILABLE IN OUR EMERGENCY DEPARTMENT AND ADMITTING AREAS WE ARE ALSO HAPPY TO MAIL ALL DOCUMENTS TO PATIENTS WE OFFER A PLAIN LANGUAGE SUMMARY AND ALL OF OUR DOCUMENTS ARE AVAILABLE IN ENGLISH AND SPANISH FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE DURING PRE-REGISTRATION, REGISTRATION AND/OR DURING FINANCIAL COUNSELING WE OFFER GOVERNMENTAL PROGRAM ELIGIBILITY REPRESENTATIVES TO ASSIST PATIENTS IN SECURING ELIGIBILITY FOR TENNCARE OR 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 OUR FINANCIAL COUNSELORS OFFER FINANCIAL ASSISTANCE APPLICATIONS TO PATIENTS WHO DO NOT QUALIFY FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND ARE UNABLE TO PAY FOR SOME OR ALL OF THEIR HEALTHCARE ALL PATIENT BILLING STATEMENTS HAVE VERBIAGE DISCUSSING FINANCIAL ASSISTANCE ALONG WITH CONTACT INFORMATION OUR LAST LETTER TO THE PATIENT DISPLAYS THE PLAIN LANGUAGE SUMMARY IN ALL ORAL CORRESPONDENCES WITH A PATIENT, IF IT IS IDENTIFIED THE PATIENT CANNOT MEET PAYMENT REQUIREMENTS ON THEIR ACCOUNT, FINANCIAL ASSISTANCE IS DISCUSSED AS AN OPTION APPLICANTS ARE NOTIFIED OF FINANCIAL ASSISTANCE DETERMINATION IN WRITING

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	MSHA SERVES THE HEALTHCARE NEEDS OF 29 APPALACHIAN COUNTIES IN TENNESSEE, SOUTHWEST VIRGIN IA, KENTUCKY, AND NORTH CAROLINA ALL OF THE COUNTIES MSHA SERVES ARE FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS MSHA'S LARGEST HOSPITAL, JOHNSON CITY MEDICAL CENTER, IS A TERTIARY REFERRAL CENTER AND LEVEL ONE TRAUMA CENTER ALL OF MSHA'S WHOLLY OWNED HOSPITA LS ARE LOCATED IN FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS OUR HOSPITALS' INPATIE NT DISCHARGES DURING FY18, TRACKED BY ZIP CODE, INDICATE A MEDICALLY UNDERSERVED RANGE FRO M 89 2% (RUSSELL COUNTY MEDICAL CENTER) TO 100% (JOHNSON COUNTY COMMUNITY HOSPITAL) MEDIC ALLY UNDERSERVED AREAS ARE DESIGNATED BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES SHORTAGE AREAS ARE IDENTIFIED THROUGH ANALYSIS OF PHYSICIAN TO POPULATION RATIOS DEPENDIN G ON WHETHER AN AREA IS CONSIDERED TO HAVE A HIGH NEED CRITERIA USED TO DETERMINE HIGH NE ED ARE POVERTY RATES, THE PERCENT OF THE POPULATION OVER AGE 65, INFANT MORTALITY RATES AN D FERTILITY RATES MSHA OPERATES 2 CRITICAL ACCESS HOSPITALS WHOLLY-OWNED JOHNSON COUNTY COMMUNITY HOSPITAL (JCCH) IN TENNESSEE AND MAJORITY-OWNED DICKENSON COUNTY COMMUNITY HOSPI TAL IN VIRGINIA MANY RURAL RESIDENTS MUST TRAVEL A GREATER DISTANCE TO ACCESS DIFFERENT P OINTS OF THE HEALTH CARE DELIVERY SYSTEM DUE TO GEOGRAPHIC DISTANCE, SOMETIMES EXTREME WE ATHER CONDITIONS, LACK OF PUBLIC TRANSPORTATION AND CHALLENGING ROADS, RURAL RESIDENTS MAY BE LIMITED, AND IN SOME INSTANCES, EVEN PROHIBITED FROM ACCESSING HEALTH CARE SERVICES A LTHOUGH 19% OF PEOPLE IN THE U S LIVE IN RURAL AREAS AND 30% OF THE VECHICLE MILES TRAVEL ED OCCUR IN RURAL AREAS, ALMOST HALF OF CRASH DEATHS OCCUR THERE WITHIN OUR COUNTIES IN M SHA'S SERVICE AREA, UNINTENTIONAL INJURY DEATHS ARE MUCH HIGHER THAN THE STATEWIDE RATES FOR EXAMPLE, IN TENNESSEE, THE UNICOI COUNTY RATE IS 23% HIGHER AND JOHNSON COUNTY RATE IS 15% HIGHER IN VIRGINIA, RUSSELL COUNTY'S RATE IS 54% HIGHER THAN THE STATEWIDE RATE A C DC (CENTERS FOR DISEASE CONTROL AND PREVENTION) STUDY DEMONSTRATED THERE IS A SIGNIFICANT GAP IN HEALTH BETWEEN RURAL AND URBAN AMERICANS THE CDC NOTED THAT DEMOGRAPHIC, ENVIRONME NTAL, ECONOMIC, AND SOCIAL FACTORS MAY PUT RURAL RESIDENTS AT HIGHER RISK OF DEATH RESIDE NTS IN RURAL AREAS TEND TO BE OLDER AND SICKER THAN THEIR URBAN COUNTERPARTS THEY HAVE HI GHER RATES OF CIGARETTE SMOKING, HIGH BLOOD PRESSURE AND OBESITY RURAL RESIDENTS ALSO REP ORT LESS LEISURE-TIME PHYSICAL ACTIVITY AND LOWER SEATBELT USE THEY HAVE HIGHER RATES OF POVERTY, LESS ACCESS TO HEALTHCARE, AND ARE LESS LIKELY TO HAVE HEALTH INSURANCE THE CDC STUDY FOUND THAT UNINTENTIONAL INJURY DEATHS WERE SIGNIFICANTLY HIGHER IN RURAL AREAS, PAR TLY DUE TO A GREATER RISK OF MOTOR VEHICLE CRASHES AND OPIOID OVERDOSES THE CDC BELIEVES THE GAPS IN HEALTH BETWEEN RURAL AND URBAN CAN BE ADDRESSED BY -SCREENING PATIENTS FOR HI GH BLOOD PRESSURE -INCREASING CANCER PREVENTION AND EARLY DETECTION -ENCOURAGING PHYSICAL ACTIVITY AND HEALTHY EATING -PROMOTING SMOKING CESSATION - CIGARETTE SMOKING IS THE LEADIN G CAUSE OF PREVENTABLE DISEASE DEATH IN THE U S -PROMOTING MOTOR VEHICLE SAFETY -ENGAGING PROVIDERS IN SAFER PRESCRIBING OF OPIOIDS FOR PAIN AND EDUCATING CITIZENS ON THE RISKS OF OPIOIDS WHILE OUR AREA HAS GENERALLY UNFAVORABLE HEALTH STATISTICS, THERE ARE FAR FEWER P RIMARY CARE PHYSICIANS PER RESIDENT IN SOME OF OUR COUNTIES THAN THE STATE'S AVERAGE FOR EXAMPLE, IN CARTER COUNTY, OUR RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS IS 79% HIGHE R THAN THE STATE'S AVERAGE AND UNICOI'S RATIO IS 85% HIGHER BOTH OF THESE COUNTIES ARE MO RE THAN DOUBLE THE RATIO OF U S TOP PERFORMERS ACCORDING TO THE ROBERT WOOD JOHNSON FOUND ATION'S COUNTY HEALTH RANKINGS RECRUITING PHYSICIANS TO RURAL AREAS IS OFTEN CHALLENGING DUE TO A MYRIAD OF FACTORS, SUCH AS GEOGRAPHY, ECONOMICS, CULTURE AND EDUCATION GEOGRAPHI CALLY, RURAL COMMUNITIES ARE OFTEN FAR REMOVED FROM SUBURBAN AND URBAN CENTERS THAT PROVID E ACCESS TO EDUCATIONAL, CULTURAL AND ECONOMIC OPPORTUNITIES THESE LIMITATIONS INFLUENCE THE RELOCATION DECISION OF THE PHYSICIAN CANDIDATE AND HIS/HER SPOUSE/CHILDREN TO LOCATE T O A RURAL AREA A NUMBER OF FACTORS CONTRIBUTE TO A UNIQUE AND CHALLENGING ENVIRONMENT THA T INFLUENCE THE OVERALL HEALTH STANDING FOR COUNTIES INCLUDED IN THE MSHA SERVICE AREA OB ESITY INCREASES THE RISK FOR MANY HEALTH CONDITIONS SUCH AS CORONARY HEART DISEASE, TYPE 2 DIABETES, HYPERTENSION, STROKE, CANCER, SLEEP APNEA AND RESPIRATORY PROBLEMS, AND OSTEOAR THRITIS EVIDENCE INDICATES PHYSICAL ACTIVITY, INDEPENDENT OF ITS EFFECT ON WEIGHT, HAS SU BSTANTIAL BENEFITS FOR HEALTH RELATIVE TO OBESITY AND PHYSICAL ACTIVITY LEVELS, MANY OF O UR COUNTIES HAVE HIGH LEVELS OF OBESITY COMBINED WITH HIGH LEVELS OF PHYSICAL INACTIVITY A S SHOWN BELOW -THE PERCENTAGES OF ADULT OBESITY JOHNSON COUNTY 30%, UNICOI COUNTY 35%, C ARTER COUNTY 35%, SULLIVAN COUNTY 32% AND RUSSELL COUNTY 30% THE ADULT OBESITY RATE FOR U S TOP PERFORMERS IS 26% ACCORDING TO THE ROBERT

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	WOOD JOHNSON FOUNDATION'S COUNTY HEALTH RANKINGS -THE PERCENTAGES OF PHYSICAL INACTIVITY CARTER COUNTY 33%, SULLIVAN COUNTY 31%, UNICOI COUNTY 30%, JOHNSON COUNTY 35%, AND RUSSEL L COUNTY 29% THE PHYSICAL INACTIVITY RATE FOR U S TOP PERFORMERS IS 20% ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION'S COUNTY HEALTH RANKINGS THE HEALTH STATUS OF THE POPULAT ION IN MSHA'S SERVICE AREA IS GENERALLY POOR OUR SERVICE AREA EXTENDS TO SOME OF THE POOR EST RURAL COUNTIES IN THE REGION WITH A POVERTY RATE OF ALMOST 30% IN SOME AREAS THE CENS US BUREAU ESTIMATES COUNTY MEDIAN HOUSEHOLD INCOMES ARE JOHNSON COUNTY - 32,994, CARTER C OUNTY - 34,625 AND UNICOI COUNTY - 36,576, AVERAGING APPROXIMATELY 29% BELOW THE STATE OF TENNESSEE MEDIAN HOUSEHOLD INCOME SOME OF THE MOST WELL-OFF COUNTIES IN MSHA'S SERVICE AR EA STILL HAVE A MEDIAN HOUSEHOLD INCOME LOWER THAN THE STATE AVERAGE FOR INSTANCE, WASHIN GTON COUNTY'S MEDIAN HOUSEHOLD INCOME IS 10 3% BELOW THE STATE OF TENNESSEE'S AND SULLIVAN COUNTY'S IS 15 3% BELOW CHILDREN IN POVERTY IN SOME AREAS EXCEEDS 30% FOR EXAMPLE, THE PERCENTAGE OF CHILDREN LIVING IN POVERTY IN JOHNSON COUNTY IS 33%, CARTER COUNTY IS 30%, U NICOI COUNTY IS 27% AND RUSSELL COUNTY IS 24% THE LATEST CENSUS BUREAU DATA ESTIMATES THE MEDIAN AGE OF RESIDENTS OF UNICOI COUNTY IS 45 9, JOHNSON COUNTY IS 45 7, AND CARTER COUN TY IS 44 4, ALL SIGNIFICANTLY OLDER THAN THE MEDIAN AGE OF 38 6 IN TENNESSEE ALL OF OUR C OMMUNITIES HAVE A LARGE ELDERLY POPULATION, FAR EXCEEDING THAT OF THE COUNTRY PERSONS 65 YEARS AND OLDER IN THE COUNTIES MSHA'S HOSPITALS ARE LOCATED IN RANGE FROM 17 6% TO 22 7% COMPARED TO 15 4% FOR THE U S

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	MSHA IS DEDICATED TO OPERATING EFFICIENTLY SO THAT WASTE IS MINIMIZED MSHA'S LEADERSHIP REMAINS MINDFUL OF MANAGING THE ALLIANCE'S LIMITED RESOURCES SO THAT ADEQUATE FACILITIES AND EQUIPMENT ARE AVAILABLE FOR THE CARE OF OUR PATIENTS SURPLUS FUNDS ARE INVESTED INTO IMPROVING TREATMENT OPTIONS FOR OUR PATIENTS THROUGH NEW TECHNOLOGIES, RECRUITING PHYSICIANS AND TRAINED STAFF IN SHORTAGE AREAS, AND IMPROVING OUR FACILITIES VARIOUS CHECKS AND BALANCES ARE ESTABLISHED TO ENSURE THAT EXPENDITURES FOR OPERATING EXPENSES AND CAPITAL COSTS ARE REASONABLE AND NECESSARY MSHA HAS SEVERAL HOSPITALS WITH MEDICARE-APPROVED HEALTH PROFESSION EDUCATION PROGRAMS IN ADDITION, OUR HOSPITALS SERVE AS TRAINING SITES FOR MANY TYPES OF HEALTH PROFESSIONS NURSING, PHARMACY, PSYCHOLOGY, LAB, RESPIRATORY THERAPY, EMT, PUBLIC HEALTH, ETC STUDENTS FROM NUMEROUS COLLEGES, UNIVERSITIES, AND PROGRAMS RECEIVE TRAINING AND EXPERIENCE IN OUR HOSPITALS WE DEVOTE RESOURCES TO HEALTH CONFERENCES FOR LOCAL HEALTH PROFESSIONALS, OPERATE TWO HEALTH RESOURCE CENTERS CONVENIENTLY LOCATED IN A SHOPPING MALL AND OUR WELLNESS CENTER, PROVIDE FOR MEDIA COVERAGE TO EDUCATE OUR RESIDENTS ON HEALTH ISSUES, OFFER EVENTS TO THE PUBLIC THAT COMBINE FUN ACTIVITIES WITH HEALTH EDUCATION, AND MANY OTHER PROGRAMS FOCUSED ON IMPROVING THE HEALTH OF OUR RESIDENTS WHILE WE OPERATE HOSPITALS IN PREDOMINANTLY LOW-INCOME, RURAL AND ISOLATED AREAS, WE CONTINUE TO OFFER SERVICES THAT OPERATE AT A LOSS TO MSHA BECAUSE RESIDENTS WOULD OTHERWISE NEED TO LEAVE THEIR HOME TOWN OR COUNTY TO RECEIVE NEEDED CARE MOUNTAIN STATES MERGED WITH WELLMONT HEALTH SYSTEM IN FEBRUARY 2018 TO FORM BALLAD HEALTH HEALTHCARE SYSTEM, BALLAD HEALTH'S BOARD OF DIRECTORS ASSUMED BOARD RESPONSIBILITIES FOR BOTH MOUNTAIN STATES AND WELLMONT MOUNTAIN STATES AND WELLMONT STILL EXIST AS LEGAL ENTITIES AND CONTINUE TO OPERATE MULTIPLE HOSPITALS MSHA'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREAS PHYSICIANS THAT REQUEST PRIVILEGES WHO ARE QUALIFIED AND CREDENTIALED ARE EXTENDED PRIVILEGES BY MSHA

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	AS NOTED EARLIER, MSHA MERGED WITH WELLMONT HEALTH SYSTEM (WHS) TO FORM BALLAD HEALTH BALLAD HEALTH IS THE PARENT COMPANY, SOLE MEMBER OF BOTH MSHA AND WHS FOLLOWING THE MERGER, MSHA AND WHS CONTINUE TO EXIST AS SEPARATE LEGAL ENTITIES, EACH OPERATING MULTIPLE HOSPITALS MOUNTAIN STATE'S MERGER WITH WELLMONT OPENS UP MANY OPPORTUNITIES NOT PREVIOUSLY AVAILABLE TO TWO COMPETING HEALTH SYSTEMS COLLABORATION STARTED POST-MERGER AND WE EXPECT TO SEE FUTURE PROGRESS TOWARDS IMPROVING EFFICIENCIES WITHIN OUR NEW HEALTH SYSTEM, ACTIVITIES CONSISTENT WITH BALLAD HEALTH'S POPULATION HEALTH INITIATIVE, SHARING BEST PRACTICE QUALITY IMPROVEMENTS, AND OTHER BENEFITS RELATED TO OPERATING AS ONE RATHER THAN OPERATING IN A COMPETITIVE ENVIRONMENT A NEW CLINICAL COUNCIL WAS FORMED IMMEDIATELY FOLLOWING THE MERGER THE COUNCIL INCLUDES PHYSICIANS NOMINATED FROM THE LEADERSHIP OF ALL BALLAD HOSPITALS NEAR THE END OF FY18, THE COUNCIL EMBARKED ON A CAMPAIGN TO REDUCE HOSPITAL ACQUIRED C DIFF BY 30%, WITH AN ULTIMATE GOAL OF ZERO C DIFF INFECTIONS A NEW COMMUNITY BENEFIT AND POPULATION HEALTH COMMITTEE OF THE BOARD WAS ESTABLISHED AND VARIOUS OTHER INFRASTRUCTURES WERE ESTABLISHED PRIOR TO THE END OF FY18 ACROSS MSHA'S HOSPITALS, THERE WERE MANY PROJECTS, PROGRAMS, AND COLLABORATIVE EFFORTS THAT TOOK PLACE DURING THE YEAR SOME EXAMPLES INCLUDE -OPIOID PRESCRIBING REDUCTION ACROSS ALL MSHA HOSPITALS -OUR NURSE NAVIGATOR PROGRAM ACROSS ALL MSHA HOSPITALS TO ASSIST CANCER PATIENTS -A NEW STORYTELLING PROGRAM SHOWN TO RELAX AND ENCOURAGE PATIENTS WAS ESTABLISHED AT THREE HOSPITALS -THE NEW BABY BOX UNIVERSITY PROGRAM WAS IMPLEMENTED AT ALL MSHA BIRTHING CENTERS, PROMOTING PARENTING EDUCATION AND SAFE SLEEP FOR BABIES -MSHA'S GRANT DEPARTMENT OBTAINED FUNDING FOR BOTH WHOLLY OWNED AND MAJORITY OWNED HOSPITALS TO ASSIST WITH VARIOUS PATIENT HEALTH AND SAFETY PROGRAMS -MSHA HOSPITALS SHARED SUCCESSFUL ACHIEVEMENTS FROM VALUE OPTIMIZATION TEAM PROJECTS -TELEMEDICINE TO BRING SPECIALTY PHYSICIAN RESOURCES TO SMALLER FACILITIES MSHA PROVIDES CARE TO PEOPLE IN 29 COUNTIES IN TENNESSEE, VIRGINIA, KENTUCKY AND NORTH CAROLINA EACH HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION, WITH THE EXCEPTION OF JCCH JCCH RECEIVES CERTIFICATION THROUGH THE STATE OF TENNESSEE SINCE IT IS A CRITICAL ACCESS HOSPITAL MSHA, BASED IN JOHNSON CITY, TENNESSEE INCLUDES 8 WHOLLY-OWNED HOSPITALS (7 OF WHICH ARE INCLUDED IN THIS FORM 990) MSHA'S NEWEST HOSPITAL, LAUGHLIN MEMORIAL HOSPITAL, FILES A SEPARATE FORM 990 IN ADDITION TO ITS WHOLLY-OWNED HOSPITALS, MSHA HAS MAJORITY OWNERSHIP IN 4 HOSPITALS LOCATED IN SOUTHWEST VIRGINIA, EACH OF WHICH FILE SEPARATE RETURNS IN ADDITION TO OUR ACUTE CARE HOSPITALS, OUR SYSTEM INCLUDES SUCH SERVICES AS PRIMARY/SPECIALTY PHYSICIAN PRACTICES, EMERGENCY DEPARTMENTS, OCCUPATIONAL MEDICINE, REHABILITATION, OUTREACH LABORATORY, MENTAL HEALTH, NEONATAL INTENSIVE CARE, A NACHARI-AFFILIATED CHILDREN'S HOSPITAL, RENAL DIALYSIS, ST JUDE'S TRI-CITIES AFFILIATE ONCOLOGY CLINIC, INPATIENT/OUTPATIENT SURGERY, SKILLED NURSING, LONG-TERM CARE, HOME HEALTH, AND MORE WITH THESE ADDITIONAL FACILITIES AND SERVICES, MSHA EXTENDS A HIGHLY EFFECTIVE HEALTH CARE DELIVERY SYSTEM SINCE OUR SYSTEM IS BOTH HORIZONTALLY AND VERTICALLY INTEGRATED, PATIENTS CAN BE EFFICIENTLY MOVED ALONG AN INTEGRATED, COMPREHENSIVE CONTINUUM OF CARE AS THEIR HEALTH STATUS DICTATES MSHA'S FLAGSHIP FACILITY, JOHNSON CITY MEDICAL CENTER, IS AT THE CORE OF OUR SYSTEM OFFERING FULL-SERVICE TERTIARY CARE MSHA IS THE SOLE MEMBER OF BLUE RIDGE MEDICAL MANAGEMENT CORPORATION (BRMMC) MSHA EXTENDS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THROUGH BRMMC TO INCLUDE MULTIPLE PRIMARY AND SPECIALTY CARE PATIENT ACCESS CENTERS AND NUMEROUS OUTPATIENT CARE SITES, INCLUDING URGENT CARE CENTERS, OCCUPATIONAL MEDICINE SERVICES, A SAME DAY SURGERY CENTER AND REHABILITATION MSHA PARTNERED WITH EAST TENNESSEE STATE UNIVERSITY TO OPERATE OVERMOUNTAIN RECOVERY, AN OPIOID RECOVERY FACILITY LOCATED IN GRAY, TENNESSEE MSHA IS THE OWNER OF INTEGRATED SOLUTIONS HEALTH NETWORK, LLC (ISHN) ISHN OPERATES ANEWCARE COLLABORATIVE, THE REGION'S FIRST ACCOUNTABLE CARE ORGANIZATION, BRINGING TOGETHER COMMUNITY HEALTH CARE PROVIDERS TO PROVIDE BETTER OUTCOMES AND IMPROVED PATIENT SATISFACTION AT A LOWER COST MSHA COUNTY-SPECIFIC OPERATIONS ARE GOVERNED BY A COMMUNITY BOARD OF DIRECTORS COUNTY BOARDS REPORT TO A SYSTEM LEVEL BOARD OF DIRECTORS ALL BOARDS ARE PRIMARILY COMPOSED OF LOCAL COMMUNITY RESIDENTS

