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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Ballad Health

Doing business as

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
61-1771290

E Telephone number
(423) 302-3374

G Gross receipts $ 48,125,485

F Name and address of principal officer:
Alan Levine PresidentCEO
303 Med Tech Parkway Ste 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: ▶ balladhealth.org

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

L Year of formation: 2015

M State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Ballad Health is organized to develop, own and operate hospitals, clinics, physician practices, other healthcare services, and other businesses and activities for the overall purpose of promoting health and providing quality healthcare to a broad cross section of the community.

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**	10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	67,852
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	33,949

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		911,075
9	Program service revenue (Part VIII, line 2g)	-13,098,518	8,072,731
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,308,699
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,263,964
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-13,098,518	45,556,469
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,000,887
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)		12,302,330
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶368,813		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	563,134	59,985,743
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	563,134	73,288,960
19	Revenue less expenses. Subtract line 18 from line 12	-13,661,652	-27,732,491

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	856,766,017	1,975,165,200
21	Total liabilities (Part X, line 26)	870,427,669	1,312,231,001
22	Net assets or fund balances. Subtract line 21 from line 20	-13,661,652	662,934,199

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

****** 2020-07-08
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:

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 $ 42,456,896 including grants of $ 1,000,887) (Revenue $ 11,825,309)

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 ▶ 42,456,896

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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		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**	3		
b	Enter the number of Forms W-2G included in line 1a. *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		No
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** 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**		No
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**		No
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**		No
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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	**16**		No

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**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	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**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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			
(1) Alan Levine PresidentCEO Executive Chair	55.00 5.00	X		X				0	2,032,246	193,444
(2) Barbara Allen Director	3.00 0.00	X						0	0	0
(3) Julie Bennett Director	3.00 0.00	X						0	0	0
(4) David Golden Director	3.00 0.00	X						0	0	0
(5) David Lester Vice Chair	3.00 0.00	X		X				0	0	0
(6) David May MD Director	3.00 0.00	X						0	0	0
(7) Scott Niswonger Director	3.00 0.00	X						0	0	0
(8) Brian Noland Director	3.00 0.00	X						0	0	0
(9) Gary Peacock Treasurer	3.00 1.20	X		X				0	0	0
(10) Doug Springer MD Secretary	3.00 0.00	X		X				0	0	0
(11) Keith Wilson Director	3.00 0.00	X						0	0	0
(12) Marvin Eichorn EVP & CAO	52.80 7.20			X				0	1,011,865	36,694
(13) Lynn Krutak EVP & CFO	57.90 2.10			X				0	854,023	90,292
(14) Eric Deaton EVP & COO	54.00 6.00				X			0	570,270	42,955
(15) Pam Austin SVP & CIO	50.00 0.00				X			0	345,430	25,186
(16) Shana Tate SVP	50.00 0.00				X			0	272,578	29,504
(17) Morris Seligman MDterm 218 EVP & CMO	59.50 0.50					X		0	800,387	24,560

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			
(18) Steve Kilgore	54.30					X		0	652,029	85,068
BHMA SVP	0.70									
(19) Anthony Keck	58.40					X		0	612,910	70,933
EVP & CPHO	1.60									
(20) Tim Belisle EVP	55.00					X		0	577,064	79,532
General Counsel	5.00									
(21) James Parsons term 418	44.50					X		0	624,169	23,651
VP Human Resources	0.50									
(22) Barton Hove	0.00						X	0	1,296,774	23,651
Former Officer - Retired	0.00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶									9,649,745	725,470

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 ▶ 0

		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

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 ▶ 0

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	56,591		
	e Government grants (contributions)	1e	854,484		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:$ _____				
	h Total. Add lines 1a-1f . . . . . ▶		911,075		
Program Service Revenue		Business Code				
	2a Marsh Blood Center	900099	7,379,177	7,379,177		
	b Rent Related Exempt Orgs	900099	693,554	693,554		
	c					
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a–2f . . . . ▶		8,072,731			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		22,702,516			22,702,516
	4 Income from investment of tax-exempt bond proceeds ▶		1,180,027			1,180,027
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents	479,223	18,000			
	b Less: rental expenses	324,400				
	c Rental income or (loss)	154,823	18,000			
	d Net rental income or (loss) . . . . ▶		172,823		18,000	154,823
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	9,030,319	2,640,453			
	b Less: cost or other basis and sales expenses		2,244,616			
	c Gain or (loss)	9,030,319	395,837			
	d Net gain or (loss) . . . . . ▶		9,426,156	395,837		9,030,319
	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 . . ▶		0			
	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 . . ▶		0			
	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 . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a Billing Services	900099	742,743			742,743
	b IPO Settlement	900099	2,979,668	2,979,668		
	c Laundry Services	900099	2,212,575			2,212,575
	d All other revenue		-2,843,845	377,073	49,852	-3,270,770
	e Total. Add lines 11a–11d . . . . . ▶		3,091,141			
	12 Total revenue. See Instructions. . . . . ▶		45,556,469	11,825,309	67,852	32,752,233