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	BALLAD HEALTH IS REQUIRED TO REPORT COMMUNITY BENEFIT ESTIMATES ON A QUARTERLY BASIS WITH THE STATES OF TENNESSEE AND VIRGINIA THE REPORTING INCLUDES ALL OF BALLAD'S HOSPITAL ORGANIZATIONS AND IS REPORTED USING IRS FORM 990, SCHEDULE H INSTRUCTIONS FOR REPORTING COMMUNITY BENEFIT BALLAD OPERATES UNDER A CERTIFICATE OF PUBLIC ADVANTAGE (COPA) IN TENNESSEE AND A COOPERATIVE AGREEMENT (CA) IN VIRGINIA AS OBLIGATED BY AGREEMENTS BETWEEN BALLAD AND THE TWO STATES TO ALLOW MOUNTAIN STATES HEALTH ALLIANCE AND WELLMONT HEALTH SYSTEM TO MERGE

Additional Data

Software ID:
Software Version:
EIN: 62-0476282
Name: MOUNTAIN STATES HEALTH ALLIANCE

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

	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? **7** Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	JOHNSON CITY MEDICAL CENTER 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604 BALLADHEALTH ORG/LOCATIONSHOSPITALS 00000121	X	X	X	X		X	X		MENTAL HEALTH	A
2	INDIAN PATH MEDICAL CENTER 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660 BALLADHEALTH ORG/LOCATIONSHOSPITALS 00000134	X	X		X			X			A
3	FRANKLIN WOODS COMMUNITY HOSPITAL 300 MED TECH PARKWAY JOHNSON CITY, TN 37604 BALLADHEALTH ORG/LOCATIONSHOSPITALS 00000123	X	X		X			X			A
4	SYCAMORE SHOALS HOSPITAL 1501 W ELK AVENUE ELIZABETHTON, TN 37643 BALLADHEALTH ORG/LOCATIONSHOSPITALS 00000012	X	X					X			A
5	RUSSELL COUNTY MEDICAL CENTER 58 CAROLL STREET LEBANON, VA 24266 BALLADHEALTH ORG/LOCATIONSHOSPITALS H 1892	X	X					X			A

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

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? **7** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
6	JOHNSON COUNTY COMMUNITY HOSPITAL 16901 S SHADY STREET MOUNTAIN CITY, TN 37683 BALLADHEALTH ORG/LOCATIONSHOSPITALS 00000039	X				X		X			A
7	UNICOI COUNTY MEMORIAL HOSPITAL 100 GREENWAY CIRCLE ERWIN, TN 37650 BALLADHEALTH ORG/LOCATIONSHOSPITALS 00000119	X	X					X			A

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, JOHNSON CITY MEDICAL CENTER - PART V, LINE 3E	DURING FY18, MSHA HOSPITALS WERE OPERATING UNDER THE CHNA APPROVED BY ITS BOARD OF DIRECTORS AT THE END OF FY15 PRIORITIES WERE ESTABLISHED FOR ALL MSHA HOSPITALS' CHNAS AND PRIORITIES WERE DETERMINED BY THE MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY MSHA HOSPITALS CONDUCTED THEIR THIRD CHNA THIS TAX REPORTING PERIOD WITH BOARD APPROVAL AND PUBLICATION OCCURRING AT THE END OF FY18 FOR THE NEW FY18 CHNAS, BALLAD HEALTH AND ITS HOSPITALS AND ENTITIES AGREED TO FOCUS ON AN INDEX OF 25 ACTIVE POPULATION HEALTH INDEX MEASURES (PLUS AN ADDITIONAL 31 MEASURES FOR MONITORING) THE POPULATION HEALTH INDEX ITSELF IS BASED ON THE FOCUS AREAS OUTLINED IN THE PREVIOUS (FY15 FOR MSHA'S HOSPITALS) CHNAS AND ALIGN WITH NATIONAL HEALTH IMPROVEMENT EFFORTS, SUCH AS HEALTHY PEOPLE 2020 TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS, BALLAD HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH BALLAD HOSPITAL TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN ITS SERVICE AREA THROUGHOUT THE CHNA PROCESS, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH DISPARITIES AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD REPRESENTATIVES TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS JOHNSON CITY MEDICAL CENTER'S CHNA WAS CONDUCTED WITH FRANKLIN WOODS COMMUNITY HOSPITAL (FWCH) FWCH IS LOCATED IN THE SAME SERVICE AREA AS JOHNSON CITY MEDICAL CENTER SO THE TWO HOSPITALS' COMMUNITY DEMOGRAPHICS AND HEALTH NEEDS ARE THE SAME JOHNSON CITY MEDICAL CENTER INCLUDES NISWONGER CHILDREN'S HOSPITAL AND WOODRIDGE HOSPITAL, A BEHAVIORAL HEALTH FACILITY THE WASHINGTON COUNTY CHNA COMMUNITY MEMBERS EVALUATED MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX AND A FEW ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENINGS THE JCMC/FWCH GROUP'S MEMBERS COMPLETED A SURVEY RELATIVE TO WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR SPECIFIC COMMUNITY OVER THE NEXT THREE YEARS AFTER ALL THE DETAILS AND DATA COLLECTION WAS COMPLETE AND INTERVIEWS WITH VARIOUS FOCUS GROUPS WERE COMPLETE, THE WASHINGTON COUNTY REPRESENTATIVES IDENTIFIED THE TOP FOCUS AREAS FOUR KEY PRIORITIES WERE IDENTIFIED -SMOKING -SUBSTANCE ABUSE AND MENTAL HEALTH -OBESITY -EARLY INTERVENTION VACCINATIONS, SCREENINGS, THIRD-GRADE READING LEVEL FOR 3RD GRADERS, AND DIABETES COUNSELING

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, JOHNSON CITY MEDICAL CENTER - PART V, LINE 5	AS PART OF THE FY18 BALLAD HEALTH CHNA PROCESS, BALLAD CONDUCTED LOCALIZED COMMUNITY FOCUS GROUPS WITH ORGANIZATION REPRESENTATIVES SUCH AS THOSE FROM LOCAL HEALTH DEPARTMENTS, SCHOOL SYSTEMS, HEALTH CLINICS, EMERGENCY SERVICES, BUSINESSES, AND PHILANTHROPIC BOARDS THE INDIVIDUALS IN EACH COMMUNITY WERE SELECTED FOR PARTICIPATION BY THE HOSPITAL'S CEO JCMC INCLUDES WOODRIDGE HOSPITAL, ITS BEHAVIORAL HEALTH FACILITY, AND NISWONGER CHILDREN'S HOSPITAL BECAUSE JCMC AND FRANKLIN WOODS COMMUNITY HOSPITAL SERVE THE SAME COMMUNITY, THE TWO HOSPITALS CONDUCTED THE FY18 CHNA TOGETHER THE JCMC/FWCH FOCUS GROUP MEMBERS WERE REPRESENTED BY WASHINGTON COUNTY HEALTH DEPARTMENT, JOHNSON CITY MAYOR'S OFFICE, EAST TENNESSEE STATE UNIVERSITY COMMUNITY HEALTH CENTER, BALLAD HEALTH EMPLOYEES, MEMBERS OF THE WASHINGTON COUNTY FOUNDATION BOARD, MEMBERS OF THE WASHINGTON COUNTY COMMUNITY BOARD, AND MEMBERS OF THE WASHINGTON COUNTY MEDICAL EXECUTIVE COMMITTEE LOW INCOME, MINORITY AND MEDICALLY UNDERSERVED POPULATIONS WERE REPRESENTED BY WASHINGTON COUNTY HEALTH DEPARTMENT AND EAST TENNESSEE STATE UNIVERSITY (ETSU) COMMUNITY HEALTH CENTER ETSU'S COMMUNITY HEALTH CENTER IS AN INTERDISCIPLINARY FACILITY FOR THE DELIVERY OF PRIMARY HEALTH CARE SERVICES AND EDUCATION OF ETSU COLLEGE OF NURSING STUDENTS THE HEALTH CENTER PROVIDES HEALTH CARE TO THE UNINSURED, UNDERINSURED, TENNCARE ENROLLEES, A GROWING HISPANIC POPULATION AND MEDICALLY INDIGENT INDIVIDUALS ACTIVITIES ASSOCIATED WITH THE JUNE 2018 ASSESSMENT TOOK PLACE FROM FALL OF 2017 THROUGH THE SPRING OF 2018 COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD HEALTH REPRESENTATIVES TO DISCUSS HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS COMMUNITY MEMBERS WERE MADE AWARE OF THE 25 MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX PLUS 3 ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENING PARTICIPANTS THEN COMPLETED A SURVEY TO INDICATE THEIR OPINION ON WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR COMMUNITY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, JOHNSON CITY MEDICAL CENTER - PART V, LINE 6A	EACH HOSPITAL WITHIN MOUNTAIN STATES HEALTH ALLIANCE COMPLETED A CHNA THIS FISCAL YEAR THE HOSPITALS WITHIN THE MSHA FEIN (INCLUDED IN THIS FORM 990) INCLUDE JOHNSON CITY MEDICAL CENTER (INCLUDES NISWONGER CHILDREN'S HOSPITAL AND WOODRIDGE HOSPITAL), FRANKLIN WOODS COMMUNITY HOSPITAL, INDIAN PATH MEDICAL CENTER, JOHNSON COUNTY COMMUNITY HOSPITAL, RUSSELL COUNTY MEDICAL CENTER, SYCAMORE SHOALS HOSPITAL, AND UNICOI COUNTY MEMORIAL HOSPITAL A SPEARATE FORM 990 IS FILED FOR EACH MSHA HOSPITAL THAT IS A SEPARATE FEIN ENTITY

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, JOHNSON CITY MEDICAL CENTER - PART V, LINE 11	DURING THE YEAR, JOHNSON CITY MEDICAL CENTER CONTINUED TO FOCUS ON ITS CHNA PRIORITIES AS IDENTIFIED IN ITS FY15 REPORT JCMC'S PRIMARY AREAS OF FOCUS INCLUDED DIABETES, OBESITY/P HYSICAL ACTIVITY, HEART DISEASE AND SUBSTANCE/DRUG ABUSE MANY ADDITIONAL COMMUNITY NEEDS EXIST IN OUR REGION IT IS FISCALLY IMPOSSIBLE FOR A HOSPITAL TO ADDRESS EVERY HEALTH NEED IN A COMMUNITY, WHICH IS WHY THE CHNA PROCESS IS USED TO IDENTIFY AND PRIORITIZE AREAS OF FOCUS A THOUGHTFUL CHNA EVALUATES OVERALL COMMUNITY HEALTH NEEDS TO DETERMINE WHICH ONES THE HOSPITAL CAN BEST INFLUENCE IN A POSITIVE WAY CONSIDERATION IS GIVEN TO OTHER ORGANI ZATIONS IN THE HOSPITAL'S GEOGRAPHIC AREA THAT ALREADY OFFER SERVICES ADDRESSING SPECIFIC HEALTH NEEDS IN SOME CASES, IT IS BEST TO SIMPLY SUPPORT AN IDENTIFIED HEALTH NEED THROUG H A FINANCIAL DONATION TO ANOTHER NONPROFIT ORGANIZATION SKILLED IN CERTAIN AREAS TEEN PR EGNANCY, DENTAL HEALTH, FIGHTING HOMELESSNESS, ETC THE HOSPITAL AND MSHA'S CORPORATE DEPA RTMENTS ALSO LEND SUPPORT TO OTHER NONPROFIT ORGANIZATIONS BY SERVING ON THEIR BOARDS, COM MITTEES, AND ASSISTING WITH FUNDRAISING EFFORTS JOHNSON CITY MEDICAL CENTER, ALONG WITH M SHA'S OTHER HOSPITALS, HAS BEEN DILIGENT IN ITS GOAL TO ENSURE APPROPRIATE PRESCRIBING OF OPIOIDS AND A REDUCTION IN OPIOIDS IN OUR REGION THE RESULT IS A SIGNIFICANT REDUCTION IN PRESCRIBING RATES OPIOID DOSES ADMINISTERED AT MSHA'S HOSPITALS WERE REDUCED BY MORE THA N 40 PERCENT OUR EMERGENCY DEPARTMENT PRESCRIBING RATES ARE NOW 26 PERCENT BELOW THE NATI ONAL AVERAGE JCMC'S NISWONGER CHILDREN'S HOSPITAL LAUNCHED FAMILIES THRIVE THIS YEAR THI S NEW PROGRAM IS PART OF OUR NEONATAL ABSTINENCE SYNDROME (NAS) PROGRAM FOR BABIES WHO ARE EXPOSED TO ADDICTIVE SUBSTANCES BEFORE BIRTH THE FAMILY THRIVE PROGRAM PROVIDED COUNSELI NG FOR ADDICTION RECOVERY, TOOLS FOR PARENTING SKILLS AND CONNECTIONS TO OTHER COMMUNITY S ERVICES THAT CAN ASSIST FAMILIES AFTER THE BABY LEAVES THE HOSPITAL THE GOAL IS TO PROVID E ADDICTED MOTHERS WITH TREATMENT PLANS FOR NARCOTIC RECOVERY IF THEY ARE NOT IN A PROGRAM ALREADY NEARLY 30 PERCENT OF THE BABIES IN OUR NEONATAL INTENSIVE CARE UNIT SUFFER FROM NEONATAL ABSTINENCE SYNDROME JCMC OPENED A NEW CDU (CLINICAL DECISION UNIT) THIS YEAR TH E CDU IS AN EXTENSION OF THE EMERGENCY DEPARTMENT SPECIALLY DESIGNED TO SERVE PATIENTS NEE DING BEHAVIORAL HEALTH CARE SOME OF THESE PATIENTS MAY BE TRANSITIONED TO INPATIENT PSYCH IATRIC CARE WHILE OTHERS WILL BE DISCHARGED TO OUTPATIENT SERVICE ONCE STABILIZED JOHNSON CITY MEDICAL CENTER'S HEALTH RESOURCES CENTER (HRC) PROVIDES NUMEROUS HEALTH SCREENINGS T HROUGHOUT THE YEAR, A WIDE RANGE OF FREE HEALTH EDUCATION CLASSES, MOST OF WHICH TARGET HE ALTH NEED PRIORITIES IDENTIFIED IN THE HOSPITAL'S CHNA FOR EXAMPLE, MANY CLASSES AND ACTI VITIES FOCUS ON HEALTHY EATING, OBESITY, HEART HEALTH AND DIABETES, ALL DIRECTLY RELATED T O OUR FY15 CHNA THIS YEAR, THE HRC PROVIDED INDIVIDUAL NUTRITION EDUCATION SESSIONS AND O UTREACH SERVICES THAT CONNECTE

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, JOHNSON CITY MEDICAL CENTER - PART V, LINE 11	D TO ALMOST 8,000 RESIDENTS IN ADDITION, THE HRC HAD MORE THAN 12,000 VISITS TO ITS OFFIC E DURING FY18 JCMC OFFERS NUMEROUS SUPPORT GROUPS FOR VARIOUS CHRONIC CONDITIONS OUR PAR ISH NURSE PROGRAM OFFERS HEALTH EDUCATION WITHIN PLACES OF WORSHIP THE NURSES ALSO CONDUC T HEALTH SCREENINGS THAT DETECT HEALTH ISSUES THAT NEED ATTENTION OUR CHILDREN'S HOSPITAL PROVIDES MANY ACTIVITIES THROUGHOUT THE YEAR TO ENGAGE COMMUNITY CHILDREN AND THEIR FAMIL IES IN PHYSICAL ACTIVITIES IN ADDITION, THE HOSPITAL SUPPORTS MORNING MILE, A PARTNERSHIP WITH LOCAL ELEMENTARY AND MIDDLE SCHOOLS TO OFFER EXERCISE IN THE MORNINGS BEFORE CLASSES BEGIN HEART DISEASE WAS A PRIORITY STATED IN THE FY15 CHNA JCMC OPERATES A FREE CONGEST IVE HEALTH FAILURE CLINIC TO HELP PATIENTS MANAGE THEIR DISEASE THE CLINIC IS STAFFED BY A NURSE PRACTITIONER WORKING WITH CARDIOLOGISTS TO EVALUATE AND PROVIDE EDUCATION TO HELP PATIENTS IMPROVE THEIR CARDIAC FUNCTION AND LESSEN THE LIKELIHOOD OF ACUTE EPISODES OF HEA RT FAILURE PATIENTS WHO TAKE ADVANTAGE OF THE FREE HEART FAILURE CLINIC HAVE A LOWER HOSP ITAL READMISSION RATE JCMC MADE FINANCIAL CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS PROVIDING COMMUNITY SERVICES THAT SUPPORT THE HOSPITAL'S CHNA JCMC CONTRIBUTIONS BENEFITE D AN ORGANIZATION THAT FOCUSED ON HEALTHY EATING FOR CHILDREN, AN ORGANIZATION WORKING TO UNDERSTAND LONG-TERM EFFECTS OF NEONATAL ABSTINENCE SYNDROME, DONATIONS TO FUND PHYSICAL A CTIVITIES FOR CHILDREN AT A LOCAL FAIR, A DONATION TO A FOOD PANTRY THAT PROVIDES FOOD FOR KIDS DURING THE SUMMER, AND A SIGNIFICANT DONATION TO AN ORGANIZATION THAT PROVIDES ACCES S TO HEALTH CARE FOR LOW INCOME RESIDENTS IN APPALACHIA THE MSHA ENTITY INCLUDES THE HOSP ITALS REPORTED IN THIS FORM 990, A HOME HEALTH AGENCY AND ITS CORPORATE DEPARTMENTS MOST OF THE CHARITABLE DONATIONS MADE DURING THE YEAR ARE REPORTED IN A CORPORATE DEPARTMENT RA THER THAN BY ONE OF THE HOSPITALS MORE DETAIL OF MSHA'S TOTAL CHARITABLE DONATIONS DURING THE YEAR IS REPORTED IN THE CORE FORM OF THE FORM 990 - PART III PROGRAM SERVICE ACCOMPLI SHMENTS FREE MEDICATIONS WERE PROVIDED TO SOME LOW-INCOME PATIENTS AT THE TIME OF THEIR D ISCHARGE THE HOSPITAL ALSO PROVIDED FREE LAB SERVICES TO A NONPROFIT CLINIC THAT PROVIDES PRIMARY HEALTH CARE SERVICES AND ENGAGES IN MANY OUTREACH CONTACTS EACH YEAR TO INDIVIDUA LS ON THE STREET, IN SHELTERS AND IN FARM WORKER CAMPS

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, JOHNSON CITY MEDICAL CENTER - PART V, LINE 13H	BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY ALLOWS FOR SOME EXCEPTIONS TO STRICTLY ADHERING TO FEDERAL POVERTY GUIDELINES WHEN AWARDING FINANCIAL ASSISTANCE UNIQUE CIRCUMSTANCES MAY BE WEIGHED AND ASSESSED FOR FINANCIAL ASSISTANCE CONSIDERATION ON A CASE-BY-CASE BASIS ALSO, THERE ARE SOME SERVICES WHERE FINANCIAL ASSISTANCE MAY BE PROVIDED OUTSIDE OF FEDERAL POVERTY GUIDELINES THESE ARE NOTED IN BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 2, INDIAN PATH MEDICAL CENTER - PART V, LINE 3E	DURING FY18, MSHA HOSPITALS WERE OPERATING UNDER THE CHNA APPROVED BY ITS BOARD OF DIRECTORS AT THE END OF FY15 PRIORITIES WERE ESTABLISHED FOR ALL MSHA HOSPITALS' CHNAS AND PRIORITIES WERE DETERMINED BY THE MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY MSHA HOSPITALS CONDUCTED THEIR THIRD CHNA THIS TAX REPORTING PERIOD WITH BOARD APPROVAL AND PUBLICATION OCCURRING AT THE END OF FY18 FOR THE NEW FY18 CHNAS, BALLAD HEALTH AND ITS HOSPITALS AND ENTITIES AGREED TO FOCUS ON AN INDEX OF 25 ACTIVE POPULATION HEALTH INDEX MEASURES (PLUS AN ADDITIONAL 31 MEASURES FOR MONITORING) THE POPULATION HEALTH INDEX ITSELF IS BASED ON THE FOCUS AREAS OUTLINED IN THE PREVIOUS (FY15 FOR MSHA'S HOSPITALS) CHNAS AND ALIGN WITH NATIONAL HEALTH IMPROVEMENT EFFORTS, SUCH AS HEALTHY PEOPLE 2020 TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS, BALLAD HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH BALLAD HOSPITAL TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN ITS SERVICE AREA THROUGHOUT THE CHNA PROCESS, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH DISPARITIES AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD REPRESENTATIVES TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS THE INDIAN PATH MEDICAL CENTER COMMUNITY MEMBERS EVALUATED MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX AND A FEW ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENINGS THE IPMC GROUP'S MEMBERS COMPLETED A SURVEY RELATIVE TO WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR SPECIFIC COMMUNITY OVER THE NEXT THREE YEARS AFTER THE INITIAL FOCUS GROUP, THE HOSPITAL'S COMMUNITY BOARD WAS INVOLVED TO DISCUSS THE SELECTED HEALTH PRIORITIES AND TO GIVE INPUT ON ANY ADDITIONAL PRIORITIES AFTER ALL THE DETAILS AND DATA COLLECTION WAS COMPLETE, THE HOSPITAL COMMUNITY BOARD VOTED TO APPROVE THE SELECTED PRIORITIES FOUR KEY PRIORITIES WERE IDENTIFIED - SMOKING - SUBSTANCE ABUSE AND MENTAL HEALTH - OBESITY - EARLY INTERVENTION VACCINATIONS AND THIRD-GRADE READING LEVEL FOR 3RD GRADERS

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 2, INDIAN PATH MEDICAL CENTER - PART V, LINE 5	AS PART OF THE BALLAD HEALTH FY18 CHNA PROCESS, BALLAD CONDUCTED LOCALIZED COMMUNITY FOCUS GROUPS WITH ORGANIZATION REPRESENTATIVES SUCH AS THOSE FROM LOCAL HEALTH DEPARTMENTS, SCHOOL SYSTEMS, HEALTH CLINICS, EMERGENCY SERVICES, BUSINESSES, AND PHILANTHROPIC BOARDS THE INDIVIDUALS IN EACH COMMUNITY WERE SELECTED FOR PARTICIPATION BY THE HOSPITAL'S CEO INDIAN PATH MEDICAL CENTER'S FOCUS GROUP MEMBERS WERE REPRESENTED BY SULLIVAN COUNTY DEPARTMENT OF EDUCATION, HEALTHY KINGSPORT, HEALTH RESOURCES CENTER - KINGSPORT, SULLIVAN COUNTY HEALTH DEPARTMENT, KINGSPORT BOARD OF MAYOR & ALDERMAN, KINGSPORT CHAMBER OF COMMERCE, UNITED WAY, GIRLS INC , MEMBERS OF IPMC FOUNDATION BOARD, AND MEMBERS OF IPMC COMMUNITY BOARD THE HEALTH RESOURCES CENTER, SULLIVAN COUNTY HEALTH DEPARTMENT, UNITED WAY OF KINGSPORT, AND GIRLS INC OF KINGSPORT REPRESENTED LOW-INCOME, MINORITY AND MEDICALLY UNDERSERVED POPULATIONS ALSO, BETWEEN THE FOUNDATION BOARD AND THE COMMUNITY BOARD, THERE ARE A NUMBER OF INDIVIDUALS THAT SIT ON EACH OF THESE BOARDS THAT REPRESENT LOW INCOME, MINORITY POPULATIONS, AND MEDICALLY UNDERSERVED ACTIVITIES ASSOCIATED WITH THE JUNE 2018 ASSESSMENT TOOK PLACE FROM FALL OF 2017 THROUGH THE SPRING OF 2018 COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD HEALTH REPRESENTATIVES TO DISCUSS HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS COMMUNITY MEMBERS WERE MADE AWARE OF THE 25 MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX PLUS 3 ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENING PARTICIPANTS THEN COMPLETED A SURVEY TO INDICATE THEIR OPINION ON WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR COMMUNITY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 2, INDIAN PATH MEDICAL CENTER - PART V, LINE 6A	EACH HOSPITAL WITHIN MOUNTAIN STATES HEALTH ALLIANCE COMPLETED A CHNA JOHNSON CITY MEDICAL CENTER (INCLUDES NISWONGER CHILDREN'S HOSPITAL AND WOODRIDGE HOSPITAL), FRANKLIN WOODS COMMUNITY HOSPITAL, INDIAN PATH MEDICAL CENTER, JOHNSON COUNTY COMMUNITY HOSPITAL, JOHNSTON MEMORIAL HOSPITAL, NORTON COMMUNITY HOSPITAL, DICKENSON COMMUNITY HOSPITAL, RUSSELL COUNTY MEDICAL CENTER, SMYTH COUNTY COMMUNITY HOSPITAL, SYCAMORE SHOALS HOSPITAL, AND UNICOI COUNTY MEMORIAL HOSPITAL

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

Form and Line Reference	Explanation
GROUP A, FACILITY 2, INDIAN PATH MEDICAL CENTER - PART V, LINE 11	DURING THE YEAR, INDIAN PATH MEDICAL CENTER CONTINUED TO FOCUS ON ITS CHNA PRIORITIES AS I DENTIFIED IN ITS FY15 REPORT IPMC'S PRIMARY AREAS OF FOCUS INCLUDED DIABETES, OBESITY, C ANCER, HEART DISEASE AND SUBSTANCE/NEONATAL ABSTINENCE SYNDROME MANY ADDITIONAL COMMUNITY NEEDS EXIST IN OUR REGION IT IS FISCALLY IMPOSSIBLE FOR A HOSPITAL TO ADDRESS EVERY HEAL TH NEED IN A COMMUNITY, WHICH IS WHY THE CHNA PROCESS IS USED TO IDENTIFY AND PRIORITIZE A REAS OF FOCUS A THOUGHTFUL CHNA EVALUATES OVERALL COMMUNITY HEALTH NEEDS TO DETERMINE WHI CH ONES THE HOSPITAL CAN BEST INFLUENCE IN A POSITIVE WAY CONSIDERATION IS GIVEN TO OTHER ORGANIZATIONS IN THE HOSPITAL'S GEOGRAPHIC AREA THAT ALREADY OFFER SERVICES ADDRESSING SP ECIFIC HEALTH NEEDS IN SOME CASES, IT IS BEST TO SIMPLY SUPPORT AN IDENTIFIED HEALTH NEED THROUGH A FINANCIAL DONATION TO ANOTHER NONPROFIT ORGANIZATION SKILLED IN CERTAIN AREAS TEEN PREGNANCY, DENTAL HEALTH, FIGHTING HOMELESSNESS, ETC THE HOSPITAL ALSO LENDS SUPPORT TO OTHER NONPROFIT ORGANIZATIONS BY SERVING ON THEIR BOARDS, COMMITTEES, AND ASSISTING WI TH FUNDRAISING EFFORTS TO BETTER MANAGE CERTAIN HEART DISEASE PATIENTS, THE HOSPITAL IMPL EMENTED DISEASE MANAGERS AND A TRANSITIONAL CARE CLINIC BOTH PROGRAMS FACILITATE CARE FOR PATIENTS THAT MAY LACK THE NECESSARY RESOURCES TO PROPERLY TREAT THEIR CONDITIONS IN REC OGNITION OF THE SIGNIFICANT ROLE PRESCRIPTION DRUGS PLAY IN SUBSTANCE ABUSE, THE HOSPITAL AND HEALTH SYSTEM HAVE DEVELOPED AND IMPLEMENTED PROGRAMS TO REDUCE OPIATE PRESCRIBING TH E CHNA CONTINUES TO ENCOURAGE PROGRAMMATIC INVESTMENTS MADE BY THE HOSPITAL SUCH AS THE IN TRODUCTION OF LOW-DOSE CT LUNG SCREENING FOR CANCER TO DETECT CANCER EARLIER 579 FREE LUN G SCREENING SCANS WERE PROVIDED DURING FY18 INDIAN PATH'S HEALTH RESOURCES CENTER (HRC) P ROVIDES NUMEROUS HEALTH SCREENINGS THROUGHOUT THE YEAR, A WIDE RANGE OF FREE HEALTH EDUCAT ION CLASSES, MOST OF WHICH TARGET HEALTH NEED PRIORITIES IDENTIFIED IN THE HOSPITAL'S CHNA THIS YEAR, THE HRC PROVIDED INDIVIDUAL NUTRITION EDUCATION SESSIONS AND OUTREACH SERVICE S THAT CONNECTED TO MORE THAN 15,000 COMMUNITY MEMBERS IN ADDITION, THE HRC HAD ALMOST 12 ,000 VISITS TO ITS OFFICE DURING FY18 IPMC ALSO OFFERS NUMEROUS SUPPORT GROUPS FOR VARIOU S CHRONIC CONDITIONS ONE EXAMPLE IS OUR BETTER BREATHERS CLUB THAT MEETS MONTHLY THE HOS PITAL'S LAB DEPARTMENT PROVIDED FREE LAB TESTING FOR TWO LOCAL NONPROFIT ORGANIZATIONS ON E NONPROFIT SERVES TWO RURAL IMPOVERISHED COUNTIES IN EAST TENNESSEE BY PROVIDING FOOD, HE ALTH SCREENINGS, A DENTAL CLINIC, AND OTHER ESSENTIAL SERVICES THE OTHER NONPROFIT OFFERS MEDICAL CARE TO PERSONS WITH INCOMES 150% OR BELOW THE POVERTY LEVEL INDIAN PATH IS VERY ACTIVE IN THE COMMUNITY ONE EXAMPLE OF THAT IS THE MUCH-ANTICIPATED ANNUAL 9-DAY FUN FES T FESTIVAL IN KINGSPORT EVERY YEAR, INDIAN PATH IS VERY INVOLVED IN THE FESTIVAL, OFFERIN G MANY ACTIVITIES FOR CHILDREN THAT INVOLVE PHYSICAL ACTIVITY OVER 1,000 CHILDREN PARTICI PATED IN OUR FUN FEST ACTIVITI

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

Form and Line Reference	Explanation
GROUP A, FACILITY 2, INDIAN PATH MEDICAL CENTER - PART V, LINE 11	ES THIS YEAR DESPITE NEAR RECORD HIGH TEMPERATURES INDIAN PATH PROVIDED FREE MEDICATIONS TO SOME LOW-INCOME PATIENTS AT THEIR TIME OF DISCHARGE

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 2, INDIAN PATH MEDICAL CENTER - PART V, LINE 13H	BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY ALLOWS FOR SOME EXCEPTIONS TO STRICTLY ADHERING TO FEDERAL POVERTY GUIDELINES WHEN AWARDING FINANCIAL ASSISTANCE UNIQUE CIRCUMSTANCES MAY BE WEIGHED AND ASSESSED FOR FINANCIAL ASSISTANCE CONSIDERATION ON A CASE-BY-CASE BASIS ALSO, THERE ARE SOME SERVICES WHERE FINANCIAL ASSISTANCE MAY BE PROVIDED OUTSIDE OF FEDERAL POVERTY GUIDELINES THESE ARE NOTED IN BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 3, FRANKLIN WOODS COMMUNITY HOSPITAL - PART V, LINE 3E	DURING FY18, MSHA HOSPITALS WERE OPERATING UNDER THE CHNA APPROVED BY ITS BOARD OF DIRECTORS AT THE END OF FY15 PRIORITIES WERE ESTABLISHED FOR ALL MSHA HOSPITALS' CHNAS AND PRIORITIES WERE DETERMINED BY THE MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY MSHA HOSPITALS CONDUCTED THEIR THIRD CHNA THIS TAX REPORTING PERIOD WITH BOARD APPROVAL AND PUBLICATION OCCURRING AT THE END OF FY18 FOR THE NEW FY18 CHNAS, BALLAD HEALTH AND ITS HOSPITALS AND ENTITIES AGREED TO FOCUS ON AN INDEX OF 25 ACTIVE POPULATION HEALTH INDEX MEASURES (PLUS AN ADDITIONAL 31 MEASURES FOR MONITORING) THE POPULATION HEALTH INDEX ITSELF IS BASED ON THE FOCUS AREAS OUTLINED IN THE PREVIOUS (FY15 FOR MSHA'S HOSPITALS) CHNAS AND ALIGN WITH NATIONAL HEALTH IMPROVEMENT EFFORTS, SUCH AS HEALTHY PEOPLE 2020 TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS, BALLAD HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH BALLAD HOSPITAL TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN ITS SERVICE AREA THROUGHOUT THE CHNA PROCESS, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH DISPARITIES AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD REPRESENTATIVES TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS FRANKLIN WOODS COMMUNITY HOSPITAL'S CHNA WAS CONDUCTED WITH JOHNSON CITY MEDICAL CENTER THE HOSPITALS ARE LOCATED IN THE SAME SERVICE AREA SO THEIR COMMUNITY DEMOGRAPHICS AND HEALTH NEEDS ARE THE SAME THE WASHINGTON COUNTY CHNA COMMUNITY MEMBERS EVALUATED MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX AND A FEW ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENINGS THE FWCH/JCMC GROUP'S MEMBERS COMPLETED A SURVEY RELATIVE TO WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR SPECIFIC COMMUNITY OVER THE NEXT THREE YEARS AFTER ALL THE DETAILS AND DATA COLLECTION WAS COMPLETE AND INTERVIEWS WITH VARIOUS FOCUS GROUPS WERE COMPLETE, THE WASHINGTON COUNTY REPRESENTATIVES IDENTIFIED THE TOP FOCUS AREAS FOUR KEY PRIORITIES WERE IDENTIFIED - SMOKING - SUBSTANCE ABUSE AND MENTAL HEALTH - OBESITY - EARLY INTERVENTION VACCINATIONS, SCREENINGS, THIRD-GRADE READING LEVEL FOR 3RD GRADERS, AND DIABETES COUNSELING

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 3, FRANKLIN WOODS COMMUNITY HOSPITAL - PART V, LINE 5	AS PART OF THE BALLAD HEALTH FY18 CHNA PROCESS, BALLAD CONDUCTED LOCALIZED COMMUNITY FOCUS GROUPS WITH ORGANIZATION REPRESENTATIVES SUCH AS THOSE FROM LOCAL HEALTH DEPARTMENTS, SCHOOL SYSTEMS, HEALTH CLINICS, EMERGENCY SERVICES, BUSINESSES, AND PHILANTHROPIC BOARDS THE INDIVIDUALS IN EACH COMMUNITY WERE SELECTED FOR PARTICIPATION BY THE HOSPITAL'S CEO BECAUSE FRANKLIN WOODS COMMUNITY HOSPITAL AND JOHNSON CITY MEDICAL CENTER SERVE THE SAME COMMUNITY, THE TWO HOSPITALS CONDUCTED THE FY18 CHNA TOGETHER THE FWCH/JCMC FOCUS GROUP MEMBERS WERE REPRESENTED BY WASHINGTON COUNTY HEALTH DEPARTMENT, JOHNSON CITY MAYOR'S OFFICE, EAST TENNESSEE STATE UNIVERSITY COMMUNITY HEALTH CENTER, JOHNSON CITY COMMUNITY HEALTH CENTER, BALLAD HEALTH EMPLOYEES, WASHINGTON COUNTY FOUNDATION BOARD MEMBERS, WASHINGTON COMMUNITY BOARD MEMBERS, AND WASHINGTON COUNTY MEDICAL EXECUTIVE COMMITTEE MEMBERS LOW INCOME, MINORITY AND MEDICALLY UNDERSERVED POPULATIONS WERE REPRESENTED BY WASHINGTON COUNTY HEALTH DEPARTMENT AND EAST TENNESSEE STATE UNIVERSITY (ETSU) COMMUNITY HEALTH CENTER ETSU'S COMMUNITY HEALTH CENTER IS AN INTERDISCIPLINARY FACILITY FOR THE DELIVERY OF PRIMARY HEALTH CARE SERVICES AND EDUCATION OF ETSU COLLEGE OF NURSING STUDENTS THE HEALTH CENTER PROVIDES HEALTH CARE TO THE UNINSURED, UNDERINSURED, TENNCARE ENROLLEES, A GROWING HISPANIC POPULATION AND MEDICALLY INDIGENT INDIVIDUALS ACTIVITIES ASSOCIATED WITH THE JUNE 2018 ASSESSMENT TOOK PLACE FROM FALL OF 2017 THROUGH THE SPRING OF 2018 COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD HEALTH REPRESENTATIVES TO DISCUSS HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS COMMUNITY MEMBERS WERE MADE AWARE OF THE 25 MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX PLUS 3 ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENING PARTICIPANTS THEN COMPLETED A SURVEY TO INDICATE THEIR OPINION ON WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR COMMUNITY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 3, FRANKLIN WOODS COMMUNITY HOSPITAL - PART V, LINE 6A	EACH HOSPITAL WITHIN MOUNTAIN STATES HEALTH ALLIANCE COMPLETED A CHNA JOHNSON CITY MEDICAL CENTER (INCLUDES NISWONGER CHILDREN'S HOSPITAL AND WOODRIDGE HOSPITAL), FRANKLIN WOODS COMMUNITY HOSPITAL, INDIAN PATH MEDICAL CENTER, JOHNSON COUNTY COMMUNITY HOSPITAL, JOHNSTON MEMORIAL HOSPITAL, NORTON COMMUNITY HOSPITAL, DICKENSON COMMUNITY HOSPITAL, RUSSELL COUNTY MEDICAL CENTER, SMYTH COUNTY COMMUNITY HOSPITAL, SYCAMORE SHOALS HOSPITAL, AND UNICOI COUNTY MEMORIAL HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 3, FRANKLIN WOODS COMMUNITY HOSPITAL - PART V, LINE 13H	BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY ALLOWS FOR SOME EXCEPTIONS TO STRICTLY ADHERING TO FEDERAL POVERTY GUIDELINES WHEN AWARDING FINANCIAL ASSISTANCE UNIQUE CIRCUMSTANCES MAY BE WEIGHED AND ASSESSED FOR FINANCIAL ASSISTANCE CONSIDERATION ON A CASE-BY-CASE BASIS ALSO, THERE ARE SOME SERVICES WHERE FINANCIAL ASSISTANCE MAY BE PROVIDED OUTSIDE OF FEDERAL POVERTY GUIDELINES THESE ARE NOTED IN BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 4, SYCAMORE SHOALS HOSPITAL - PART V, LINE 3E	DURING FY18, MSHA HOSPITALS WERE OPERATING UNDER THE CHNA APPROVED BY ITS BOARD OF DIRECTORS AT THE END OF FY15 PRIORITIES WERE ESTABLISHED FOR ALL MSHA HOSPITALS' CHNAS AND PRIORITIES WERE DETERMINED BY THE MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY MSHA HOSPITALS CONDUCTED THEIR THIRD CHNA THIS TAX REPORTING PERIOD WITH BOARD APPROVAL AND PUBLICATION OCCURRING AT THE END OF FY18 FOR THE NEW FY18 CHNAS, BALLAD HEALTH AND ITS HOSPITALS AND ENTITIES AGREED TO FOCUS ON AN INDEX OF 25 ACTIVE POPULATION HEALTH INDEX MEASURES (PLUS AN ADDITIONAL 31 MEASURES FOR MONITORING) THE POPULATION HEALTH INDEX ITSELF IS BASED ON THE FOCUS AREAS OUTLINED IN THE PREVIOUS (FY15 FOR MSHA'S HOSPITALS) CHNAS AND ALIGN WITH NATIONAL HEALTH IMPROVEMENT EFFORTS, SUCH AS HEALTHY PEOPLE 2020 TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS, BALLAD HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH BALLAD HOSPITAL TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN ITS SERVICE AREA THROUGHOUT THE CHNA PROCESS, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH DISPARITIES AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD REPRESENTATIVES TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS THE SYCAMORE SHOALS HOSPITAL COMMUNITY MEMBERS EVALUATED MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX AND A FEW ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENINGS THE SSH GROUP'S MEMBERS COMPLETED A SURVEY RELATIVE TO WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR SPECIFIC COMMUNITY OVER THE NEXT THREE YEARS AFTER THE INITIAL FOCUS GROUP, THE HOSPITAL'S COMMUNITY BOARD WAS INVOLVED TO DISCUSS THE SELECTED HEALTH PRIORITIES AND TO GIVE INPUT ON ANY ADDITIONAL PRIORITIES AFTER ALL THE DETAILS AND DATA COLLECTION WAS COMPLETE, THE HOSPITAL COMMUNITY BOARD VOTED TO APPROVE THE SELECTED PRIORITIES FOUR KEY PRIORITIES WERE IDENTIFIED - SMOKING - SUBSTANCE ABUSE AND MENTAL HEALTH - OBESITY - EARLY INTERVENTION - VACCINATIONS, SCREENINGS AND DIABETES COUNSELING