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	1,000,887	1,000,887		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,972,589		4,972,589	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,625,707	4,660,422	689,468	275,817
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	381,069	262,662	107,197	11,210
9 Other employee benefits	892,598	301,454	563,715	27,429
10 Payroll taxes	430,367	356,523	52,744	21,100
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	32,395	32,395		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,788,547	727,134	1,061,413	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	115,652		115,652	
13 Office expenses	1,835,708	840,284	994,006	1,418
14 Information technology	2,663,146	1,646,378	1,016,768	
15 Royalties	0			
16 Occupancy	645,281	645,281		
17 Travel	44,280		44,280	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	12,316,239	8,051,637	4,264,602	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	39,234,173	23,090,041	16,124,953	19,179
23 Insurance	2,341		2,341	
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 and Drugs	720,000	720,000		
b Repairs & Maintenance	241,580	58,851	182,729	
c Taxes - UBIT	135,000		135,000	
d Licenses and Permits	83,181		83,181	
e All other expenses	128,220	62,947	52,613	12,660
25 **Total functional expenses.** Add lines 1 through 24e	73,288,960	42,456,896	30,463,251	368,813
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		1	78,779,665
	2	Savings and temporary cash investments		2	37,404,447
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	228,403
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	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	0
	7	Notes and loans receivable, net		7	8,515,916
	8	Inventories for sale or use		8	714,005
	9	Prepaid expenses and deferred charges		9	7,041,518
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 514,814,682			
	b	Less: accumulated depreciation — 10b: 291,928,815		10c	222,885,867
	11	Investments—publicly traded securities		11	673,963,918
	12	Investments—other securities. See Part IV, line 11		12	90,687,616
	13	Investments—program-related. See Part IV, line 11		13	435,513,957
	14	Intangible assets		14	133,326,592
	15	Other assets. See Part IV, line 11	856,766,017	15	274,125,706
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	856,766,017	16	1,975,165,200
Liabilities	17	Accounts payable and accrued expenses	665,323	17	68,986,492
	18	Grants payable		18	
	19	Deferred revenue		19	2,856,305
	20	Tax-exempt bond liabilities	752,992,407	20	1,040,412,920
	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	116,769,939	23	165,740,185
	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		25	34,235,099
	26	**Total liabilities.** Add lines 17 through 25	870,427,669	26	1,312,231,001
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	-13,661,652	27	662,917,532
	28	Temporarily restricted net assets		28	16,667
	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	-13,661,652	33	662,934,199
	34	Total liabilities and net assets/fund balances	856,766,017	34	1,975,165,200

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	45,556,469
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,288,960
3	Revenue less expenses. Subtract line 2 from line 1	3	-27,732,491
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-13,661,652
5	Net unrealized gains (losses) on investments	5	6,058,897
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	698,269,445
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	662,934,199

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: 18007218
Software Version: 2018v3.1
EIN: 61-1771290
Name: Ballad Health

Form 990 (2018)

Form 990, Part III, Line 4a:

See Schedule O

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190020640

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Ballad Health

Employer identification number
61-1771290

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 2

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)
(A) Mountain States Health Alliance	620476282	3	Yes		0	0
(B) Wellmont Health System	621636465	3	Yes		0	0
Total 2						0

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2017 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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	Yes	
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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**		**No**
b	A family member of a person described in (a) above?	**11b**		**No**
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**		**No**

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**	Yes	

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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 61-1771290
Name: Ballad Health

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

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

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**
Ballad Health	61-1771290

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.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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		19,043
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		472,477
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			491,520
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?		No	

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
Part II-B, Line 1i - Other Activities Description	Ballad Health had lobbying expenses of $19,043 which represents the portion of dues paid to Tennessee Public & Teaching Hospital Association, Tennessee Business Roundtable, and Tennessee Chamber & Commerce Industry.Representatives of Ballad Healths Community & Government Relations department attended the following legislative conferences:Premier Federal Affairs Network meetingAmerican Hospital Association annual meetingTennessee Hospital Association Legislative Advocacy DayTennessee Public & Teaching Hospitals Association annual meetingRepresentatives of Ballad Healths Community & Government Relations department also contacted congressional offices concerning the following issues:Opposed additional cuts in Medicare/MedicaidSupported area wage index reformSupported Medicare Dependent Hospital and Low-Volume designationsOpposed cuts to 340B ProgramSupported a reasonable remedy for surprise billingRepresentatives of Ballad Healths Community & Government Relations department 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) reformContinuation of Hospital Assessment Fee in TennesseeFunding for perinatal centers in TennesseeMental health funding for inpatient psychiatric care-TennesseeAdequate TennCare funding in Tennessee and Medicaid expansion in VirginiaLimited hospital reporting requirements for surprise billingSupported initiatives to support rural healthcareSupported Tennessee's approval of the Katie Beckett waiverSupported raising legal age to purchase tobacco products

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Ballad Health

Employer identification number
61-1771290

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 7/25/06, 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		29,354,813		29,354,813
b Buildings		69,591,686	18,175,050	51,416,636
c Leasehold improvements		4,455,996	2,135,534	2,320,462
d Equipment		345,234,012	271,157,454	74,076,558
e Other		66,178,175	460,777	65,717,398
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				222,885,867

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	435,513,957	

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) AWUL - Current	4,725,024
(2) AWUL - Under Bond Indenture Agreements	35,987,229
(3) Deferred Charges and Other	9,503,159
(4) Due from Affiliates	215,662,888
(5) Estimated FV of interest rate swaps	3,092,467
(6) Long term Compensation Investment	5,154,939
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	274,125,706

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	
Contributions Payable	1,250,000
Long-term Compensation Payable	2,242,458
Reserve - Other	22,522,771
Retiree Health Care Benefit	1,501,865
Retirement Obligations	6,718,005
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	34,235,099

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: 18007218
Software Version: 2018v3.1
EIN: 61-1771290
Name: Ballad Health

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	"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 is included in the accompanying consolidated financial statements. Taxable subsidiaries are discussed in Note K. No significant uncertain tax positions exist at June 30, 2019. Tax returns for 2016 through 2018 are subject to examination by the Internal Revenue Service."

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Ballad Health

Employer identification number
61-1771290

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) Mountain States Foundation 1019 W Oakland Ave Ste 2 Johnson City, TN 37604	58-1418862	501C3	990,209	0			Program Support

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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
Grantmaker's Description of How Grants are Used	The Community Benefit and Population Health Committee for Ballad Health is comprised of members from Tennessee and Virginia. Committee members have various perspectives on community health improvement and work to develop an understanding of population health, philanthropy, community benefit obligations and the role Ballad Health plays in health access improvement. The senior leadership for Ballad Health, including the President and CEO and COO, attend the meetings. Among the responsibilities of the committee is ensuring charitable contributions comply with Ballad Health Board policies.All requests are submitted electronically with the required information to determine eligibility. After the committee has reviewed requests, various levels of approval are required, including the Ballad Health CEO or Ballad Health Board, based on the level of commitment. Applicants requesting funding for a specific event or program should include the following information:-Mission statement of organization-Year organization was founded-Tax status and federal taxpayer ID number -Website-Description of the event/program-Event/program budget-Other sources of income-Impact of the event/program on the health of residents in our region-Beneficiaries of contribution-Number of people served annually -Event/program accomplishments-Measure of accomplishments

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Ballad Health

Employer identification number
61-1771290

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**	Yes	
	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**		No

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
Part I, Line 1a: Relevant information in regards to selections on 1a.	Unless expressly approved by the Ballad Health 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, the Internal Audit Department of Ballad Health validates all charter travel was for valid business purposes and in compliance with the Ballad Health senior executive travel and business reimbursement policy.