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 4, SYCAMORE SHOALS HOSPITAL - PART V, LINE 5	AS PART OF THE BALLAD HEALTH FY18 CHNA PROCESS, BALLAD CONDUCTED LOCALIZED COMMUNITY FOCUS GROUPS WITH ORGANIZATION REPRESENTATIVES SUCH AS THOSE FROM LOCAL HEALTH DEPARTMENTS, SCHOOL SYSTEMS, HEALTH CLINICS, EMERGENCY SERVICES, BUSINESSES, AND PHILANTHROPIC BOARDS THE INDIVIDUALS IN EACH COMMUNITY WERE SELECTED FOR PARTICIPATION BY THE HOSPITAL'S CEO SYCAMORE SHOALS HOSPITAL'S FOCUS GROUP MEMBERS WERE REPRESENTED BY SIGNATURE HEALTHCARE, CARTER COUNTY HEALTH DEPARTMENT, CARTER COUNTY EMS, SYCAMORE SHOALS HOSPITAL TEAM MEMBERS, PRIMARY CARE (A MEDICAL PRACTICE), MEMBERS OF THE SSH FOUNDATION BOARD, AND MEMBERS OF THE SSH COMMUNITY BOARD LOW-INCOME, MINORITY AND MEDICALLY UNDERSERVED POPULATIONS WERE REPRESENTED BY CARTER COUNTY HEALTH DEPARTMENT ALSO, BETWEEN THE FOUNDATION BOARD AND THE COMMUNITY BOARD, THERE ARE A NUMBER OF INDIVIDUALS THAT SIT ON EACH OF THESE BOARDS THAT REPRESENT LOW INCOME, MINORITY POPULATIONS, AND MEDICALLY UNDERSERVED ACTIVITIES ASSOCIATED WITH THE JUNE 2018 ASSESSMENT TOOK PLACE FROM FALL OF 2017 THROUGH THE SPRING OF 2018 COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD HEALTH REPRESENTATIVES TO DISCUSS HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS COMMUNITY MEMBERS WERE MADE AWARE OF THE 25 MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX PLUS 3 ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENING PARTICIPANTS THEN COMPLETED A SURVEY TO INDICATE THEIR OPINION ON WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR COMMUNITY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 4, SYCAMORE SHOALS HOSPITAL - PART V, LINE 6A	EACH HOSPITAL WITHIN MOUNTAIN STATES HEALTH ALLIANCE COMPLETED A CHNA JOHNSON CITY MEDICAL CENTER (INCLUDES NISWONGER CHILDREN'S HOSPITAL AND WOODRIDGE HOSPITAL), FRANKLIN WOODS COMMUNITY HOSPITAL, INDIAN PATH MEDICAL CENTER, JOHNSON COUNTY COMMUNITY HOSPITAL, JOHNSTON MEMORIAL HOSPITAL, NORTON COMMUNITY HOSPITAL, DICKENSON COMMUNITY HOSPITAL, RUSSELL COUNTY MEDICAL CENTER, SMYTH COUNTY COMMUNITY HOSPITAL, SYCAMORE SHOALS HOSPITAL, AND UNICOI COUNTY MEMORIAL HOSPITAL

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

Form and Line Reference	Explanation
GROUP A, FACILITY 4, SYCAMORE SHOALS HOSPITAL - PART V, LINE 11	DURING THE YEAR, SYCAMORE SHOALS HOSPITAL CONTINUED TO FOCUS ON ITS CHNA PRIORITIES AS IDE NTIFIED IN ITS FY15 REPORT SSH'S PRIMARY AREAS OF FOCUS INCLUDED DIABETES, OBESITY, SMOK ING, AND SUBSTANCE ABUSE MANY ADDITIONAL COMMUNITY NEEDS EXIST IN OUR REGION IT IS FISCA LLY IMPOSSIBLE FOR A HOSPITAL TO ADDRESS EVERY HEALTH NEED IN A COMMUNITY, WHICH IS WHY TH E CHNA PROCESS IS USED TO IDENTIFY AND PRIORITIZE AREAS OF FOCUS A THOUGHTFUL CHNA EVALUA TES OVERALL COMMUNITY HEALTH NEEDS TO DETERMINE WHICH ONES THE HOSPITAL CAN BEST INFLUENCE IN A POSITIVE WAY CONSIDERATION IS GIVEN TO OTHER ORGANIZATIONS IN THE HOSPITAL'S GEOGRA PHIC AREA THAT ALREADY OFFER SERVICES ADDRESSING SPECIFIC HEALTH NEEDS IN SOME CASES, IT IS BEST TO SIMPLY SUPPORT AN IDENTIFIED HEALTH NEED THROUGH A FINANCIAL DONATION TO ANOTHE R NONPROFIT ORGANIZATION SKILLED IN CERTAIN AREAS TEEN PREGNANCY, DENTAL HEALTH, FIGHTING HOMELESSNESS, ETC THE HOSPITAL ALSO LENDS SUPPORT TO OTHER NONPROFIT ORGANIZATIONS BY SE RVING ON THEIR BOARDS, COMMITTEES, AND ASSISTING WITH FUNDRAISING EFFORTS SYCAMORE SHOALS HOSPITAL, ALONG WITH MSHA'S OTHER HOSPITALS, HAS BEEN DILIGENT IN ITS GOAL TO ENSURE APPR OPRIATE PRESCRIBING OF OPIOIDS AND A REDUCTION IN OPIOIDS IN OUR REGION THE RESULT IS A S IGNIFICANT REDUCTION IN PRESCRIBING RATES OPIOID DOSES ADMINISTERED AT MSHA'S HOSPITALS W ERE REDUCED BY MORE THAN 40 PERCENT OUR EMERGENCY DEPARTMENT PRESCRIBING RATES ARE NOW 26 PERCENT BELOW THE NATIONAL AVERAGE OUR HOSPITAL PROVIDED AN RN TO WORK WITH AND ROLE MOD EL PROFESSIONAL BEHAVIORS AND LIFE SKILLS TO YOUNG WOMEN IN THE COMMUNITY THAT ARE IN RECO VERY FROM DRUG AND/OR ALCOHOL ABUSE THE RN WORKED WITH THE PARTICIPANTS ON HEALTH, WELLNE SS, CAREER OPPORTUNITIES, AND HYGIENE THE PROGRAM'S GOAL IS TO ASSIST THE WOMEN IN RE-ENT ERING SOCIETY AS DRUG/ALCOHOL FREE CITIZENS AND TO BOOST THEIR SELF-CONFIDENCE THE HOSPIT AL HOSTED EVENTS TO ENCOURAGE PHYSICAL ACTIVITY DURING THE 3-DAY COVERED BRIDGE FESTIVAL I N ELIZABETHTON SSH HOSTED A 5K RUN AND A 3K WALK SSH PARTNERED WITH ELIZABETHTON AND CAR TER COUNTY CHAMBER OF COMMERCE AND SPECTRUM COMMUNICATION TO ORGANIZE, PROMOTE AND HOLD TH E RUN AND WALK EVENTS SSH IMPLEMENTED THE MORNING MILE PROGRAM IN ELEMENTARY SCHOOLS AS O NE MEANS TO HELP REDUCE OBESITY IN CHILDREN BY ENCOURAGING PHYSICAL ACTIVITY NOW, THE PRO GRAM HAS EXPANDED TO INCLUDE THE LOCAL HIGH SCHOOL, A MIDDLE SCHOOL, AND THREE ELEMENTARY SCHOOLS THE HOSPITAL ALSO MADE DONATIONS TO A LOCAL BOYS & GIRLS CLUB, AN ORGANIZATION TH AT PROVIDES AFTER SCHOOL PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY THE HOSPITAL PROVIDES SMOKING CESSATION COUNSELING TO ALL PATIENTS THAT HAVE BEEN ADMITTED AS AN INPATIENT, SEEN IN THE EMERGENCY DEPARTMENT OR IN AMBULATORY SURGERY PATIENT EDUCATION IS PROVIDED THROU GH SEVERAL AVENUES INCLUDING IN-HOSPITAL EDUCATION, A TOLL FREE NUMBER FOR INFORMATION AND ADDITIONAL COUNSELING, WRITTEN MATERIAL GIVEN TO PATIENTS AND NICOTINE GUM THE HOSPITAL PROVIDES COMMUNITY EDUCATION O

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

Form and Line Reference	Explanation
GROUP A, FACILITY 4, SYCAMORE SHOALS HOSPITAL - PART V, LINE 11	N SMOKING CESSATION THROUGH EVENTS AND LOCAL SCHOOLS THE HOSPITAL HAS FOUND IT IS MOST EF FECTIVE TO LEVERAGE PHYSICIANS TO PROVIDE EDUCATION ON SMOKING CESSATION A DOCTOR MADE PR ESENTATIONS TO LOCAL ROTARY AND KIWANIS CLUBS ABOUT THE IMPORTANCE OF GOOD HEALTH, INCLUDI NG NOT SMOKING, AND TIED IN THE ECONOMIC IMPACT TO THE LOCAL ECONOMY THROUGH COMMUNITY HEA LTH IMPROVEMENTS A CARDIOLOGIST AND A PULMONOLOGIST SPOKE TO LOCAL GROUPS ABOUT THE NEGAT IVE HEALTH IMPACTS OF SMOKING AND THE LOCAL SMOKING CESSATION RESOURCES AVAILABLE DIABETI C EDUCATION AND SUPPORT WAS OFFERED TO THE COMMUNITY THROUGH QUARTERLY MEETINGS THE HOSPI TAL PARTNERED WITH LILLY TO PROVIDE EDUCATIONAL PROGRAMS OPEN TO THE PUBLIC AT NO COST TH E MEETINGS OFFERED PARTICIPANTS THE OPPORTUNITY TO LEARN MORE ABOUT HOW TO MANAGE THEIR CO NDITION THROUGH LIFESTYLE MEDICATION, DIET AND EXERCISE WITH FUNDING FROM OUR FOUNDATION, WE PROVIDED GLUCOMETERS AND TESTING STRIPS TO PATIENTS WHO COULD NOT AFFORD TO MAKE THE P URCHASES DONATIONS WERE MADE TO ORGANIZATIONS THAT SUPPORT DISEASES PREVALENT IN OUR AREA SUCH AS CANCER AND HEART DISEASE FREE MEDICATIONS WERE PROVIDED TO SOME LOW-INCOME PATIE NTS AT THE TIME OF THEIR DISCHARGE

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 4, SYCAMORE SHOALS HOSPITAL - PART V, LINE 13H	BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY ALLOWS FOR SOME EXCEPTIONS TO STRICTLY ADHERING TO FEDERAL POVERTY GUIDELINES WHEN AWARDING FINANCIAL ASSISTANCE UNIQUE CIRCUMSTANCES MAY BE WEIGHED AND ASSESSED FOR FINANCIAL ASSISTANCE CONSIDERATION ON A CASE-BY-CASE BASIS ALSO, THERE ARE SOME SERVICES WHERE FINANCIAL ASSISTANCE MAY BE PROVIDED OUTSIDE OF FEDERAL POVERTY GUIDELINES THESE ARE NOTED IN BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 5, RUSSELL COUNTY MEDICAL CENTER - PART V, LINE 3E	DURING FY18, MSHA HOSPITALS WERE OPERATING UNDER THE CHNA APPROVED BY ITS BOARD OF DIRECTORS AT THE END OF FY15 PRIORITIES WERE ESTABLISHED FOR ALL MSHA HOSPITALS' CHNAS AND PRIORITIES WERE DETERMINED BY THE MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY MSHA HOSPITALS CONDUCTED THEIR THIRD CHNA THIS TAX REPORTING PERIOD WITH BOARD APPROVAL AND PUBLICATION OCCURRING AT THE END OF FY18 FOR THE NEW FY18 CHNAS, BALLAD HEALTH AND ITS HOSPITALS AND ENTITIES AGREED TO FOCUS ON AN INDEX OF 25 ACTIVE POPULATION HEALTH INDEX MEASURES (PLUS AN ADDITIONAL 31 MEASURES FOR MONITORING) THE POPULATION HEALTH INDEX ITSELF IS BASED ON THE FOCUS AREAS OUTLINED IN THE PREVIOUS (FY15 FOR MSHA'S HOSPITALS) CHNAS AND ALIGN WITH NATIONAL HEALTH IMPROVEMENT EFFORTS, SUCH AS HEALTHY PEOPLE 2020 TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS, BALLAD HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH BALLAD HOSPITAL TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN ITS SERVICE AREA THROUGHOUT THE CHNA PROCESS, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH DISPARITIES AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD REPRESENTATIVES TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS THE RUSSELL COUNTY MEDICAL CENTER COMMUNITY MEMBERS EVALUATED MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX AND A FEW ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENINGS THE RCMC GROUP'S MEMBERS COMPLETED A SURVEY RELATIVE TO WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR SPECIFIC COMMUNITY OVER THE NEXT THREE YEARS AFTER THE INITIAL FOCUS GROUP, THE HOSPITAL'S COMMUNITY BOARD WAS INVOLVED TO DISCUSS THE SELECTED HEALTH PRIORITIES AND TO GIVE INPUT ON ANY ADDITIONAL PRIORITIES AFTER ALL THE DETAILS AND DATA COLLECTION WAS COMPLETE, THE HOSPITAL COMMUNITY BOARD VOTED TO APPROVE THE SELECTED PRIORITIES FOUR KEY PRIORITIES WERE IDENTIFIED - SMOKING - PHYSICAL ACTIVITY/OBESITY - SCREENINGS FOR DIABETES AND CANCER - SUBSTANCE ABUSE

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 5, RUSSELL COUNTY MEDICAL CENTER - PART V, LINE 5	AS PART OF THE BALLAD HEALTH FY18 CHNA PROCESS, BALLAD CONDUCTED LOCALIZED COMMUNITY FOCUS GROUPS WITH ORGANIZATION REPRESENTATIVES SUCH AS THOSE FROM LOCAL HEALTH DEPARTMENTS, SCHOOL SYSTEMS, HEALTH CLINICS, EMERGENCY SERVICES, BUSINESSES, AND PHILANTHROPIC BOARDS THE INDIVIDUALS IN EACH COMMUNITY WERE SELECTED FOR PARTICIPATION BY THE HOSPITAL'S CEO RUSSELL COUNTY MEDICAL CENTER'S FOCUS GROUP MEMBERS WERE REPRESENTED BY VIRGINIA COOPERATIVE EXTENSION, RUSSELL COUNTY HEALTH COALITION, CUMBERLAND MOUNTAIN COMMUNITY SERVICES, RUSSELL COUNTY HEALTH DEPARTMENT - CUMBERLAND PLATEAU, RUSSELL COUNTY MEDICAL CENTER FOUNDATION BOARD, UNITED WAY OF SOUTHWEST VIRGINIA, APPALACHIAN AGENCY SENIOR CITIZENS, AND RUSSELL COUNTY MEDICAL CENTER COMMUNITY BOARD LOW-INCOME, MINORITY POPULATIONS AND MEDICALLY UNDERSERVED WERE REPRESENTED BY CUMBERLAND PLATEAU HEALTH DEPARTMENT, UNITED WAY OF SOUTHWEST VIRGINIA, AND RUSSELL COUNTY HEALTH COALITION ALSO, BETWEEN THE FOUNDATION BOARD AND THE COMMUNITY BOARD, THERE ARE A NUMBER OF INDIVIDUALS THAT SIT ON EACH OF THESE BOARDS THAT REPRESENT LOW INCOME, MINORITY POPULATIONS, AND MEDICALLY UNDERSERVED ACTIVITIES ASSOCIATED WITH THE JUNE 2018 ASSESSMENT TOOK PLACE FROM FALL OF 2017 THROUGH THE SPRING OF 2018 COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD HEALTH REPRESENTATIVES TO DISCUSS HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS COMMUNITY MEMBERS WERE MADE AWARE OF THE 25 MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX PLUS 3 ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENING PARTICIPANTS THEN COMPLETED A SURVEY TO INDICATE THEIR OPINION ON WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR COMMUNITY

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

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Form and Line Reference	Explanation
GROUP A, FACILITY 5, RUSSELL COUNTY MEDICAL CENTER - PART V, LINE 6A	EACH HOSPITAL WITHIN MOUNTAIN STATES HEALTH ALLIANCE COMPLETED A CHNA JOHNSON CITY MEDICAL CENTER (INCLUDES NISWONGER CHILDREN'S HOSPITAL AND WOODRIDGE HOSPITAL), FRANKLIN WOODS COMMUNITY HOSPITAL, INDIAN PATH MEDICAL CENTER, JOHNSON COUNTY COMMUNITY HOSPITAL, JOHNSTON MEMORIAL HOSPITAL, NORTON COMMUNITY HOSPITAL, DICKENSON COMMUNITY HOSPITAL, RUSSELL COUNTY MEDICAL CENTER, SMYTH COUNTY COMMUNITY HOSPITAL, SYCAMORE SHOALS HOSPITAL, AND UNICOI COUNTY MEMORIAL HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 5, RUSSELL COUNTY MEDICAL CENTER - PART V, LINE 11	DURING THE YEAR, RUSSELL COUNTY MEDICAL CENTER CONTINUED TO FOCUS ON ITS CHNA PRIORITIES AS IDENTIFIED IN ITS FY15 REPORT RCMC'S PRIMARY AREAS OF FOCUS INCLUDED OBESITY, HEART DISEASE, CANCER AND SUBSTANCE ABUSE MANY ADDITIONAL COMMUNITY NEEDS EXIST IN OUR REGION IT IS FISCALLY IMPOSSIBLE FOR A HOSPITAL TO ADDRESS EVERY HEALTH NEED IN A COMMUNITY, WHICH IS WHY THE CHNA PROCESS IS USED TO IDENTIFY AND PRIORITIZE AREAS OF FOCUS A THOUGHTFUL CHNA EVALUATES OVERALL COMMUNITY HEALTH NEEDS TO DETERMINE WHICH ONES THE HOSPITAL CAN BEST INFLUENCE IN A POSITIVE WAY CONSIDERATION IS GIVEN TO OTHER ORGANIZATIONS IN THE HOSPITAL'S GEOGRAPHIC AREA THAT ALREADY OFFER SERVICES ADDRESSING SPECIFIC HEALTH NEEDS IN SOME CASES, IT IS BEST TO SIMPLY SUPPORT AN IDENTIFIED HEALTH NEED THROUGH A FINANCIAL DONATION TO ANOTHER NONPROFIT ORGANIZATION SKILLED IN CERTAIN AREAS TEEN PREGNANCY, DENTAL HEALTH, FIGHTING HOMELESSNESS, ETC THE HOSPITAL ALSO LENDS SUPPORT TO OTHER NONPROFIT ORGANIZATIONS BY SERVING ON THEIR BOARDS, COMMITTEES, AND ASSISTING WITH FUNDRAISING EFFORTS SIMILAR TO MANY OF MOUNTAIN STATES HEALTH ALLIANCE'S HOSPITALS, RUSSELL COUNTY, VIRGINIA IS A MEDICALLY UNDERSERVED AND RURAL POPULATION AND SIMILAR TO OUR SISTER HOSPITALS, OUR COMMUNITY HAS HIGH RATES OF OBESITY, CANCER, CARDIOVASCULAR DISEASE AND SUBSTANCE ABUSE THE HOSPITAL PROVIDED FUNDING FOR THE PURCHASE OF DRUG TAKE-BACK BOXES THAT WERE PLACED IN THREE LOCATIONS IN THE COUNTY THESE BOXES HELP TO LIMIT THE AVAILABILITY OF UNUSED PRESCRIPTION DRUGS THAT CAN BE ABUSED THE HOSPITAL PARTNERED WITH RUSSELL COUNTY PREVENTION COALITION TO HOST AN AFTER GRADUATION PARTY WITH A GOAL OF PREVENTING DRUG AND ALCOHOL USE RUSSELL COUNTY PREVENTION COALITION'S MISSION IS TO PROMOTE WELLNESS WITHIN RUSSELL COUNTY THE ORGANIZATION WORKS TO REDUCE TOBACCO USE (INCLUDING E-CIGARETTES) AND REDUCE UNDERAGE ALCOHOL AND DRUG ABUSE THE HOSPITAL ALSO PROVIDED FINANCIAL SUPPORT TO THIS ORGANIZATION RUSSELL COUNTY MEDICAL CENTER'S CLEARVIEW BEHAVIORAL HEALTH CENTER OFFERS MENTAL AND BEHAVIORAL HEALTH CARE FOR PEOPLE IN CRISIS SITUATIONS AT A SIGNIFICANT FINANCIAL LOSS TO THE HOSPITAL THERE IS NOT ANOTHER INPATIENT MENTAL HEALTH FACILITY IN OUR AREA OUR HOSPITAL AND OUR FOUNDATION CONTINUE TO HOLD THE ANNUAL HOLIDAY HEALTH CELEBRATION TO EDUCATE THE PUBLIC ON A VARIETY OF HEALTH TOPICS AND PERFORM HEALTH SCREENINGS WE ALSO ESTABLISHED A CELEBRATE WOMEN NIGHT OF HOPE TO SUPPORT FUNDING AND EDUCATION FOR CANCER PREVENTION AND TREATMENT A NEW SERVICE ADDED THIS YEAR IS OUR LOW-DOSE LUNG SCREENINGS TO ENABLE EARLY DETECTION OF LUNG CANCER WE PROVIDED FREE LOW-DOSE CT SCANS TO A NUMBER OF PATIENTS THE HOSPITAL CONTINUED ITS PRACTICE OF PROVIDING MEDICATIONS AND SUPPLIES TO AREA RESCUE SQUADS THIS YEAR

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 5, RUSSELL COUNTY MEDICAL CENTER - PART V, LINE 13H	BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY ALLOWS FOR SOME EXCEPTIONS TO STRICTLY ADHERING TO FEDERAL POVERTY GUIDELINES WHEN AWARDING FINANCIAL ASSISTANCE UNIQUE CIRCUMSTANCES MAY BE WEIGHED AND ASSESSED FOR FINANCIAL ASSISTANCE CONSIDERATION ON A CASE-BY-CASE BASIS ALSO, THERE ARE SOME SERVICES WHERE FINANCIAL ASSISTANCE MAY BE PROVIDED OUTSIDE OF FEDERAL POVERTY GUIDELINES THESE ARE NOTED IN BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 6, JOHNSON COUNTY COMMUNITY HOSPITAL - PART V, LINE 3E	DURING FY18, MSHA HOSPITALS WERE OPERATING UNDER THE CHNA APPROVED BY ITS BOARD OF DIRECTORS AT THE END OF FY15 PRIORITIES WERE ESTABLISHED FOR ALL MSHA HOSPITALS' CHNAS AND PRIORITIES WERE DETERMINED BY THE MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY MSHA HOSPITALS CONDUCTED THEIR THIRD CHNA THIS TAX REPORTING PERIOD WITH BOARD APPROVAL AND PUBLICATION OCCURRING AT THE END OF FY18 FOR THE NEW FY18 CHNAS, BALLAD HEALTH AND ITS HOSPITALS AND ENTITIES AGREED TO FOCUS ON AN INDEX OF 25 ACTIVE POPULATION HEALTH INDEX MEASURES (PLUS AN ADDITIONAL 31 MEASURES FOR MONITORING) THE POPULATION HEALTH INDEX ITSELF IS BASED ON THE FOCUS AREAS OUTLINED IN THE PREVIOUS (FY15 FOR MSHA'S HOSPITALS) CHNAS AND ALIGN WITH NATIONAL HEALTH IMPROVEMENT EFFORTS, SUCH AS HEALTHY PEOPLE 2020 TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS, BALLAD HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH BALLAD HOSPITAL TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN ITS SERVICE AREA THROUGHOUT THE CHNA PROCESS, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH DISPARITIES AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD REPRESENTATIVES TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS THE JOHNSON COUNTY COMMUNITY HOSPITAL COMMUNITY MEMBERS EVALUATED MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX AND A FEW ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENINGS THE JCCH GROUP'S MEMBERS COMPLETED A SURVEY RELATIVE TO WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR SPECIFIC COMMUNITY OVER THE NEXT THREE YEARS AFTER THE INITIAL FOCUS GROUP, THE HOSPITAL'S COMMUNITY BOARD WAS INVOLVED TO DISCUSS THE SELECTED HEALTH PRIORITIES AND TO GIVE INPUT ON ANY ADDITIONAL PRIORITIES AFTER ALL THE DETAILS AND DATA COLLECTION WAS COMPLETE, THE HOSPITAL COMMUNITY BOARD VOTED TO APPROVE THE SELECTED PRIORITIES THREE KEY PRIORITIES WERE IDENTIFIED - SMOKING - SUBSTANCE ABUSE/MENTAL HEALTH - OBESITY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 6, JOHNSON COUNTY COMMUNITY HOSPITAL - PART V, LINE 5	AS PART OF THE CHNA PROCESS, BALLAD CONDUCTED LOCALIZED COMMUNITY FOCUS GROUPS WITH ORGANIZATION REPRESENTATIVES SUCH AS THOSE FROM LOCAL HEALTH DEPARTMENTS, SCHOOL SYSTEMS, HEALTH CLINICS, EMERGENCY SERVICES, BUSINESSES, AND PHILANTHROPIC BOARDS THE INDIVIDUALS IN EACH COMMUNITY WERE SELECTED FOR PARTICIPATION BY THE HOSPITAL'S CEO JOHNSON COUNTY COMMUNITY HOSPITAL'S FOCUS GROUP MEMBERS WERE REPRESENTED BY JOHNSON COUNTY HEALTH DEPARTMENT, JOHNSON COUNTY EMERGENCY MEDICAL SERVICES, EAST TENNESSEE STATE UNIVERSITY'S MOUNTAIN CITY EXTENDED HOURS CLINIC, JOHNSON COUNTY COMMUNITY HOSPITAL TEAM MEMBERS, MEMBERS OF JOHNSON COUNTY COMMUNITY HOSPITAL FOUNDATION BOARD, AND MEMBERS OF JOHNSON COUNTY COMMUNITY HOSPITAL COMMUNITY BOARD JOHNSON COUNTY HEALTH DEPARTMENT AND THE ETSU AFTER HOURS CLINIC REPRESENTED LOW INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS JOHNSON COUNTY'S MAU (MEDICALLY UNDERSERVED AREA) IS 100% ACCORDING TO THE U S DEPARTMENT OF HEALTH & HUMAN SERVICES HEALTH RESOURCES & SERVICES ADMINISTRATION ALSO, BETWEEN THE FOUNDATION BOARD AND THE COMMUNITY BOARD, THERE ARE A NUMBER OF INDIVIDUALS THAT SIT ON EACH OF THESE BOARDS THAT REPRESENT LOW INCOME, MINORITY POPULATIONS, AND MEDICALLY UNDERSERVED ACTIVITIES ASSOCIATED WITH THE JUNE 2018 ASSESSMENT TOOK PLACE FROM FALL OF 2017 THROUGH THE SPRING OF 2018 COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD HEALTH REPRESENTATIVES TO DISCUSS HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS COMMUNITY MEMBERS WERE MADE AWARE OF THE 25 MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX PLUS 3 ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENING PARTICIPANTS THEN COMPLETED A SURVEY TO INDICATE THEIR OPINION ON WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR COMMUNITY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 6, JOHNSON COUNTY COMMUNITY HOSPITAL - PART V, LINE 6A	EACH HOSPITAL WITHIN MOUNTAIN STATES HEALTH ALLIANCE COMPLETED A CHNA JOHNSON CITY MEDICAL CENTER (INCLUDES NISWONGER CHILDREN'S HOSPITAL AND WOODRIDGE HOSPITAL), FRANKLIN WOODS COMMUNITY HOSPITAL, INDIAN PATH MEDICAL CENTER, JOHNSON COUNTY COMMUNITY HOSPITAL, JOHNSTON MEMORIAL HOSPITAL, NORTON COMMUNITY HOSPITAL, DICKENSON COMMUNITY HOSPITAL, RUSSELL COUNTY MEDICAL CENTER, SMYTH COUNTY COMMUNITY HOSPITAL, SYCAMORE SHOALS HOSPITAL, AND UNICOI COUNTY MEMORIAL HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 6, JOHNSON COUNTY COMMUNITY HOSPITAL - PART V, LINE 11	DURING THE YEAR, JOHNSON COUNTY COMMUNITY HOSPITAL CONTINUED TO FOCUS ON ITS CHNA PRIORITIES AS IDENTIFIED IN ITS FY15 REPORT JCCH'S PRIMARY AREAS OF FOCUS INCLUDED DIABETES, OBESITY, SMOKING AND CANCER MANY ADDITIONAL COMMUNITY NEEDS EXIST IN OUR REGION IT IS FISCALLY IMPOSSIBLE FOR A HOSPITAL TO ADDRESS EVERY HEALTH NEED IN A COMMUNITY, WHICH IS WHY THE CHNA PROCESS IS USED TO IDENTIFY AND PRIORITIZE AREAS OF FOCUS A THOUGHTFUL CHNA EVALUATES OVERALL COMMUNITY HEALTH NEEDS TO DETERMINE WHICH ONES THE HOSPITAL CAN BEST INFLUENCE IN A POSITIVE WAY CONSIDERATION IS GIVEN TO OTHER ORGANIZATIONS IN THE HOSPITAL'S GEOGRAPHIC AREA THAT ALREADY OFFER SERVICES ADDRESSING SPECIFIC HEALTH NEEDS IN SOME CASES, IT IS BEST TO SIMPLY SUPPORT AN IDENTIFIED HEALTH NEED THROUGH A FINANCIAL DONATION TO ANOTHER NONPROFIT ORGANIZATION SKILLED IN CERTAIN AREAS TEEN PREGNANCY, DENTAL HEALTH, FIGHTING HOMELESSNESS, ETC THE HOSPITAL ALSO LENDS SUPPORT TO OTHER NONPROFIT ORGANIZATIONS BY SERVING ON THEIR BOARDS, COMMITTEES, AND ASSISTING WITH FUNDRAISING EFFORTS OUR RURAL COMMUNITY SUFFERS FROM HIGHER RATES OF DIABETES, CANCER, OBESITY AND TOBACCO USE AND, OUR ISOLATED AREA POSES A CHALLENGE TO ACCESS TO HEALTH CARE IN RESPONSE TO THE UNIQUE CHALLENGES OF RURAL LIFE, EAST TENNESSEE STATE UNIVERSITY OPERATES AN EXTENDED HOURS CLINIC LOCATED INSIDE OUR HOSPITAL, WITH THE HOSPITAL PROVIDING SOME FINANCIAL SUPPORT THE CLINIC TREATS ACUTE AND CHRONIC CONDITIONS AND IS OPEN 6 DAYS A WEEK THE HOSPITAL ALSO PROVIDES TELEMEDICINE SERVICES FOR SOME SPECIALTIES, FURTHER IMPROVING ACCESS TO MEDICAL SPECIALISTS OUR HOSPITAL OPERATES AN EMERGENCY DEPARTMENT AT A FINANCIAL LOSS WE ALSO PROVIDE A MUCH-NEEDED OUTPATIENT BEHAVIORAL HEALTH PROGRAM FOR OLDER ADULTS, WHICH ALSO OPERATES AT A LOSS JCCH HAS FORMED PARTNERSHIPS WITH A NUMBER OF OTHER ORGANIZATIONS, SUCH AS GOJOCO TO FOCUS ON INCREASING PHYSICAL ACTIVITY, REDUCING TOBACCO USE, AND IMPROVING NUTRITION - THREE OF THE PRIMARY BEHAVIORS THAT DRIVE POOR HEALTH AND ADVERSE HEALTH OUTCOMES IN OUR REGION GOJOCO IS A JOHNSON COUNTY-WIDE INITIATIVE TO IMPROVE THE HEALTH OF RESIDENTS WE ALSO PARTNERED WITH A C T I O N COALITION TO PROMOTE SCHOOL EDUCATION WITH THE SAME GOAL TO PREVENT TOBACCO AND SUBSTANCE USE WE SPONSORED HEALTH TOPICS ON LOCAL RADIO AND SUPPORTED HEALTH FAIRS AND COMMUNITY EVENTS AND WE PROVIDED INPATIENT AND OUTPATIENT SMOKING CESSATION COUNSELING

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 6, JOHNSON COUNTY COMMUNITY HOSPITAL - PART V, LINE 13H	BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY ALLOWS FOR SOME EXCEPTIONS TO STRICTLY ADHERING TO FEDERAL POVERTY GUIDELINES WHEN AWARDING FINANCIAL ASSISTANCE UNIQUE CIRCUMSTANCES MAY BE WEIGHED AND ASSESSED FOR FINANCIAL ASSISTANCE CONSIDERATION ON A CASE-BY-CASE BASIS ALSO, THERE ARE SOME SERVICES WHERE FINANCIAL ASSISTANCE MAY BE PROVIDED OUTSIDE OF FEDERAL POVERTY GUIDELINES THESE ARE NOTED IN BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 7, UNICOI COUNTY MEMORIAL HOSPITAL - PART V, LINE 3E	DURING FY18, MSHA HOSPITALS WERE OPERATING UNDER THE CHNA APPROVED BY ITS BOARD OF DIRECTORS AT THE END OF FY15 PRIORITIES WERE ESTABLISHED FOR ALL MSHA HOSPITALS' CHNAS AND PRIORITIES WERE DETERMINED BY THE MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY MSHA HOSPITALS CONDUCTED THEIR THIRD CHNA THIS TAX REPORTING PERIOD WITH BOARD APPROVAL AND PUBLICATION OCCURRING AT THE END OF FY18 FOR THE NEW FY18 CHNAS, BALLAD HEALTH AND ITS HOSPITALS AND ENTITIES AGREED TO FOCUS ON AN INDEX OF 25 ACTIVE POPULATION HEALTH INDEX MEASURES (PLUS AN ADDITIONAL 31 MEASURES FOR MONITORING) THE POPULATION HEALTH INDEX ITSELF IS BASED ON THE FOCUS AREAS OUTLINED IN THE PREVIOUS (FY15 FOR MSHA'S HOSPITALS) CHNAS AND ALIGN WITH NATIONAL HEALTH IMPROVEMENT EFFORTS, SUCH AS HEALTHY PEOPLE 2020 TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS, BALLAD HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH BALLAD HOSPITAL TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN ITS SERVICE AREA THROUGHOUT THE CHNA PROCESS, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH DISPARITIES AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD REPRESENTATIVES TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS THE UNICOI COUNTY MEMORIAL HOSPITAL COMMUNITY MEMBERS EVALUATED MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX AND A FEW ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENINGS THE UCMH GROUP'S MEMBERS COMPLETED A SURVEY RELATIVE TO WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR SPECIFIC COMMUNITY OVER THE NEXT THREE YEARS AFTER THE INITIAL FOCUS GROUP, THE HOSPITAL'S COMMUNITY BOARD WAS INVOLVED TO DISCUSS THE SELECTED HEALTH PRIORITIES AND TO GIVE INPUT ON ANY ADDITIONAL PRIORITIES AFTER ALL THE DETAILS AND DATA COLLECTION WAS COMPLETE, THE HOSPITAL COMMUNITY BOARD VOTED TO APPROVE THE SELECTED PRIORITIES FOUR KEY PRIORITIES WERE IDENTIFIED - OBESITY - BEHAVIORAL/MENTAL HEALTH - SMOKING - EARLY INTERVENTION, SCREENING RATES (MAMMOGRAPHY, COLORECTAL CANCER AND LUNG CANCER) AND THIRD GRADE READING LEVEL FOR THIRD-GRADERS