Return Reference	Explanation
Part I, Line 4: Participated or recieved pay from an equity based compensation arrangement	The following executives listed in Schedule J, Part II participated in a 457(f) retirement plan provided by Ballad Health (BH). 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 participants employment with BH 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.Alan Levine $159,933Lynn Krutak $58,806Eric Deaton $4,250Tim Belisle $40,800Tony Keck $41,785Steve Kilgore $43,962Morris Seligman, MD $8,757James Parsons $2,496 Shana Tate $13,800The following executives received change-of-control payments. Payments were reported as taxable income with appropriate tax withheld and remitted to the IRS. Morris Seligman, MD $468,832James Parsons $207,337Wellmont Health System established a Rabbi Trust to benefit Barton Hove, former President & CEO of Wellmont Health System. Mr. Hove terminated his employment with Wellmont Health System effective January 31, 2018 which triggered the initiation of payments under the Rabbi Trust Agreement totaling $886,958. In accordance with Section 2. (e) of the Agreement, Mr. Hove is to be paid a monthly amount of $80,633, per the Agreement Payment Schedule.

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 61-1771290
Name: Ballad Health

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				
Alan Levine PresidentCEO Executive Chair	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	1,101,957	750,000	180,289	172,174	21,270	2,225,690	150,202
Anthony Keck EVP & CPHO	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	413,343	192,790	6,777	57,114	13,819	683,843	
Barton Hove Former Officer - Retired	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	246,667	161,333	888,774	7,748	15,903	1,320,425	
Eric Deaton EVP & COO	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	497,063	40,165	33,042	26,522	16,433	613,225	
James Parsons term 418 VP Human Resources	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	84,172	71,250	468,747	7,748	15,903	647,820	29,259
Lynn Krutak EVP & CFO	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	585,707	250,000	18,316	72,647	17,645	944,315	
Marvin Eichorn EVP & CAO	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	678,984	300,000	32,881	12,241	24,453	1,048,559	
Morris Seligman MDterm 218 EVP & CMO	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	53,686	250,000	496,701	9,266	15,294	824,947	
Pam Austin SVP & CIO	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	227,572	109,650	8,208	16,378	8,808	370,616	
Shana Tate SVP	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	251,012	15,100	6,466	28,936	568	302,082	
Steve Kilgore BHMA SVP	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	433,783	197,031	21,215	61,373	23,695	737,097	
Tim Belisle EVP General Counsel	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	400,672	161,656	14,736	56,640	22,892	656,596	

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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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Ballad Health

Employer identification number
61-1771290

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	Hth & Edu Facil Bd 2018	83-0682499	396649EX9	06-06-2018	820,526,657	Assets & Capital Improvements		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	820,542,471			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	9,240			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	819,554,798			
11	Other spent proceeds				
12	Other unspent proceeds	978,433			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
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?								
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
Part VI	1.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. 2.Schedule K, 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.

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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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Ballad Health

Employer identification number
61-1771290

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) D Vonderfecht	Ret. CEO	split$life		X	7,205,125	8,295,295		No	Yes			No
(2) M Eichorn	officer	split$life		X	2,808,925	3,682,295		No	Yes			No
(3) E Deaton	key employe	education		X	15,818			No	Yes			No
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

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493190020640

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
Ballad Health	61-1771290

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	Ballad Health's EVP/CFO reviewed the 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, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	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. 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, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The executive committee serves as the compensation committee of Ballad Health's Board of Directors. The compensation plan for Alan Levine, Ballad Health's President and CEO, was reviewed and approved by the executive committee. An outside and independent compensation consultant was used to determine his compensation and benefits. Studies and surveys were used to ensure his pay is comparable to like positions at similarly situated organizations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	The executive committee reviewed and approved compensation for all Ballad Health executives at the vice-president level and above during FY19 using the same methodology used to determine the CEO's compensation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Capital Infusion - from controlled entity - MSHA = $198580102

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Capital Infusion - from controlled entity - WHS = $194368389

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in Fair Value of interest rate swaps = $8389804

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Elimination of Intercompany Receivables/Payables = $339296030

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Investment in ISHN = $2488629

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Minority Interest - Norton Community Hospital = -$45000000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Temporarily Restricted Grants = $146491

990 Schedule O, Supplemental Information

Return Reference	Explanation
IMPROVING ACCESS TO HEALTHCARE SERVICES	OPENED RURAL HOSPITAL IN UNICOI COUNTY - Ballad Health officially opened the new Unicoi Co unty Hospital in October 2018. The 40,000-square-foot facility includes a 24-hour emergenc y department with a telemedicine connection to Niswonger Childrens Hospital; 10 inpatient beds; pulmonary, cardiac and acute care services; a chest pain center; standard and advanc ed diagnostics, including nuclear medicine; and outpatient services. SUPPORTED MILLIGAN CO LLEGES ADDICTION COUNSELING CONCENTRATION - With support from Ballad Health, Milligan Coll ege announced the expansion of its Master of Science in Counseling program to include a co ncentration in addictions counseling, beginning in the fall of 2019. Milligans counseling program is a two-year, 60 credit hour program offering concentrations in clinical mental h ealth and school counseling. The addition of addictions counseling is projected to double the number of students in the program.With limited graduate-level options available in the region, the demand for licensed addictions counselors has increased exponentially. Gradua tes of the new concentration will be qualified for licensure as addictions counselors. Als o, current licensed clinical mental health counselors will have an option to add on the ad dictions subspecialty in as few as two semesters. PARTNERSHIP WITH ETSU TO CREATE FELLOWSH IP PROGRAM IN ADDICTION MEDICINE - Ballad Health and East Tennessee State University forme d a partnership to create a new fellowship program in addiction medicine. As part of its c ommitment to expand education and training in the region, Ballad Health will fund any un-r eimbursed costs of the fellowship program which, over a 10-year period, could cost more th an $2.5M. Once it seeks accreditation to the Accreditation Council for Graduate Medical Ed ucation, ETSU has a goal of accepting its first fellows by July 2020.RECRUITMENT OF NEW PH YSICIANS TO RURAL SOUTHWEST VIRGINIA - Ballad Health provided the necessary resources to r ecruit more than 140 new specialists to serve our region, many of whom were recruited to p rivate practices not owned by Ballad Health. The addition of specialists is helping to imp rove access to care in rural communities. For instance, Wise County in Virginia now benefi ts from an orthopedist, a cardiologist and several other physicians and providers. Wythe C ounty, in Virginia, a community not served by a Ballad Health hospital, benefits from a ca rdiologist recruited by Ballad Health. Throughout the region, new physicians and advanced practitioners, recruited and funded by Ballad Health, are serving the region from trauma c are to pediatrics, from Wythe County Virginia to Hancock County, Tennessee. DONATED EMS SU BSTATION PROPERTY TO GREENE COUNTY - Ballad Health donated the Greene County-Greeneville E mergency Medical Service Substation building to Greene County. The donation involves a two -story brick substation and a nearby building. The substation serves residents within the town limits, but also acts as

990 Schedule O, Supplemental Information

Return Reference	Explanation
IMPROVING ACCESS TO HEALTHCARE SERVICES	a backup for the four county-based substations in Mosheim, Tusculum, Baileyton and in the South Greene community. The substation, which functions as EMS headquarters, features thre e ambulance bays, a kitchen, a lounge, bathrooms, storage areas, and sleeping quarters for up to eight people. The adjacent building will be repurposed in the near future for offic es, meeting space and training classrooms. DONATED EMS SUBSTATION PROPERTY TO GREENE COUNT Y - Ballad Health donated the Greene County-Greeneville Emergency Medical Service Substati on building to Greene County. The donation involves a two-story brick substation and a nea rby building. The substation serves residents within the town limits, but also acts as a b ackup for the four county-based substations in Mosheim, Tusculum, Baileyton and in the Sou th Greene community. The substation, which functions as EMS headquarters, features three a mbulance bays, a kitchen, a lounge, bathrooms, storage areas, and sleeping quarters for up to eight people. The adjacent building will be repurposed in the near future for offices, meeting space and training classrooms. IMPROVING HEALTHCARE QUALITY QUALITY METRICS - Bal lad Healths Board of Directors has adopted a zero-harm culture for the organization, and p rocesses have commenced to institutionalize this objective. This focused effort on quality improvement significantly benefited patients. Specific examples include: zero infections for abdominal hysterectomy cases across the system; 47% reduction in pressure injury rate; 42% reduction in clostridium difficile infections; 39% reduction in iatrogenic pneumothor ax rate; and 13% reduction in central line bloodstream infections.During FY19, there has b een a 10 percent reduction in the hospital readmission rate over the prior year, and a 25 percent reduction among legacy hospitals since 2015 as evidence that physician and adminis trative partnership is resulting in lower cost and lower risk to patients. Ballad Health a chieved the lowest readmission rate in either legacy health systems histories. NATIONAL RE COGNITION FOR QUALITY IMPROVEMENTS - U.S. News & World Report named all four of Ballad Hea lths flagship hospitalsJohnson City Medical Center, Holston Valley Medical Center, Bristol Medical Center in Tennessee and Johnston Memorial Hospital in Virginiaas top-performing h ospitals in Tennessee and Virginia in several specialties, with each hospital providing to p performing services and programs in heart failure and COPD in both states. In each state , less than 30% of all hospitals had any top-performing programs. Additionally, in the U.S . News rankings, Bristol Regional and Holston Valley moved up in overall rankings from No. 10 in Tennessee last year to No. 7 this year. And recently, Forbes Magazine named Johnson City Medical Center as one of the best employers in Tennessee among all employers.ONGOING QUALITY IMPROVEMENT PROGRAMS RECEIVE PRAISE FROM NATIONAL EXPERTS -Ballad Health has inst ituted a comprehensive quality

990 Schedule O, Supplemental Information

Return Reference	Explanation
IMPROVING ACCESS TO HEALTHCARE SERVICES	improvement program system wide based on the FOCUS PDCA modela model designed to empower team members to identify opportunities for improvement and measurably implement those oppo rtunities. These efforts are organic and driven by staff at all levels. The Ballad Health approach to quality improvement was recently praised by national experts who facilitate an d assess organizational commitment to quality. For instance, in the past year, a total of 130 quality improvement projects across the system qualified at various levels of improvem ent for recognition, with 42 national judges evaluating the projects and awarding recognit ion for the results. Examples of improvement projects include: A 91.6% reduction in restra int use and 18 months of zero restraints for adolescents at the Willow Unit at Woodridge H ospital; a 95% reduction in the amount of oral contrast used for outpatients and inpatient s prior to receiving a CT scan at Indian Path Community Hospital, which produced $139,000 in annual cost savings; and a 50% reduction in hospital-acquired Clostridium difficile (C. diff) across all 21 hospitals within three months, which represented $2.3 million in cost savings. PARTICIPATION IN THE MEDICAID TRANSFORMATION PROJECT - Ballad Health and a group of the nations leading health systems joined forces to identify ways to better care for so me of the nations most vulnerable populations through the Medicaid Transformation Project. The project is a national effort to transform healthcare and address social determinants of health for the nearly 75 million Americans who rely on Medicaid. The work focused on fo ur keys areas of opportunity: Behavioral health, child and maternal health, substance use disorder and avoidable emergency department visits. PARTICIPATION IN THE HIGH-VALUE CARE C OLLABORATIVE - Ballad Health was chosen for a national initiative called The High-Value Ca re Collaborative, a partnership of the American Hospital Association, the American Board o f Internal Medicine Foundations Choosing Wisely campaign, and the Costs of Care organizati on, that brings together participants to improve efficiency in healthcare, decrease cost a nd improve quality. During the past year, Ballad Health and other participants in the prog ram adopted strategies to reduce unnecessary cost and deliver evidence-based care that has been demonstrated to reduce the burden on patients. Ballad Health was selected for the co llaborative following successful implementation of several initiatives, including a succes sful effort to reduce certain hospital-acquired conditions by as much as 41 percent.