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 7, UNICOI COUNTY MEMORIAL HOSPITAL - PART V, LINE 5	AS PART OF THE BALLAD HEALTH FY18 CHNA PROCESS, BALLAD CONDUCTED LOCALIZED COMMUNITY FOCUS GROUPS WITH ORGANIZATION REPRESENTATIVES SUCH AS THOSE FROM LOCAL HEALTH DEPARTMENTS, SCHOOL SYSTEMS, HEALTH CLINICS, EMERGENCY SERVICES, BUSINESSES, AND PHILANTHROPIC BOARDS THE INDIVIDUALS IN EACH COMMUNITY WERE SELECTED FOR PARTICIPATION BY THE HOSPITAL'S CEO UNICOI COUNTY MEMORIAL HOSPITAL'S FOCUS GROUP MEMBERS WERE REPRESENTED BY UNICOI COUNTY DEPARTMENT OF EDUCATION, UNICOI COUNTY CHAMBER OF COMMERCE, UNICOI COUNTY HEALTH DEPARTMENT, TOWN OF ERWIN, TELAMON HEAD START, YMCA, UNICOI COUNTY MEMORIAL HOSPITAL TEAM MEMBERS, AND THE UNICOI COUNTY MEMORIAL HOSPITAL'S BOARD UNICOI COUNTY HEALTH DEPARTMENT, YMCA OF ERWIN, AND TELAMON HEAD START REPRESENTED LOW-INCOME, MINORITY AND MEDICALLY UNDERSERVED POPULATIONS ALSO, BETWEEN THE FOUNDATION BOARD AND THE COMMUNITY BOARD, THERE ARE A NUMBER OF INDIVIDUALS THAT SIT ON EACH OF THESE BOARDS THAT REPRESENT LOW INCOME, MINORITY POPULATIONS, AND MEDICALLY UNDERSERVED ACTIVITIES ASSOCIATED WITH THE JUNE 2018 ASSESSMENT TOOK PLACE FROM FALL OF 2017 THROUGH THE SPRING OF 2018 COMMUNITY MEMBERS FROM EACH COUNTY MET WITH BALLAD HEALTH REPRESENTATIVES TO DISCUSS HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS COMMUNITY MEMBERS WERE MADE AWARE OF THE 25 MEASURES THAT MAKE UP BALLAD HEALTH'S POPULATION HEALTH INDEX PLUS 3 ADDITIONAL MEASURES RELATED TO ACCESS TO HEALTH SCREENING PARTICIPANTS THEN COMPLETED A SURVEY TO INDICATE THEIR OPINION ON WHAT HEALTH PRIORITIES SHOULD BE A FOCUS FOR THEIR COMMUNITY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 7, UNICOI COUNTY MEMORIAL HOSPITAL - PART V, LINE 6A	EACH HOSPITAL WITHIN MOUNTAIN STATES HEALTH ALLIANCE COMPLETED A CHNA JOHNSON CITY MEDICAL CENTER (INCLUDES NISWONGER CHILDREN'S HOSPITAL AND WOODRIDGE HOSPITAL), FRANKLIN WOODS COMMUNITY HOSPITAL, INDIAN PATH MEDICAL CENTER, JOHNSON COUNTY COMMUNITY HOSPITAL, JOHNSTON MEMORIAL HOSPITAL, NORTON COMMUNITY HOSPITAL, DICKENSON COMMUNITY HOSPITAL, RUSSELL COUNTY MEDICAL CENTER, SMYTH COUNTY COMMUNITY HOSPITAL, SYCAMORE SHOALS HOSPITAL, AND UNICOI COUNTY MEMORIAL HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 7, UNICOI COUNTY MEMORIAL HOSPITAL - PART V, LINE 11	DURING THE YEAR, UNICOI COUNTY MEMORIAL HOSPITAL CONTINUED TO FOCUS ON ITS CHNA PRIORITIES AS IDENTIFIED IN ITS FY15 REPORT UCMH'S PRIMARY AREAS OF FOCUS INCLUDED DIABETES, OBESITY, CANCER, AND SUBSTANCE ABUSE MANY ADDITIONAL COMMUNITY NEEDS EXIST IN OUR REGION IT IS FISCALLY IMPOSSIBLE FOR A HOSPITAL TO ADDRESS EVERY HEALTH NEED IN A COMMUNITY, WHICH IS WHY THE CHNA PROCESS IS USED TO IDENTIFY AND PRIORITIZE AREAS OF FOCUS A THOUGHTFUL CHNA EVALUATES OVERALL COMMUNITY HEALTH NEEDS TO DETERMINE WHICH ONES THE HOSPITAL CAN BEST INFLUENCE IN A POSITIVE WAY CONSIDERATION IS GIVEN TO OTHER ORGANIZATIONS IN THE HOSPITAL'S GEOGRAPHIC AREA THAT ALREADY OFFER SERVICES ADDRESSING SPECIFIC HEALTH NEEDS IN SOME CASES, IT IS BEST TO SIMPLY SUPPORT AN IDENTIFIED HEALTH NEED THROUGH A FINANCIAL DONATION TO ANOTHER NONPROFIT ORGANIZATION SKILLED IN CERTAIN AREAS TEEN PREGNANCY, DENTAL HEALTH, FIGHTING HOMELESSNESS, ETC THE HOSPITAL ALSO LENDS SUPPORT TO OTHER NONPROFIT ORGANIZATIONS BY SERVING ON THEIR BOARDS, COMMITTEES, AND ASSISTING WITH FUNDRAISING EFFORTS SIMILAR TO MSHA'S ENTIRE SERVICE AREA, UNICOI COUNTY HAS A HIGH RATE OF DIABETES, OBESITY, CANCER, AND SUBSTANCE ABUSE ONE DIFFERENCE BETWEEN OUR COMMUNITY AND A MORE ISOLATED HOSPITAL, SUCH AS OUR SISTER HOSPITAL, JOHNSON COUNTY COMMUNITY HOSPITAL, IS THAT OUR RESIDENTS GENERALLY HAVE GOOD ACCESS TO HEALTHCARE TREATMENT RESOURCES UCMH IS INVOLVED WITH THE MORNING MILE - A PROGRAM THAT ENCOURAGES PHYSICAL ACTIVITY THROUGH PARTNERSHIP WITH LOCAL SCHOOLS MORNING MILE'S GOAL IS TO REDUCE CHILDHOOD OBESITY, WHILE IMPROVING GRADES AND DECREASING ABSENTEEISM KIDS ENGAGED WITH MORNING MILE ARE ABLE TO EXERCISE BEFORE CLASSES BEGIN WHICH HAS SHOWN TO REDUCE STRESS AND IMPROVE MOOD PARTNERSHIPS ARE FORMED WITH OTHER ORGANIZATIONS, INCLUDING THE LOCAL CHAMBER OF COMMERCE AND LITTLE LEAGUE WITH THE SAME GOAL OF INCREASING PHYSICAL ACTIVITY SUPPORTING OUR CHNA, A FOCUS ON CANCER RATES WITHIN OUR COMMUNITY LED TO OUR CANCER NAVIGATOR PROGRAM WHICH PROVIDES SUPPORT FOR PATIENTS NEEDING TRANSPORTATION TO DOCTOR VISITS AND TREATMENTS AS WELL AS PRESCRIPTION NEEDS THE HOSPITAL ALSO PROVIDED FINANCIAL SUPPORT TO A LOCAL NONPROFIT THAT BENEFITS CANCER PATIENTS WE CONTINUE TO WORK CLOSELY WITH LOCAL SUBSTANCE ABUSE AND MENTAL HEALTH PROVIDERS UNICOI COUNTY FAR EXCEEDS THE STATE AVERAGE IN DRUG DEATHS

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 7, UNICOI COUNTY MEMORIAL HOSPITAL - PART V, LINE 13H	BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY ALLOWS FOR SOME EXCEPTIONS TO STRICTLY ADHERING TO FEDERAL POVERTY GUIDELINES WHEN AWARDING FINANCIAL ASSISTANCE UNIQUE CIRCUMSTANCES MAY BE WEIGHED AND ASSESSED FOR FINANCIAL ASSISTANCE CONSIDERATION ON A CASE-BY-CASE BASIS ALSO, THERE ARE SOME SERVICES WHERE FINANCIAL ASSISTANCE MAY BE PROVIDED OUTSIDE OF FEDERAL POVERTY GUIDELINES THESE ARE NOTED IN BALLAD HEALTH'S FINANCIAL ASSISTANCE POLICY

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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	JCMC AMBULATORY SURGERY CENTER 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604	LICENSED AMBULATORY SURGERY CENTER
1	MOUNTAIN STATES IMAGING CENTER 301 MED TECH PARKWAY SUITE 100 JOHNSON CITY, TN 37604	LICENSED OUTPATIENT DIAGNOSTIC CENTER
2	INDIAN PATH TRANSITIONAL CARE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660	LICENSED SKILLED NURSING FACILITY
3	MEDICAL CNTR HOME CARE-JOHNSON CITY 509 MED TECH PARKWAY SUITE 200 JOHNSON CITY, TN 37604	LICENSED HOME HEALTH AGENGY
4	MEDICAL CNTR HOME CARE-KINGSPORT 2020 BROOKSIDE DRIVE 28 KINGSPORT, TN 37660	LICENSED HOME HEALTH AGENCY
5	RUSSELL CO MEDICAL CNTR HOME HLTH 116 FLANNAGAN AVENUE LEBANON, VA 24266	LICENSED HOME HEALH AGENCY
6	MEDICAL CENTER HOSPICE 509 MED TECH PARKWAY SUITE 300 JOHNSON CITY, TN 37604	LICENSED HOSPICE AGENCY
7	JOHNSON COUNTY HOME HEALTH 1987 SOUTH SHADY STREET MOUNTAIN CITY, TN 37683	LICENSED HOME HEALTH AGENCY
8	RUSSELL COUNTY MEDICAL CNTR HOSPICE 116 FLANNAGAN AVENUE LEBANON, VA 24266	LICENSED HOSPICE AGENCY
9	UNICOI COUNTY LONG TERM CARE 100 GREENWAY CIRCLE UNICOI, TN 37650	LICENSED LONG TERM CARE FACILITY
10	DICKENSON CO HOME HEALTH & HOSPICE 312 HOSPITAL DRIVE SUITES 1A 1B CLINTWOOD, VA 24228	LICENSED HOME HEALTH AGENCY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

2017

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE

Employer identification number
62-0476282

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 25

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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	DONATION REQUESTS THAT WILL BE EXPENSED AT THE CORPORATE DIVISION REQUIRE TWO LEVELS OF APPROVAL, WITH FINAL REVIEW BY EITHER THE VP OF MARKETING OR PRESIDENT & CEO OF BALLAD HEALTH DONATIONS THAT WILL BE EXPENSED BY ONE OF OUR HOSPITALS REQUIRES FINAL APPROVAL BY THE INDIVIDUAL HOSPITAL'S CEO ALL REQUESTS ARE NOW REQUIRED TO USE THE ONLINE APPLICATION FORM THE ONLINE FORM PROVIDES CONSISTENCY AMONG APPLICANTS AND GIVES US THE INFORMATION WE NEED TO MAKE A 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, TIME ARE REQUIRED -DESCRIPTION OF THE EVENT/PROGRAM -APPLICANT'S OTHER SOURCES OF INCOME -EVENT/PROGRAM BUDGET -HOW THE EVENT/PROGRAM SUPPORTS BALLAD HEALTH'S MISSION -WHO WILL BENEFIT FROM OUR CONTRIBUTION -WHAT WILL THE EVENT/PROGRAM ACCOMPLISH -HOW WILL THE EVENT/PROGRAM MEASURE ITS ACCOMPLISHMENTS -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 THE 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 OUR HOSPITALS ARE ALMOST ENTIRELY DIRECTED TO LOCAL NONPROFIT ORGANIZATIONS BALLAD HEALTH'S SOCIAL RESPONSIBILITY COMMITTEE IS COMPRISED OF COMMUNITY, VOLUNTEER AND BUSINESS LEADERS AS WELL AS THE PRESIDENT & CEO, CHIEF OPERATING OFFICER AND OTHER LEADERS FROM ACROSS THE SYSTEM 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 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 BALLAD HEALTH FUNDING OF PROGRAMS SOMETIMES, BALLAD HEALTH DEPARTMENTS WILL BRING PROPOSALS FOR NEW PROGRAMS TO BENEFIT A SPECIFIC POPULATION, SUCH AS CHILDREN

Additional Data

Software ID:
Software Version:
EIN: 62-0476282
Name: MOUNTAIN STATES HEALTH ALLIANCE

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
AMERICAN CANCER SOCIETY 2513 WESLEY STREET JOHNSON CITY, TN 37601	64-0329009	501C3	16,050				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION 208 SUNSET DRIVE SUITE 113 JOHNSON CITY, TN 37604	13-5613797	501C3	10,275				PROGRAM SUPPORT

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
APPALACHIAN MOUNTAIN PROJECT ACCESS 809 S ROAN STREET SUITE 4 JOHNSON CITY, TN 37601	26-2102040	501C3	179,589				HEALTH ACCESS
BARTER THEATRE PO BOX 867 ABINGDON, VA 24212	54-6000120	501C3	9,580				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
BOYS & GIRLS CLUB OF GREENEVILLE PO BOX 1977 GREENEVILLE, TN 37644	62-1706248	501C3	7,500				AFTER SCHOOL PROG
CASA OF NORTHEAST TENNESSEE PO BOX 1021 JOHNSON CITY, TN 37605	45-0515257	501C3	10,000				CHILD PROTECTION

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
COALITION FOR KIDS INC PO BOX 3156 JOHNSON CITY, TN 37602	62-1765487	501C3	5,500				AFTER SCHOOL PROG
EAST TENNESSEE STATE UNIVERSITY P O BOX 70732 JOHNSON CITY, TN 37614	62-6021046	501C3	49,065				HEALTH RESEARCH

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
FRIENDS IN NEED HEALTH CENTER 1105 W STONE DR KINGSPORT, TN 37660	62-1541637	501C3	13,400				HEALTH & DENTAL CARE
FRONTIER HEALTH FOUNDATION PO BOX 8293 GRAY, TN 37615	46-1432508	501C3	47,400				MENTAL HEALTH

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
GOOD SAMARITAN MINISTRY 100 NORTH ROAN STREET JOHNSON CITY, TN 37601	62-1233320	501C3	5,500				ASSIST LOW-INCOME
GOVERNOR'S FNDTN FOR HLTH&WELLNESS 511 UNION STREET SUITE 720 NASHVILLE, TN 37219	45-3635908	501C3	25,000				HEALTHIER TENNESSEE

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
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501C3	14,370				MEDICAL & DENTAL
JDRF - EAST TN CHAPTER 4700 RUTLEDGE PIKE KNOXVILLE, TN 37914	23-1907729	501C3	6,000				PROGRAM SUPPORT

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
SUSAN KOMEN BREAST CANCER FNDTN P O BOX 5835 KINGSPORT, TN 37663	84-1689067	501C3	30,000				PROGRAM SUPPORT
MILLIGAN COLLEGE PO BOX 189 MILLIGAN COLLEGE, TN 37682	62-0535755	501C3	13,410				HEALTH PROF EDUC

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
K-PLAY SPORTS COUNCILMIRACLE FIELD 400 CLINCHFIELD STREET SUITE 100 KINGSPORT, TN 37660	41-2045125	501C3	216,474				ADAPTIVE PLAYGROUND
PROVIDENCE ACADEMY 2788 CARROLL CREEK ROAD JOHNSON CITY, TN 37615	62-1564142	501C3	7,380				MEDICAL/SOCIAL SVCS

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
SCIENCE HILL HIGH SCHOOL 1509 JOHN EXUM PARKWAY JOHNSON CITY, TN 37604	62-6000320	501C3	5,500				SPORTS PROGRAMS
SECOND HARVEST FOOD BANK 127 DILLON COURT GRAY, TN 37615	62-1303822	501C3	52,500				FOOD PANTRIES

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
RONALD MCDONALD HOUSE CHARITIES 418 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604	62-1578123	501C3	5,600				PROGRAM SUPPORT
TN STATE COLLAB ON REFORMING EDUC 1207 18TH AVENUE SUITE 326 NASHVILLE, TN 37212	26-3670335	501C3	30,000				TN SCORE PROGRAM

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
UNITED WAY OF SWVA 1096 OLE BERRY DRIVE ABINGDON, VA 24210	54-0718860	501C3	31,600				ECONOMIC DEVEL
UNIVERSITY OF VA AT WISE FNDTN PO BOX 400201 CHARLOTSVILLE, VA 229044201	54-6001796	501C3	43,708				NURSING PROGRAM

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
UP & AT EM INC PO BOX 44 JOHNSON CITY, TN 376050044	47-3088983	501C3	6,000				HEALTHY JOHNSON CITY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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

2017

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE

Employer identification number
62-0476282

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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 1B	UNLESS EXPRESSLY APPROVED BY BALLAD HEALTH'S EXECUTIVE CHAIR/PRESIDENT, FIRST-CLASS TRANSPORTATION IS GENERALLY NOT PERMITTED THE EXECUTIVE CHAIR/PRESIDENT MAY UTILIZE FIRST CLASS TRAVEL FOR FLIGHTS OF A LONG DURATION THE VICE CHAIR/LEAD INDEPENDENT DIRECTOR OF THE BOARD OF DIRECTORS REVIEWS AND DETERMINES APPROVAL FOR EXPENSE REIMBURSEMENT REQUESTS MADE BY THE EXECUTIVE CHAIR/PRESIDENT CHARTER FLIGHTS MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE CHAIR/PRESIDENT AND ARE LIMITED TO BUSINESS TRIPS THAT CAN BE JUSTIFIED BASED ON FINANCIAL SAVINGS, ESSENTIAL TIME SAVINGS AND MEETING LOGISTICS ON AN ANNUAL BASIS, BALLAD HEALTH'S INTERNAL AUDIT VALIDATES ALL CHARTER TRAVEL WAS FOR VALID BUSINESS PURPOSES AND IN COMPLIANCE WITH BALLAD'S SENIOR EXECUTIVE TRAVEL AND BUSINESS REIMBURSEMENT POLICY
SCHEDULE J, PAGE 1, PART I, LINE 4	ALAN LEVINE 0 147,837 0 LYNN KRUTAK 0 50,200 0 DAWN TRIMBLE 0 12,649 0 SHANE HILTON 0 17,507 0 MONTY MCLAURIN 0 16,160 0 LINDA WHITE 0 7,074 0 LEMMIE TAYLOR 0 11,535 0 MORRIS SELIGMAN, M D 0 27,747 0 ANTHONY KECK 0 38,493 0 PAUL MERRYWELL 0 8,305 0 TONY BENTON 69,615 0 0
SCHEDULE J, PART III	THE FOLLOWING EXECUTIVES LISTED IN SCHEDULE J, PART II PARTICIPATED IN A 457(F) RETIREMENT PLAN PROVIDED BY MOUNTAIN STATES HEALTH ALLIANCE (MSHA) ALAN LEVINE, LYNN KRUTAK, DAWN TRIMBLE, SHANE HILTON, MONTY MCLAURIN, LINDA WHITE, LEMMIE TAYLOR, MORRIS SELIGMAN, M D , ANTHONY KECK AND PAUL MERRYWELL 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: 62-0476282
Name: MOUNTAIN STATES HEALTH ALLIANCE

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				
1ALAN LEVINE PRESIDENT/CEO	(I) (II)	944,348	277,123	74,631	161,337	22,603	1,480,042	48,912
1MARVIN EICHORN EVP/COO	(I) (II)	576,562	128,590	43,977	18,900	23,842	791,871	
2LYNN KRUTAK EVP/CFO	(I) (II)	479,306	104,168	4,410	71,503	16,754	676,141	
3DAWN TRIMBLE VP/CEO WASHINGTON CO	(I) (II)	467,879	69,259	21,987	22,766	20,555	602,446	
4SHANE HILTON SVP MKT FIN OPS	(I) (II)	328,389	63,529	4,174	35,389	23,198	454,679	
5MONTY MCLAURIN VP/CEO NW MKT	(I) (II)	301,780	36,465	48,537	31,532	23,172	441,486	15,920
6LINDA WHITE VP & CEO, FWCH/WR	(I) (II)	264,066	72,552	3,699	25,335	18,580	384,232	
7RICHARD BOONE VP/CFO WASHINGTON CO	(I) (II)	286,227	43,095	3,627	10,271	15,721	358,941	
8LEMMIE TAYLOR VP/CEO SE MKT	(I) (II)	217,035	51,268	7,188	29,443	20,614	325,548	
9MORGAN MAY JCMC CNO	(I) (II)	178,787	26,640	4,275	11,125	19,832	240,659	
10STEVE SAWYER AVP/CFO NW MKT	(I) (II)	177,000	17,273	8,875	9,343	22,434	234,925	
11MORRIS SELIGMAN MD EVP & CMO	(I) (II)	515,569	115,743	39,429	43,438	17,459	731,638	
12ANTHONY KECK EVP POP HLTH OFF	(I) (II)	370,812	81,021	6,777	49,071	16,513	524,194	
13CLAY RUNNELS MD VP SVC LINE MGMT	(I) (II)	358,675	69,101	8,097	12,731	22,556	471,160	
14MARK WILKINSON MD VP/CMO	(I) (II)	355,554	44,377	18,349	12,735	22,575	453,590	
15PAUL MERRYWELL CIO	(I) (II)	305,899	58,643	22,853	20,872	17,853	426,120	
16TONY BENTON VP/COO WASH COUNTY	(I) (II)	25,687		90,085	1,392	6,310	123,474	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE

Employer identification number
62-0476282

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HLTH & EDU FACIL BD 2012A&B&C CITY OF JOHNSON CITY	62-1464028	478271JV2	09-18-2012	94,745,050	CONSTRUCTION & EQUIP		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	37,880,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	95,337,514			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,889,665			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	89,474,759			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	HLTH & EDU FACIL BD 2012A&B&C 11/28/17

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	HLTH & EDU FACIL BD 2012A&B&C CONSTRUCT AND EQUIP SURGERY CENTER AT JOHNSON CITY MEDICAL CENTER, CONSTRUCT AND EQUIP HOSPITAL FACILITIES, INCLUDING REFINANCING OF TAXABLE INDEBTEDNESS RELATING THERETO 1 COMMENT ON PART I, LINE A IN 2012, WHEN THE BONDS REFERENCED IN SCHEDULE K WERE ISSUED, MOUNTAIN STATES HEALTH ALLIANCE OWNED AND/OR OPERATED HOSPITALS IN A NUMBER OF DIFFERENT LOCATIONS BOTH IN TENNESSEE AND IN VIRGINIA AS A RESULT, MOUNTAIN STATES HEALTH ALLIANCE UTILIZED CONDUIT GOVERNMENTAL BOND ISSUERS IN MULTIPLE JURISDICTIONS IN ORDER TO FINANCE IMPROVEMENTS TO ITS HOSPITAL FACILITIES IN 2012, MOUNTAIN STATES HEALTH ALLIANCE WAS THE CONDUIT BORROWER OF TAX-EXEMPT BONDS ISSUED BY MULTIPLE ISSUERS IN TENNESSEE AND VIRGINIA FOR FEDERAL TAX PURPOSES, EVEN THOUGH DIFFERENT GOVERNMENT ISSUERS WERE INVOLVED, THESE MULTIPLE ISSUES IN EACH YEAR WERE REQUIRED TO BE TREATED, AND WERE TREATED, AS A SINGLE "ISSUE" BECAUSE THEY MET THE SINGLE "ISSUE" TEST UNDER THE APPLICABLE FEDERAL TAX REGULATIONS THEREFORE, MULTIPLE ISSUERS ARE LISTED UNDER LINE A BECAUSE THE BONDS THAT WERE ISSUED WERE PART OF A SINGLE "ISSUE" FOR FEDERAL TAX PURPOSES ADDITIONAL ISSUER EIN 54-1276910 ADDITIONAL CUSIPS 478271JWO, 977220AA0 2 COMMENT ON PART II, LINE 3 LINE 3 FOR THE LISTED BOND ISSUES DOES NOT MATCH THE APPLICABLE ISSUE PRICE FOR SUCH BOND ISSUE BECAUSE OF INTEREST EARNINGS EARNED ON THE PROCEEDS OF SUCH BONDS 3 SCHEDULE K, PART II, LINES 10-12 THE USES OF PROCEEDS LISTED IN LINES 10-12 OF PART II ARE NOT EQUAL TO THE TOTAL PROCEEDS OF THE ISSUE LISTED IN PART II, LINE 3 BECAUSE A PORTION OF THE PROCEEDS OF THE LISTED BOND ISSUE BECAME TRANSFERRED PROCEEDS OF A CURRENT REFUNDING ISSUE OF THE LISTED BOND ISSUE (AND THEREFORE WERE NO LONGER WERE PROCEEDS OF THE LISTED BOND ISSUE) THEREFORE, SUCH TRANSFERRED PROCEEDS WERE NOT SPENT WHILE CONSIDERED PROCEEDS OF THE BONDS, AND ARE THEREFORE NOT INCLUDED ON LINES 10-12

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE

Employer identification number
62-0476282

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) DENNIS VONDERFECHT	RETIRED CEO	SPLIT LIFE INSUR ,INCL PRIOR YRS		X	7,205,125	8,295,295		No	Yes		Yes	
(2) MARVIN EICHORN	KEY EMPLOYEE	SPLIT LIFE INSUR ,INCL PRIOR YRS		X	1,750,000	2,485,735		No	Yes		Yes	
(3) MARVIN EICHORN	KEY EMPLOYEE	SPLIT LIFE INSUR ,INCL PRIOR YRS		X	458,410	653,445		No	Yes		Yes	
(4) MARVIN EICHORN	KEY EMPLOYEE	SPLIT LIFE INSUR ,INCL PRIOR YRS		X	304,332	304,332		No	Yes		Yes	
(5) MARVIN EICHORN	KEY EMPLOYEE	SPLIT LIFE INSUR ,INCL PRIOR YRS		X	296,183	238,783		No	Yes		Yes	
Total					▶ $	11,977,590						

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) MATTHEW MARTIN	FAMILY MEMBER	30,901	SEE PART V		No
(2) CLEM WILKES III	FAMILY MEMBER	256,788	SEE PART V		No
(3) BROOKE HAMILTON	FAMILY MEMBER	330,541	SEE PART V		No
(4) SCOTT PETERS	FAMILY MEMBER	68,317	SEE PART V		No
(5) WORKSPACE INTERIORS	VENDOR	427,826	SEE PART V		No
(6) DAVID MAY MD	VENDOR	2,891,029	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	SCHEDULE L, PART IV, COL D - ADDITIONAL INFORMATION (1) JOANNE GILMER, MSHA DIRECTOR, IS A FAMILY MEMBER OF MATTHEW MARTIN, AN EMPLOYEE OF MSHA (2) CLEM WILKES, JR , MSHA DIRECTOR, IS A FAMILY MEMBER OF CLEM WILKES, III, AN EMPLOYEE OF MSHA (3) CLEM WILKES, JR , MSHA DIRECTOR, IS A FAMILY MEMBER OF BROOKE HAMILTON, AN EMPLOYEE OF MSHA (4) LEMMIE TAYLOR, MSHA KEY EMPLOYEE, IS A FAMILY MEMBER OF SCOTT PETERS, AN EMPLOYEE OF MSHA (5) ROBERT FEATHERS, MSHA DIRECTOR, IS THE OWNER OF WORKSPACE INTERIORS, INC , WHICH PROVIDES COMMERCIAL FURNISHINGS AND DESIGN SERVICES TO MSHA TRANSACTIONS ARE CONDUCTED AT ARMS-LENGTH (6) DAVID MAY, M D , MSHA DIRECTOR, OWNS 50% OF VIGILANCE ANESTHESIA SOLUTIONS, PC, WHICH PROVIES ANESTHESIA SERVICES TO MSHA TRANSACTIONS ARE CONDUCTED AT ARMS-LENGTH

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2017

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE

Employer identification number
62-0476282

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, ITEM C	NISWONGER CHILDREN'S HOSPITAL, FRANKLIN WOODS COMMUNITY HOSPITAL, INDIAN PATH MEDICAL CENTER, SYCAMORE SHOALS HOSPITAL, WOODRIDGE HOSPITAL, JOHNSON COUNTY COMMUNITY HOSPITAL, RUSSELL COUNTY MEDICAL CENTER, UNICOI COUNTY MEMORIAL HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	SEVEN OF OUR WHOLLY-OWNED HOSPITALS, ANOTHER WHOLLY-OWNED HOSPITAL AND FOUR MAJORITY OWNED HOSPITALS FILE SEPARATE RETURNS MSHA IS SOLE SHAREHOLDER OF BLUE RIDGE MEDICAL MANAGEMEN T CORPORATION (BRMMC), A FOR-PROFIT ENTITY THAT OWNS AND MANAGES PHYSICIAN PRACTICES AND P ROVIDES OTHER HEALTH CARE SERVICES TO PATIENTS IN TENNESSEE AND VIRGINIA IN ADDITION, BRM MC OWNS AND MANAGES REAL ESTATE MSHA IS THE OWNER OF INTEGRATED SOLUTIONS HEALTH NETWORK (ISHN) ISHN IS A REGIONAL HEALTH SOLUTIONS COMPANY HEADQUARTERED IN JOHNSON CITY, TENNESS EE ISHN IS AN EXPANSIVE NETWORK OF PROVIDERS SERVING RESIDENTS OF BOTH NORTHEAST TENNESSE E AND SOUTHWEST VIRGINIA AND CONSISTS OF APPROXIMATELY 3,350 PHYSICIANS IN NORTHEAST TENNE SSEE, SOUTHWEST VIRGINIA, AND WESTERN NORTH CAROLINA, OVER 470 PROVIDER GROUPS, 600 PRIMAR Y CARE PHYSICIANS, MORE THAN 2,600 SPECIALISTS, AND MORE THAN 2,700 ALLIED HEALTH PROVIDER S ISHN CONSISTS OF 21 HOSPITALS, 30 SKILLED NURSING FACILITIES, 12 ORTHOTIC/ PROSTHETIC P ROVIDERS, 34 DURABLE MEDICAL EQUIPMENT PROVIDERS, 9 HOME HEALTH PROVIDERS, 4 HOSPICE PROVI DERS, 13 LABORATORY PROVIDERS, 6 REHABILITATION FACILITIES AND 9 AMBULATORY SURGICAL CENTE RS ISHN CREATED ANEWCARE COLLABORATIVE, AN ACCOUNTABLE CARE ORGANIZATION, TO BEGIN PARTIC IPATING IN THE MEDICARE SHARED SAVINGS PROGRAM (MSSP) IN 2012 ITS NETWORK OF PROVIDERS IS ORGANIZED TO DELIVER ON THE TENETS OF INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM IMPROVING THE HEALTH OF THE POPULATION, IMPROVING THE PATIENT EXPERIENCE OF CARE, AND REDU CING THE PER CAPITA COST OF HEALTH CARE BUILDING OFF THE SUCCESS OF THE MSSP, AND FULLY R ECOGNIZING THE SHIFT TO VALUE-BASED CARE, ANEWCARE PARTNERS WITH BALLAD HEALTH TO OFFER IN NOVATIVE IMPROVEMENTS TO ITS CARE DELIVERY MODEL IN ORDER TO PROVIDE HIGH QUALITY COST AND EFFECTIVE CARE TO THOSE POPULATIONS IT IS PRIVILEGED TO SERVE SPECIFIC TO THE HOSPITALS INCLUDED IN THIS FORM 990, WE RECORDED 45,927 INPATIENT ADMISSIONS WE PROVIDED FOR 702,08 0 OUTPATIENT VISITS, 164,967 EMERGENCY VISITS AND 105,231 HOME HEALTH VISITS 3,233 BABIES WERE BORN IN OUR FACILITIES THIS YEAR IN APRIL 2015, MSHA AND WELLMONT HEALTH SYSTEM (WE LLMONT) ANNOUNCED THEIR INTENT TO MERGE WELLMONT OPERATES SEVEN HOSPITALS AND NUMEROUS OU TPATIENT CARE SITES IN NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA IN SEPTEMBER 2017, TENN ESSEE DEPARTMENT OF HEALTH OFFICIALS GRANTED THE TWO ORGANIZATIONS THE CERTIFICATE OF PUBL IC ADVANTAGE (COPA) AND THE SOUTHWEST VIRGINIA HEALTH AUTHORITY UNANIMOUSLY RECOMMENDED AP PROVAL OF THE COOPERATIVE AGREEMENT IN VIRGINIA THE MERGER, DISCUSSED IN MORE DETAIL BELO W, WAS FINALIZED WITH A CLOSE DATE OF FEBRUARY 1, 2018 MSHA BECAME THE SOLE MEMBER OF LAU GHLIN MEMORIAL HOSPITAL ON JUNE 30, 2017 LAUGHLIN IS A NONPROFIT LOCATED IN GREENEVILLE, TENNESSEE MSHA AND LAUGHLIN HAVE ENJOYED A DECADES-LONG RELATIONSHIP AND THE MERGER WILL ALLOW LAUGHLIN TO EXPAND SERVICES INTO AREAS WHERE THEY ARE MOST NEEDED LAUGHLIN REMAINS A SEPARATE LEGAL ENTITY, THUS,

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	FILING A SEPARATE FORM 990 WASHINGTON COUNTY, TN JOHNSON CITY MEDICAL CENTER (JCMC), MS HA'S FLAGSHIP FACILITY -A 585-BED REGIONAL TERTIARY REFERRAL CENTER - JCMC OPERATES A 432 -BED ACUTE HOSPITAL, A 69-BED CHILDREN'S HOSPITAL AND AN 84-BED BEHAVIORAL HEALTH HOSPITAL -TEACHING HOSPITAL AFFILIATED WITH JAMES H & CECILE C QUILLEN COLLEGE OF MEDICINE AT EA ST TENNESSEE STATE UNIVERSITY (ETSU) -THE SECOND HOSPITAL BUILT IN TENNESSEE -LEVEL I TRAU MA CENTER - ONE OF ONLY SIX IN TENNESSEE -HOME OF THE REGIONAL CANCER CENTER -JCMC WAS RAN KED BY U S NEWS AND WORLD REPORT AS ONE OF THE TOP 10 HOSPITALS IN TENNESSEE IN 2017 -NI SWONGER CHILDREN'S HOSPITAL (NSCH) IS A 69-BED CHILDREN'S HOSPITAL WITHIN A HOSPITAL AND I S LOCATED ON THE CAMPUS OF JOHNSON CITY MEDICAL CENTER IT IS THE REGION'S ONLY DEDICATED HOSPITAL FOR CHILDREN THAT PROVIDES COMPREHENSIVE SERVICES WITH ACCESS TO MORE THAN 20 PED IATRIC SUBSPECIALTIES -NSCH SERVES MORE THAN 200,000 CHILDREN IN A FOUR-STATE, 29-COUNTY REGION THE CHILDREN'S HOSPITAL IS STAFFED BY PEDIATRIC EXPERTS WHO KNOW, LOVE AND CARE AB OUT CHILDREN AND THEIR FAMILIES -THE ST JUDE TRI-CITIES AFFILIATE CLINIC AT NISWONGER CH ILDREN'S HOSPITAL IS A PARTNERSHIP AMONG THE ST JUDE CHILDREN'S RESEARCH HOSPITAL, ETSU A ND NISWONGER CHILDREN'S HOSPITAL IT WAS ESTABLISHED IN 1999, AND IS AN OUTPATIENT CLINIC STAFFED BY PEDIATRIC HEMATOLOGY- ONCOLOGY PHYSICIANS, A NURSE PRACTITIONER, IN ADDITION TO MANY OTHER CLINIC SUPPORT TEAM MEMBERS THE TRI-CITIES AFFILIATE IS PART OF THE ST JUDE MISSION TO EXTEND THE PROTOCOL-STRUCTURED TREATMENT AND RESEARCH AT ST JUDE THROUGH CLINI CAL, RESEARCH AND ACADEMIC PARTNERSHIPS WITH PEDIATRIC PROGRAMS THE CLINIC RECEIVES MORE THAN 6,000 OUTPATIENT VISITS AND FOLLOWS 2,800 CHILDREN WITH MALIGNANCIES, ALSO TREATING M ANY CHILDREN WITH CONGENITAL BLEEDING DISORDERS AND A VARIETY OF OTHER HEMATOLOGICAL PROBL EMS THE FIRST REGIONAL HEMOPHILIA PROGRAM, A STATE SPONSORED PROGRAM FOR CONGENITAL BLEED ING DISORDERS, IS HOUSED IN THE ST JUDE TRI-CITIES AFFILIATE AND HAS QUARTERLY CLINICS FO R CHILDREN AND ADULTS WITH HEMOPHILIA THE ST JUDE TRI-CITIES AFFILIATE CLINIC AT NISWONG ER CHILDREN'S HOSPITAL IS ONE OF ONLY EIGHT CLINICS IN THE NATION THAT ARE PART OF THE ST JUDE DOMESTIC AFFILIATE PROGRAM -NSCH IS THE ONLY CHILDREN'S HOSPITAL IN THE REGION AFFI LIATED WITH THE CHILDREN'S HOSPITAL ASSOCIATION -NSCH'S NEONATAL INTENSIVE CARE (NICU) WO RKS IN CONJUNCTION WITH ONE OF ONLY FIVE STATE-DESIGNATED PERINATAL CENTERS IN TENNESSEE THE NICU IS DESIGNATED AS LEVEL III AND IS THE REGIONAL REFERRAL CENTER FOR NEONATAL PATIE NTS -NSCH IS HOME TO THE REGION'S ONLY PEDIATRIC EMERGENCY DEPARTMENT, OFFERING 24-HOUR E MERGENCY CARE BY SPECIALLY TRAINED PERSONNEL FOCUSED ON PROVIDING CARE TO PATIENTS FROM BI RTH TO 18 YEARS OF AGE -NSCH PARTNERS WITH WINGS AIR RESCUE TO PROVIDE A SPECIALTY CREW F OR OUR NEONATAL POPULATIONS THAT REQUIRE ISOLETTE TRANSPORTS -THE NORTHEAST TENNESSEE REG IONAL PERINATAL CENTER LOCATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	AT JCMC IS ONE OF FIVE STATE-DESIGNATED TERTIARY CENTERS FOR HIGH-RISK MATERNAL FETAL CAR E STATE DESIGNATION IS BASED ON GUIDELINES FOR THE SERVICE PROVISIONS AND DESIGNATIONS OF LEVELS OF CARE GOVERNED AND REVIEWED BY A STATE APPOINTED COMMITTEE THROUGH TENNESSEE DEP ARTMENT OF HEALTH -WOODRIDGE HOSPITAL IS AN 84-BED INPATIENT BEHAVIORAL HEALTH HOSPITAL A ND A SERVICE OF JOHNSON CITY MEDICAL CENTER THAT SERVES A WIDE REGION IN NORTHEAST TENNESS EE AS WELL AS SEVERAL COUNTIES IN SOUTHWEST VIRGINIA WOODRIDGE IS THE ONLY DEDICATED INPA TIENT BEHAVIORAL HEALTH HOSPITAL IN THE REGION, PROVIDING MENTAL HEALTH AND CHEMICAL DEPEN DENCY SERVICES FOR ADULTS, ADOLESCENTS, AND CHILDREN AGES 6 AND OLDER THE HOSPITAL PROVID ES A 24/7 INTERVENTION HELPLINE WOODRIDGE RECEIVED THE GUARDIAN OF EXCELLENCE AWARD FROM PRESS GANEY ASSOCIATES, INC FOR THREE CONSECUTIVE YEARS FRANKLIN WOODS COMMUNITY HOSPITA L (FWCH) FWCH IS AN 80-BED HOSPITAL AND WAS THE FIRST "LEADERSHIP IN ENERGY AND ENVIRONMEN TAL DESIGN" (LEED) CERTIFIED HOSPITAL IN TENNESSEE AND HAS SET THE PRECEDENT FOR ENVIRONME NTALLY FRIENDLY DESIGNS THE HOSPITAL WAS NAMED ONE OF SOLIANT HEALTH'S 2016 MOST BEAUTIFU L HOSPITALS FRANKLIN WOODS WAS THE FIRST HOSPITAL IN TENNESSEE TO EARN PERINATAL CARE CER TIFICATION FROM THE JOINT COMMISSION THE HOSPITAL ACHIEVED THE PATHWAY TO EXCELLENCE DESI GNATION BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC), WHICH IDENTIFIES THE HOSPITAL AS ONE OF THE BEST PLACES TO WORK FOR NURSES SULLIVAN COUNTY, TN INDIAN PATH MEDICAL CEN TER (IPMC) IPMC IS A 261-BED HOSPITAL THAT PROVIDES ADVANCED SERVICES, INCLUDING 24/7 INTE RVENTIONAL CARDIAC CATHETERIZATIONS, AN ACCREDITED JOINT REPLACEMENT PROGRAM AND A DEDICAT ED SPINE CENTER THE IPMC CAMPUS OFFERS A SATELLITE REGIONAL CANCER CENTER OFFICE, A SLEEP CENTER FOR BOTH ADULTS AND CHILDREN, A FULL RANGE OF SURGICAL SERVICES, A FAMILY BIRTH CE NTER AND MANY OTHER SERVICE LINES IPMC'S PRIMARY STROKE CENTER RECEIVED ADVANCED CERTIFIC ATION FROM THE JOINT COMMISSION (TJC) THE HOSPITAL'S CHEST PAIN CENTER IS ALSO CERTIFIED BY TJC THE JOINT COMMISSION IS AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION THAT ACCREDITS AND CERTIFIES NEARLY 21,000 HEALTH CARE ORGANIZATIONS AND PROGRAMS IN THE UNITED STATES TJC ACCREDITATION AND CERTIFICATION IS RECOGNIZED NATIONWIDE AS A SYMBOL OF QUALITY CARTE R COUNTY, TN SYCAMORE SHOALS HOSPITAL (SSH) SSH IS A 121-BED FACILITY THAT OFFERS COMPLET E INPATIENT AND OUTPATIENT SURGICAL SERVICES INCLUDING GENERAL SURGERY, SURGICAL ONCOLOGY, ORTHOPEDICS (INCLUDING HAND AND EXTREMITIES), PLASTIC SURGERY AND GYNECOLOGICAL SURGERY SSH ALSO OFFERS A CERTIFIED CHEST PAIN AND HEART FAILURE PROGRAM, A CERTIFIED ACUTE STROKE -READY PROGRAM AND NEW LEAF SENIOR CARE OFFERS INPATIENT PSYCHIATRIC TREATMENT TO ADULTS 5 5 AND OLDER THE SSH CAMPUS INCLUDES A REGIONAL CANCER CENTER OFFICE, AN OUTPATIENT REHABI LITATION CLINIC, AND COMPREHENSIVE PRIMARY CARE AND SPECIALIST CARE SYCAMORE SHOALS HOSPI TAL'S CHEST PAIN CENTER AND HE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 4	MOUNTAIN STATES HEALTH ALLIANCE AND WELLMONT HEALTH SYSTEM MERGED ON FEBRUARY 1, 2018 TO FORM BALLAD HEALTH, A TAX-EXEMPT HEALTHCARE DELIVERY SYSTEM AT TIME OF MERGER, THE BALLAD HEALTH BOARD OF DIRECTORS BECAME THE DIRECTORS OF MOUNTAIN STATES HEALTH ALLIANCE AND DIRECTORS OF WELLMONT HEALTH SYSTEM BALLAD HEALTH IS THE SOLE MEMBER OF MOUNTAIN STATES AND WELLMONT THE BOARD IS COMPRISED OF 11 MEMBERS TO INCLUDE BALLAD HEALTH'S PRESIDENT AND CEO, EAST TENNESSEE STATE UNIVERSITY'S PRESIDENT AND 9 MEMBERS CHOSEN BY MOUNTAIN STATES HEALTH ALLIANCE AND WELLMONT HEALTH SYSTEM BALLAD HEALTH'S PRESIDENT AND CEO SERVES AS THE BOARD'S EXECUTIVE CHAIR IN THE SELECTION OF DIRECTORS, CONSIDERATION WAS GIVEN TO THE INCLUSION OF A VARIETY OF BUSINESS, HEALTH-RELATED, AND CONSUMER PERSPECTIVES AMONG THE VARIOUS MEMBERS OF THE BOARD OF DIRECTORS, WITH A GOAL OF ACHIEVING (I) A GEOGRAPHIC AND DEMOGRAPHIC DIVERSITY AMONG THE MEMBERS AND (II) A MIX OF COMPETENCIES, SKILLS AND PERSPECTIVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	MOUNTAIN STATES HEALTH ALLIANCE IS ORGANIZED AS A TENNESSEE NON-STOCK, NONPROFIT ORGANIZATION WITH ITS SOLE MEMBER BEING BALLAD HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE VICE-PRESIDENT/CFO OF THE BALLAD HEALTH HEALTHCARE SYSTEM REVIEWED MOUNTAIN STATES HEALTH ALLIANCE'S FORM 990 WITH THE BOARD OF DIRECTORS PRIOR TO THE RETURN BEING FILED 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	BALLAD HEALTH HAS A CONFLICT OF INTEREST POLICY FOR ALL MEMBERS OF THE BOARD OF DIRECTORS, THE EXECUTIVE CHAIR/PRESIDENT, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, AND VICE PRESIDENTS, AND APPLIES TO ALL BALLAD HEALTH ORGANIZATIONS, INCLUDING MSHA ORGANIZATIONS ALL PERSONS COVERED BY THIS POLICY ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS SHOULD A CONFLICT ARISE, IT IS THE RESPONSIBILITY OF THE CONFLICTED INDIVIDUAL TO UPDATE HIS OR HER DISCLOSURE IMMEDIATELY ALL MEETINGS OF THE BOARD OR BOARD COMMITTEES HAVE A STANDING AGENDA ITEM FIRST ON THE AGENDA TITLED "CONFLICTS OF INTEREST" IF A MEMBER OF THE BOARD OR BOARD COMMITTEE HAS A CONFLICT OF INTEREST INVOLVING ANY ISSUE ON THE BOARD AGENDA, HE OR SHE MUST DECLARE THE CONFLICT OF INTEREST DURING THE PERIOD ALLOTTED FOR DISCLOSURE IF ANY ISSUE ARISES DURING A MEETING IN WHICH THE BOARD MEMBER HAS A CONFLICT OF INTEREST, HE OR SHE MUST IMMEDIATELY DECLARE THE CONFLICT WHILE EACH MEMBER OF THE BOARD OR BOARD COMMITTEE IS RESPONSIBLE FOR DISCLOSING CONFLICTS OF INTEREST, IT IS ALSO THE RESPONSIBILITY OF ANY BOARD MEMBER AWARE OF A CONFLICT WHICH HAS NOT BEEN DISCLOSED TO ENSURE THE BOARD IS MADE AWARE THE PRESIDING OFFICER OF A BOARD OR BOARD COMMITTEE MEETING MAY ASK A CONFLICTED MEMBER TO EXCUSE THEMSELVES FROM THE MEETING DURING THE DISCUSSION RELATED TO THE ISSUE WITH WHICH THE CONFLICT OF INTEREST APPLIES UNDER NO CIRCUMSTANCES SHALL A MEMBER VOTE ON A MATTER THAT GIVES RISE TO A POTENTIAL CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	BALLAD HEALTH'S BOARD OF DIRECTORS ALSO SERVES AS THE BOARD OF DIRECTORS FOR MOUNTAIN STATES HEALTH ALLIANCE THE BOARD'S EXECUTIVE COMMITTEE REVEIWED AND APPROVED THE COMPENSATION OF ALAN LEVINE, BALLAD HEALTH AND MSHA'S PRESIDENT AND CEO, THIS YEAR DATA OBTAINED BY AN INDEPENDENT, OUTSIDE CONSULTING FIRM WAS USED TO DETERMINE HIS PAY SO THAT IT IS COMPARABLE TO LIKE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS AND REFLECTIVE OF THE MANY ADDITIONAL HOURS HE DEVOTED THIS YEAR TO THE MERGER OF MOUNTAIN STATES HEALTH ALLIANCE AND WELLMONT HEALTH SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED AND APPROVED COMPENSATION FOR ALL MSHA EXECUTIVES AT THE VICE-PRESIDENT LEVEL AND ABOVE THIS YEAR DATA OBTAINED BY AN INDEPENDENT, OUTSIDE CONSULTING FIRM WAS USED TO DETERMINE EXECUTIVE PAY SO THAT IT REMAINS COMPARABLE TO LIKE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS