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Return Reference	Explanation
IMPROVING THE COMMUNITY'S HEALTH STATUS	ACCOUNTABLE CARE COMMUNITY ACHIEVEMENTS - A leadership committee representing 24 regional organizations, along with more than 250 community stakeholder groups, has created the regi ons first accountable care community a collaborative group whose goal is to transform the health of a region spanning 21 counties in Northeast Tennessee and Southwest Virginia. A f ormalized partnership of Ballad Health, Healthy Kingsport and the United Way of Southwest Virginia serves as the backbone of the accountable care community, which uses the collecti ve impact model to align the efforts of all sectors of a community or region to accomplish shared objectives.The accountable care community will focus on supportive systems, progra ms and environments that nurture strong children and families to help them develop the key characteristics that will lead to success in life. The 250 community stakeholder groups i dentified the concept of personal resiliency as being a primary differentiator between tho se who succeed in life and overcome adverse experiences and those who do not, which is esp ecially critical to our regions children.CREATION OF NEW BALLAD HEALTH BEHAVIORAL SERVICES DIVISION - To achieve success in a value-based healthcare environment and to achieve the goals for improved access to behavioral services for the region, Ballad Health created the Behavioral Health Services Division. This new division will oversee all inpatient and out patient services, including Overmountain Recovery and 186 behavioral service beds througho ut the health system, including the 84 beds at Woodridge Hospital, the only dedicated inpa tient behavioral health hospital in the region. Already, the new division is taking lead o n establishing a residential facility for women who are pregnant and homeless, or drug add icted a meaningful step toward reducing the abuse, neglect and challenges that plague our region due to the addiction epidemic. PROGRAMS TO IMPROVE CHILD LITERACY - Since 2014, Nis wonger Childrens Hospital has reached outside the hospital walls and into the community to improve child literacy through the B.E.A.R. Buddies reading program, which pairs voluntee r mentors with elementary school students who need a boost in their reading skills. When f ive new schools recently requested to join the program, Ballad Health Chairman and CEO Ala n Levine issued a call to Ballad Health team members to help fill the gap. To date, 100 vo lunteers for the 2020 school year have signed up. Ballad Health also partnered with seven United Way organizations in a pilot initiative to increase grade-level reading and improve reading proficiency for the regions children. The program is supported by a $300,000 inve stment, which includes $100,000 from Ballad Health Foundation and $100,000 from contributi ons made by Ballad Health team members during the health systems 2018 team member campaign . The program is piloting the following initiatives: Tutoring and educational programming designed to raise childrens re

990 Schedule O, Supplemental Information

Return Reference	Explanation
IMPROVING THE COMMUNITY'S HEALTH STATUS	ading level scores in school systems; training on trauma-informed care for teachers and ca regivers; United WE READ, which engages, empowers and equips all children and families usi ng tools and strategies to build a literacy-rich culture; reading volunteers brought digit ally into the classroom through a computer program called Vello; and a region-wide chronic absence initiative offering mini-grants and a regionally-focused online attendance toolki t across 17 school districts in Southwest Virginia.In April 2019, Ballad Health donated 3, 000 books to schools in Smyth County, Virginia, allowing each student in the school system to take home a free book.STRONG KIDS INTIATIVE - Ballad Health is participating in a new initiative called STRONG Kids, which stands for Striving Toward Resiliency and Opportuniti es for the Next Generation, that brings together and assists regional organizations that s upport children. The program will enable Ballad Health, Niswonger Childrens Hospital and t he Bristol chapter of Speedway Childrens Charities to share ideas and best practices that will help children in the region reach their potential through expanded opportunities in h ealth, education and economic vitality. The partnership is designed to bring a new level o f support to these organizations that are on the front lines serving children.CREATION OF THE BALLAD HEALTH INNOVATION CENTER - Ballad Health created The Innovation Center to serve as a hub for development of partnerships and collaborations that can bring to market life -saving initiatives and other technologies and services that can improve the human conditi on. Interfacing with Ballad Health research programs and developing partnerships with vend ors that add value, The Innovation Center will create opportunities to capitalize on new p rograms that have potential in the marketplace.COMMUNITY RESOURCES - Ballad Health parish nurses work with individual congregations to help people in religious communities improve their health, prevent illness and injury and ease suffering associated with any health cri sis. The parish nurse acts as counselor, educator and healthcare provider by identifying n eeds of the congregation, coordinating health screenings, providing educational programs, supplying health literature and referring congregants to supportive health services where appropriate. Also, the parish nurse maintains an active visitation program to parishioners who are homebound, hospitalized or in nursing homes. Currently, there are dozens of churc hes in Northeast Tennessee and Southwest Virginia that are serviced by the Ballad Health p arish nurse program. Ballad Healths Nurse Connect is a toll-free line that connects commun ity members with experienced nurses around the clock. The nurses provide expert medical ad vice anytime, day or night, make referrals to a primary care provider with a location and hours convenient to the community member and referrals to a physician specialist when they need advanced local medical c

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Return Reference	Explanation
IMPROVING THE COMMUNITY'S HEALTH STATUS	are. They also provide health information and resources, including health screenings and i mmunizations, and make referrals to urgent care clinics to see a doctor near the community member the same day. Ballad Healths Marsh Regional Blood Center supplies the blood needs of 28 hospitals and 5 rescue aircraft across Northeast Tennessee and Southwest Virginia. T his is accomplished through our collection facilities in Kingsport, Johnson City, Bristol, and 650 mobile blood drives at local high schools, businesses, and colleges each year. Ma rsh conducts blood drives with 49 high schools and 21 colleges & vocational schools throug hout Northeast Tennessee and Southwest Virginia.

990 Schedule O, Supplemental Information

Return Reference	Explanation
INVESTMENTS	COMMON ELECTRONIC HEALTH RECORD - Ballad Health made progress in FY19 toward establishing a common clinical platform and electronic health record (EHR). An implementation plan was developed to include infrastructure enhancements to support the expansion. A common EHR ac ross the new health system will allow patient information to be shared immediately at the point of service regardless of where a patient enters the Ballad system, providing clinica l staff with information to better manage patients in the emergency room, clinics, acute a nd post-acute settings. MOVE TO IMPLEMENT COMPREHENSIVE REGIONAL TRAUMA AND EMERGENCY SYST EM - To reduce the number of duplicative services and better align the health systems reso urces, Ballad Health made progress towards implementing a comprehensive regional trauma an d emergency system to better meet the needs of the Appalachian Highlands region. As part o f creating a fully-integrated and highly-coordinated trauma and emergency system, Ballad H ealth successfully moved to realign the status of Holston Valley Medical Centers trauma ce nter from a Level I to a Level III, and expects to realign Bristol Regional Medical Center s trauma center from a Level II to a Level III within the coming year. This move closely f ollows evidence-based best practices, which indicates the highest-acuity services are best provided in a higher-volume setting where staff and physician coverage is consistent, and quality is improved.Ballad Health serves as the Official Healthcare Trauma and Emergency Services Provider for Bristol Motor Speedway (BMS). The partnership pledges Ballad Healths trauma and emergency teams will be ready and equipped to handle any medical emergency sit uations during BMS events with service provided to both guests and participants. Medical s ervices delivered to guests and participants at the speedway is provided at no cost to the patient or community. ENHANCED PEDIATRIC TRAUMA AND PEDIATRIC EMERGENCY ROOMS - Ballad He alth is seeking to improve pediatric care by investing in additional pediatric specialties which will support the pediatric trauma program at Niswonger Childrens Hospital, and plan s have been announced to add new pediatric emergency rooms in Kingsport and Bristol. Alrea dy, the Board has acted to fund both pediatric emergency departments. These plans have bee n so exciting, that Ballad Health received a $1.2 million pledge from a family which has l ong supported childrens services in the region. The pediatric emergency room at Bristol Re gional Medical Center will be named the J.D. Niswonger Family Pediatric Emergency Departme nt, which will be affiliated with the Niswonger Childrens Hospital. This comprehensive pro posal involves realigning the Level III neonatal intensive care unit (NICU) at Holston Val ley Medical Center and focusing those services at Niswonger Childrens Hospital, the region s state-designated perinatal center. These pediatric enhancements also involve investing i n new pediatric subspecialties

990 Schedule O, Supplemental Information

Return Reference	Explanation
INVESTMENTS	and connecting all of Ballad Healths hospitals to Niswonger through telemedicine.SUPPORTE D COMMUNITY INITIATIVES AND ORGANIZATIONS- During the year, Ballad Health supported more t han 300 organizations in the Appalachian Highlands of Northeast Tennessee and Southwest Vi rginia. That support totaled more than $5 million in the form of sponsorships, non-cash co ntributions, community education and direct community benefit. Ballad Health donated 30 ad vanced cardiac monitors to Sullivan County Emergency Medical Services to enhance Ballad He alths regional trauma network by enabling EMS to transmit patients vital signs to hospital emergency departments and cardiac catheterization labs while still en route. The new moni tors also allow emergency providers to monitor oxygen and pulmonary issues in addition to the EKG, which can improve treatment for patients with emphysema, chronic obstructive pulm onary disease (COPD) and asthma. The donation saved Sullivan County approximately $1.2 mil lion, as the departments current 12-lead EKG monitors are 11 years old. CHARITY CARE CONTR IBUTIONS - For 2019, Ballad Health provided more than $37 million in charity care and more than $12 million in subsidized health services for patients. Following the merger, Ballad Health increased the threshold for patients to qualify for charity care from 200% of the federal poverty level to 225% of the federal poverty level, and provides significant disco unts for people up to 450% of the federal poverty level. ACCOUNTABLE CARE ORGANIZATION GEN ERATES SAVINGS FOR SIXTH CONSECTIVE YEAR - Ballad Healths accountable care organization, A newCare Collaborative, is one of only 18 in the country to generate savings for federal ta xpayers for the entire six years of the program.As the regions first accountable care orga nization, it has generated more than $54M in total savings since its creation in 2012. For the 2018 performance year, AnewCare generated $7.2M in savings. The ACOs savings rate was 7.1% better than Medicares benchmark. Since the merger, AnewCare has achieved a 94.4% qua lity score, a substantial increase from the previous year and among the highest in the his tory of the collaborative.MEDICAL EDUCATION - Ballad Health continues to offer free Certif ied Nursing Assistant (CNA) classes, which are open to the public. The CNA course is appro ved and regulated by the Tennessee State Board of Nursing. The training opportunity can le ad to job opportunities for those who complete the program. 62 percent of the students tra ined by Ballad are hired upon graduation. Ballad offers the course free of charge and part icipants who successfully complete the course meet criteria to sit for the state certifica tion examination. The program includes classroom sessions followed by clinical experience. Clinical hours are conducted at various Ballad Health facilities. There is no requirement for participants to work for Ballad Health upon completion of the program. During FY19, B allad Healths CNA training pro

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INVESTMENTS	gram graduated 25 students, each of whom completed 60 hours of classroom participation and 40 hours of clinical participation.This year, the Nurse Intern II program, overseen by Ba llad Healths Clinical Education team, completed its summer 2018 session with the largest g roup ever 134 nurse interns successfully completed the program. The program pairs each nur se intern with an RN preceptor on a designated hospital unit. The interns work with their preceptor to gain valuable clinical skills to assist them with their transition from nursi ng student to licensed nurse. There is no obligation for the interns to work for Ballad He alth although many of them choose to continue employment. Interns who complete the program become a Nurse Intern III. Once the interns graduate from nursing school, they become a N urse Intern IV, and then once they pass the NCLEX (National Council Licensure Examination) they become an RN. RESEARCH the Ballad Health research department serves as the central o ffice for multi-specialty research oversight to our healthcare system. In addition to prov iding full spectrum support for studies generated and managed by the research department, the department provides oversight for studies generated by external groups. The research d epartment has participated in several large-scale, multi-center trials with a high subject retention rate and sponsor/monitoring rating. Oversight services include administrative, legal, regulatory support, internal service arrangement and financial management. In addit ion, since teaching and continuing education play a large role within the organization, re search staff participate in conferences/webinars and conduct a monthly research orientatio n session. The department maintains reportable metrics and financial reports on a quarterl y basis. The focus for principal investigators is mostly in therapeutic areas such as onco logy, neuro/trauma/ortho, pharmacology, endocrinology, pediatrics, and cardiology. A varie ty of studies include different designs that may include, but are not limited to, pharmace utical/investigational trials, retrospective medical chart reviews and registry studies. T he research department is dedicated to: providing consistent oversight and management of c linical research performed at all Ballad facilities,ensuring regulatory compliance and fis cal responsibility, andcreating a research culture across Ballad facilities