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 THE 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, OFFICERS, KEY EMPLOYEES, & HIGHEST PAID COMPENSATION CERTAIN EXECUTIVES OF THE ORGANIZATION, SUCH AS THE HEALTH SYSTEM'S CEO, EVP/CFO, EVP/COO ETC PROVIDE SERVICES TO SOME OR ALL OF THE ORGANIZATIONS RELATED TO MSHA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN FEES 27,568,242 0 0 HOSPITAL SUPPORTED CLINICS 33,555,355 0 0 HOSPITAL BASED PROVIDERS 916,333 0 0 DIETARY SERVICES 9,341,853 0 0 CONSULTING SERVICES 0 6,485,615 0 ENVIRONMENTAL SERVICES 8,353,967 0 0 LAUNDRY SERVICES 2,758,367 0 0 COLLECTION SERVICES 0 4,673,708 0 RETAIL PHARMACY 694,370 0 0 LABORATORY SERVICES 2,717,070 0 0 CONTRACT LABOR 9,700,318 0 0 PATIENT RESOURCE SERVICES 1,208,365 0 0 TRANSCRIPTION SERVICES 0 667,799 0 PHYSICIAN RECRUITMENT 890,976 0 0 LITHOTRIPSY 838,000 0 0 ENGINEERING SERVICES 0 1,492,338 0 HOSPICE 27,119 0 0 SKILLED NURSING SERVICES 1,495,680 0 0 OTHER 8,174,627 613,486 8,346 TOTAL 108,240,642 13,932,946 8,346

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CUMMULATIVE EFFECT OF CHANGE IN ACCTG PRINCIPLE 7,206,855 TEMPORARILY RESTRICTED GRANTS -396,616 ADDITIONAL PAID IN CAPITAL -717,365 PARTNERSHIP ORDINARY INCOME - NOT ON BOOKS -1,334,580 PARTNERSHIP INTEREST INCOME - NOT ON BOOKS -26,526 PARTNERSHIP CAPITAL CONTRIBUTIONS - NOT ON BOOKS 168,694 EMPLOYER PROVIDED PARKING - NOT ON BOOKS -189,602 TOTAL 4,710,860

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 12, PART XII, LINE 2C	BALLAD HEALTH (BALLAD) IS A TAX-EXEMPT ENTITY AND THE PARENT CORPORATION OF BOTH MOUNTAIN STATES HEALTH ALLIANCE (MSHA) AND WELLMONT HEALTH SYSTEM (WHS) THE TWO HEALTHCARE SYSTEMS CAME TOGETHER ON FEBRUARY 1, 2018 AS A RESULT OF A MERGER APPROVED BY BOTH TENNESSEE AND VIRGINIA DEPARTMENTS OF HEALTH THE INDIVIDUALS SERVING AS THE BOARD OF DIRECTORS OF BALLAD ALSO SERVE AS THE BOARD OF DIRECTORS OF WHS AND MSHA THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF BALLAD INCLUDE WHS, MSHA AND THEIR SUBSIDIARIES AND AFFILIATES WHICH WERE PREVIOUSLY INCLUDED IN EITHER WHS OR MSHA AUDITED CONSOLIDATED FINANCIAL STATEMENTS BALLAD HAS AN AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE

Employer identification number
62-0476282

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

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

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

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	(g) Section 512(b)(13) controlled entity? 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) EMMAUS COMMUNITY HEALTHCARE PLLC 6070 HWY 11E PINEY FLATS, TN 37686 20-0577483	MED SERV	TN	N/A					No			No	
(2) MEDICAL SPECIALISTS OF JC LLC 2528 WESLEY STREET SUITE 2 JOHNSON CITY, TN 37601 27-2199037	MED SERV	TN	MSHA	EXCLUDED	-313,137	205,925		No			No	51 000 %
(3) EAST TN AMBULATORY SURGERY CNTR 701 MED TECH PARKWAY SUITE 100 JOHNSON CITY, TN 37604 62-1787537	MED SERV	TN	NA					No			No	
(4) GREENEVILLE PHYSICIAN SERVICES LLC 1905 AMERICAN WAY KINGSPORT, TN 37660 45-5070419	MED SERV	TN	LMH	RELATED	-1,272	81,046		No			No	25 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 62-0476282
Name: MOUNTAIN STATES HEALTH ALLIANCE

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
2335 KNOB CREEK ROAD SUITE 101 JOHNSON CITY, TN 37604 58-1418862	FUNDRAISER	TN	501C3	12A	MSHA	Yes	
400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604 58-1418345	SUPP ORG	TN	501C3	12A	MSHA	Yes	
245 MEDICAL PARK DRIVE MARION, VA 24354 54-0794913	HOSPITAL	VA	501C3	3	MSHA	Yes	
100 15TH STREET NW NORTON, VA 24273 54-0566029	HOSPITAL	VA	501C3	3	NA		No
312 HOSPITAL DRIVE CLINTWOOD, VA 24228 77-0599553	HOSPITAL	VA	501C3	3	NCH		No
16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 54-0544705	HOSPITAL	VA	501C3	3	NA		No
16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 20-5485346	MED SERV	VA	501C3	12A	JMH		No
303 MED TECH PARKWAY SUITE 220 JOHNSON CITY, TN 37604 61-1771290	SUPP ORG	TN	501C3	12B	NA		No
203 GRAY COMMONS CIRCLE GRAY, TN 37615 81-5475903	OPIOID TRT	TN	501C3	3	MSHA	Yes	
1905 AMERICAN WAY KINGSPORT, TN 37660 62-1636465	HOSP SYS	TN	501C3	3	BALLAD		No
851 LOCUST STREET ROGERSVILLE, TN 37857 62-1816368	HOSPITAL	TN	501C3	3	WHS		No
401 TAKOMA AVENUE GREENEVILLE, TN 37743 51-0603966	HOSPITAL	TN	501C3	3	WHS		No
1905 AMERICAN WAY KINGSPORT, TN 37660 47-1334302	FUNDRAISER	TN	501C3	7	WHS		No
1905 AMERICAN WAY KINGSPORT, TN 37660 26-3557623	MED SERV	TN	501C3	10	WHS		No
1905 AMERICAN WAY KINGSPORT, TN 37660 27-0898372	MED SERV	TN	501C3	7	WHS		No
1905 AMERICAN WAY KINGSPORT, TN 37660 58-1594191	FUNDRAISER	TN	501C3	7	WHS		No
1905 AMERICAN WAY KINGSPORT, TN 37660 62-1308216	ASST LIV	TN	501C3	10	WHS		No
1905 AMERICAN WAY KINGSPORT, TN 37660 58-1859039	NSG HOME	TN	501C3	10	WHS		No
1905 AMERICAN WAY KINGSPORT, TN 37660 86-1103148	HEALTHCARE	TN	501C3	12A	WHS		No
1905 AMERICAN WAY KINGSPORT, TN 37660 27-3777167	MED SERV	TN	501C3	3	WHS		No

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
1420 TUSCULUM BOULEVARD GREENEVILLE, TN 37745 62-0701119	HOSPITAL	TN	501C3	3	MSHA	Yes	
1420 TUSCULUM BOULEVARD GREENEVILLE, TN 37745 58-2105493	FUNDRAISER	TN	501C3	12A	MSHA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BLUE RIDGE MEDICAL MANAGEMENT CORP 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1490616	MED SERV	TN	MSHA	C CORP	142,889,792	227,942,654	100 000 %		No
MEDISERVE MEDICAL EQUIPMENT 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1212286	DME	TN	BRMMC	C CORP	2,347,845	6,153,763	100 000 %		No
MOUNTAIN STATES PROPERTIES 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1845895	PROP MGMT	TN	BRMMC	C CORP	13,068,978	146,948,683	100 000 %		No
MOUNTAIN STATES PHYSICIAN GROUP 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1700412	MED SERV	TN	BRMMC	C CORP	71,133,432	7,348,810	100 000 %		No
COMMUNITY HOME CARE INC 1490 PARK AVENUE NW SUITE B NORTON, VA 24273 54-1453810	DME	VA	NCH	C CORP	204,711	449,302	50 100 %		No
WILSON PHARMACY INC PO BOX 5289 JOHNSON CITY, TN 37604 62-0329587	PHARMACY	TN	BRMMC	C CORP	4,881,618	4,846,544	100 000 %		No
CRESTPOINT HEALTH INSURANCE COMPANY 509 MED TECH PARKWAY SUITE 100 JOHNSON CITY, TN 37604 62-0381170	INSURANCE	TN	ISHN	C CORP	111,913	12,957,142	100 000 %		No
INTEGRATED SOLUTIONS HEALTH NETWORK 509 MED TECH PARKWAY SUITE 100 JOHNSON CITY, TN 37604 62-1711997	HLTH NETWK	TN	MSHA	C CORP	1,514,232	14,913,726	100 000 %		No
WELLMONT INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1320035	MED SERV	TN	N/A						No
MCOT INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1325938	BUS SERV	TN	N/A						No
MEDICAL MALL PHARMACY INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1565006	MED SERV	TN	N/A						No
WELLMONT PHYSICIAN SERVICES 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1567353	MED SERV	TN	N/A						No
WPS PROVIDERS INC 1905 AMERICAN WAY KINGSPORT, TN 37660 20-5564642	MED SERV	TN	N/A						No
WELLMONT HEALTH SERVICES INC 1905 AMERICAN WAY KINGSPORT, TN 37660 62-1254373	MED SERV	TN	N/A						No
WELLMONT INSURANCE CO SPC LTD 1905 AMERICAN WAY KINGSPORT, TN 37660 98-1195624	INSURANCE		N/A						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
NOLICHUCKEY MANAGEMENT SVCS INC 1420 TUSCULUM BOULEVARD GREENEVILLE, TN 37745 62-1776681	MED SERV	TN	LMH	C CORP	4,161,858	801,596	100 000 %		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ABINGTON PHYSICAN PARTNERS	L	165,413	COST
BLUE RIDGE MEDICAL MANAGEMENT CORP	A	528,677	FMV
BLUE RIDGE MEDICAL MANAGEMENT CORP	G	392,424	FMV
BLUE RIDGE MEDICAL MANAGEMENT CORP	L	8,231,835	FMV
BLUE RIDGE MEDICAL MANAGEMENT CORP	M	42,156,021	FMV
BLUE RIDGE MEDICAL MANAGEMENT CORP	O	186,419	COST
BLUE RIDGE MEDICAL MANAGEMENT CORP	P	730,785	COST
BLUE RIDGE MEDICAL MANAGEMENT CORP	Q	32,835,150	COST
BLUE RIDGE MEDICAL MANAGEMENT CORP	R	1,023,672	CASH
BLUE RIDGE MEDICAL MANAGEMENT CORP	S	1,528,644	CASH
DICKENSON COMMUNITY HOSPITAL	L	1,107,129	COST
DICKENSON COMMUNITY HOSPITAL	P	61,160	COST
DICKENSON COMMUNITY HOSPITAL	Q	779,593	COST
INTEGRATED SOLUTIONS HEALTH NETWORK	A	126,082	FMV
INTEGRATED SOLUTIONS HEALTH NETWORK	L	177,414	FMV
INTEGRATED SOLUTIONS HEALTH NETWORK	M	135,520	FMV
INTEGRATED SOLUTIONS HEALTH NETWORK	Q	3,104,700	COST
JOHNSTON MEMORIAL HOSPITAL	L	14,890,876	COST
JOHNSTON MEMORIAL HOSPITAL	P	87,680	COST
JOHNSTON MEMORIAL HOSPITAL	Q	41,175,789	COST
JOHNSTON MEMORIAL HOSPITAL	R	128,193	CASH
MEDISERVE MEDICAL EQUIP	K	205,837	FMV
MEDISERVE MEDICAL EQUIP	L	199,011	FMV
MEDISERVE MEDICAL EQUIP	O	99,457	COST
MEDISERVE MEDICAL EQUIP	Q	3,985,221	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MOUNTAIN STATES AUXILIARY	P	65,210	COST
MOUNTAIN STATES AUXILIARY	Q	1,079,504	COST
MOUNTAIN STATES FOUNDATION	C	980,274	CASH
MOUNTAIN STATES PROPERTIES	K	1,967,995	FMV
MOUNTAIN STATES PROPERTIES	M	323,023	FMV
MOUNTAIN STATES PROPERTIES	O	451,076	COST
MOUNTAIN STATES PROPERTIES	Q	7,165,367	COST
NORTON COMMUNITY HOSPITAL	D	20,524,914	CASH
NORTON COMMUNITY HOSPITAL	L	6,768,781	COST
NORTON COMMUNITY HOSPITAL	O	1,394,709	COST
NORTON COMMUNITY HOSPITAL	P	305,421	COST
NORTON COMMUNITY HOSPITAL	Q	25,360,466	COST
NORTON COMMUNITY HOSPITAL	R	817,642	CASH
SMYTH COUNTY COMMUNITY HOSPITAL	D	15,271,960	CASH
SMYTH COUNTY COMMUNITY HOSPITAL	L	4,811,614	COST
SMYTH COUNTY COMMUNITY HOSPITAL	Q	13,366,116	COST
WILSON PHARMACY	A	58,333	FMV
WILSON PHARMACY	M	160,606	FMV
WILSON PHARMACY	O	248,745	COST
WILSON PHARMACY	Q	10,482,697	COST