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OTHER NOTABLE EVENTS AND AWARDS	Ballad Health, along with American Cancer Society, was one of the sponsors for the Making Strides Against Breast Cancer event.Ballad Health hosted a Food Drive to support Second Ha rvest Food Bank of Northeast Tennessee and Feeding America of Southwest Virginia. The food drive coincided with National Food Bank Day. People struggle with having enough to eat th roughout the year, so this drive was to help eliminate hunger in our community. The donati ons go to local food pantries and a Senior Grocery Program.Ballad Healths Project Employme nt Hope has been honored by Disability Rights Tennessee with a Freedom Award for corporate employment leadership. Project Employment Hope is an employment assistance program offere d by Ballad Healths human resources (HR) department. The program helps people in need thos e who are chronically unemployed, underemployed, disabled, living below the poverty line a nd/or homeless by providing, at no cost to the individual, access to employment counseling , guidance, training and job opportunities with Ballad Health. Members of the Ballad Healt h HR team work closely with a state program, Vocational Rehabilitation (part of Tennessee Department of Human Services), to assist with job placement of people with disabilities th roughout the hospital system. Project Employment Hope includes providing referral candidat es assistance with overcoming barriers to finding a job. Ballad Health was recognized for the successful integration of retirement plans after merger of Mountain States and Wellmon t Health System:1.Pensions & Investments: 2019 Eddy Award 1st place, Plan Transitions2.Pla n Sponsor Council of America (PSCA) a.2019 Signature Award Winner for excellence in employ ee communications b.2nd place Ballad Health with Lincoln Financial Group, Plan ChangesBall ad Healths security, safety & emergency management force has been recognized by Security m agazine as part of the 2018 Security 500 rankings. Security magazine remarked: We are reco gnizing your organization for your safety and security policies and efforts to keep patien ts, staff and visitors safe. Our team has been monitoring your work in this area, and we w anted to recognize you.Lynn Krutak, chief financial officer for Ballad Health, has been re cognized on the prestigious list of 10 Women Leaders to Watch in Healthcare in 2019 by Mod ern Healthcare. The publication is a leading source of healthcare business and policy news , research and information across the nation. Each year Modern Healthcare selects Top 25 W omen Leaders, accompanied by 10 to Watch accomplished, rising women executives who are adv ancing healthcare. MedAxiom (the nations leading cardiovascular community) selected Dr. Je rry Blackwell to serve as its president. The nations leading community of cardiovascular p roviders, thought leaders and innovators, MedAxiom is a subsidiary of the American College of Cardiology. Blackwell, who has practiced cardiology in Kingsport since 1995, and previ ously served as chief executiv

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OTHER NOTABLE EVENTS AND AWARDS	e officer of the Wellmont CVA Heart Institute, served as chief clinical officer of Ballad Health during FY2019. Trish Tanner, assistant vice president and chief pharmacy officer, w as honored by the Tennessee Hospital Association (THA) with a 2018 Award of Excellence for Patient Safety Leadership. This award recognizes an individual who has taken extraordinar y and innovative steps to make patient safety and quality a top priority in their organiza tion. Tanner serves as chairperson for Ballad Healths Opioid Taskforce and has been a lead ing voice in the fight against opioid addiction.

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PART III, Program Service Accomplishments	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. Ballad operates under a Certificate of Public Advantage (COPA) in Tennessee and a Cooperative Agreement (CA) in Virginia. Pursuant to the COPA and CA, MSHA and WHS are required to fulfill the obligations, commitments and covenants set forth in the COPA. Such obligations include that Ballad Health shall meet, over the ten-year period beginning July 1, 2018, established minimum spending criteria on initiatives for expanded access to healthcare services, health research and graduate medical education, population health improvement, and a region-wide health information exchange. The full text of the COPA can be found on the Tennessee Department of Health's website, while the CA can be found on the Virginia Department of Health's website.Ballad Health is a healthcare delivery system serving 1.2 million residents from 29 counties in Northeast Tennessee, Southwest Virginia, Northwest North Carolina, and Southeastern Kentucky. Ballad operates 3,162 licensed beds in 21 hospitals, including a dedicated children's hospital, community hospitals, three critical access hospitals, a behavioral health hospital, an addiction treatment facility, long-term care facilities, home care and hospice services, retail pharmacies, outpatient services and a comprehensive medical management corporation. Form 990 for MSHA includes seven wholly-owned hospitals including a childrens hospital and a behavioral health hospital; four others, majority owned by MSHA, each file a separate return. Laughlin Memorial Hospital, wholly-owned by MSHA, also files a separate return. Form 990 for WHS includes five wholly-owned hospitals; two others, also wholly-owned, each file a separate return.

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Ballad Health

Employer identification number
61-1771290

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Emmaus Comm Hth PLLC 6070 HWY 11E Piney Flats, TN 37686 20-0577483	Medical Services	TN	N/A					No			No	
(2) Medl Spec of JC LLC 2528 Wesley Street Suite 2 Johnson City, TN 37601 27-2199037	Medical Services	TN	NA	excluded				No			No	
(3) ETn AmblSrg Cntr 701 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-1787537	Medical Services	TN	NA					No			No	
(4) Sapling Grove Ambulatory Surgery Center 220 Medical Park Boulevard Bristol, TN 37620 20-4450153	Medical Services	TN	NA					No			No	
(5) Holston Valley Ambulatory Surgery Center 103 West Stone Drive Kingsport, TN 37660 62-1816864	Medical Services	TN	NA					No			No	
(6) GreenevillePhySvcs LLC 1905 American Way Kingsport, TN 37660 45-5070419	Medical Services	TN	NA					No			No	

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

See Additional Data Table

(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

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		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	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		No
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).

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 61-1771290
Name: Ballad Health

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
303 Med Tech Parkway Suite 220 Johnson City, TN 37604 62-0476282	Hospital System	TN	501C3	3	BALLAD	Yes	
400 N State of Franklin Road Johnson City, TN 37604 58-1418345	Supporting Organization	TN	501C3	12a	MSHA		No
245 Medical Park Drive Marion, VA 24354 54-0794913	Hospital	VA	501C3	3	MSHA		No
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	Medical Services	VA	501C3	12a	JMH		No
203 Gray Commons Circle Gray, TN 37615 81-5475903	Opioid Treatment	TN	501C3	3	MSHA		No
1905 American Way Kingsport, TN 37660 62-1636465	Hospital System	TN	501C3	3	BALLAD	Yes	
851 Locust Street Rogersville, TN 37857 62-1816368	Hospital	TN	501C3	3	WHS		No
1420 Tusculum Boulevard Greeneville, TN 37745 51-0603966	Hospital	TN	501C3	3	WHS		No
1905 American Way Kingsport, TN 37660 26-3557623	Medical Services	TN	501C3	10	WHS		No
1905 American Way Kingsport, TN 37660 27-0898372	Medical Services	TN	501C3	7	WHS		No
1019 West Oakland Ave Suite 2 Johnson City, TN 37604 58-1594191	Fundraiser	TN	501C3	7	BALLAD		No
2000 Greenway Street Kingsport, TN 37660 62-1308216	Assisted Living	TN	501C3	10	WHS		No
2421 N John B Dennis Hwy Kingsport, TN 37660 58-1859039	Nursing 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	Medical Services	TN	501C3	3	WHS		No
1420 Tusculum Boulevard Greeneville, TN 37745 62-0701119	Hospital	TN	501C3	3	MSHA		No
1420 Tusculum Boulevard Greeneville, TN 37745 58-2105493	Fundraiser	TN	501C3	12A	MSHA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Blue Ridge Medical Management Corp 1905 American Way Kingsport, TN 37660 62-1490616	Medical Services	TN	MSHA	C	150,465,309	228,009,590	100.000 %		No
(1) Mediserve Medical Equipment 1905 American Way Kingsport, TN 37660 62-1212286	Durable Medical Equipment	TN	BRMMC	C	379,349	4,924,892	100.000 %		No
(2) Mountain States Properties 1905 American Way Kingsport, TN 37660 62-1845895	Property Management	TN	BRMMC	C	17,456,548	147,692,320	100.000 %		No
(3) Mountain States Physician Grp 1905 American Way Kingsport, TN 37660 62-1700412	Medical Services	TN	BRMMC	C	74,592,246	7,348,809	100.000 %		No
(4) Community Home Care Inc 1490 Park Avenue NW Suite B Norton, VA 24273 54-1453810	Durable Medical Equipment	VA	NCH	C	178,353	461,624	50.100 %		No
(5) Wilson Pharmacy Inc PO Box 5289 Johnson City, TN 37604 62-0329587	Pharmacy	TN	BRMMC	C	6,269,865	6,591,077	100.000 %		No
(6) Crestpoint Health Insurance Company 509 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-0381170	Insurance	TN	ISHN	C	126,062	12,986,279	100.000 %		No
(7) Wellmont Inc 1905 American Way Kingsport, TN 37660 62-1320035	Medical Services	TN	WHS	C		-90,140,490	100.000 %		No
(8) Wellmont Collections Inc 2004 American Way Suite 101 Kingsport, TN 37660 62-1325938	Business Services	TN	WHS	C	3,148,783	2,824,213	100.000 %		No
(9) Medical Mall Pharmacy Inc 1905 American Way Kingsport, TN 37660 62-1565006	Medical Services	TN	WHS	C			100.000 %		No
(10) Wellmont Physician Services 1905 American Way Kingsport, TN 37660 62-1567353	Medical Services	TN	WHS	C			100.000 %		No
(11) WPS Providers Inc 1905 American Way Kingsport, TN 37660 20-5564642	Medical Services	TN	WHS	C			100.000 %		No
(12) Wellmont Health Services Inc 1905 American Way Kingsport, TN 37660 62-1254373	Medical Services	TN	WHS	C	1,331,046	4,726,831	100.000 %		No
(13) Nolichuckey Management Svcs Inc 1420 Tusculum Boulevard Greeneville, TN 37745 62-1776681	Medical Services	TN	LMH	C	6,287,212	3,533,202	100.000 %		No
(14) Wellmont Insurance Co SPC LTD PO Box 30600 Grand Caymon, KY1-1203 CJ 98-1195624	Insurance	CJ	WHS	C			100.000 %	Yes	

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
(1)	Mountain States Health Alliance	b	1,289,167	Cost
(1)	Mountain States Health Alliance	c	201,068,730	Cost
(2)	Mountain States Health Alliance	p	309,398	Cost
(3)	Mountain States Health Alliance	q	81,701,965	Cost
(4)	MSHA Auxiliary	q	1,159,316	Cost
(5)	Smyth County Community Hospital	d	15,271,960	Cash
(6)	Smyth County Community Hospital	l	2,227,190	Cost
(7)	Smyth County Community Hospital	q	12,016,684	Cost
(8)	Smyth County Community Hospital	r	99,557	Cash
(9)	Norton Community Hospital	d	20,524,914	Cash
(10)	Norton Community Hospital	l	2,810,721	Cost
(11)	Norton Community Hospital	o	1,043,229	Cost
(12)	Norton Community Hospital	p	76,066	Cost
(13)	Norton Community Hospital	q	31,364,195	Cost
(14)	Norton Community Hospital	r	524,197	Cash
(15)	Dickenson Community Hospital	l	481,303	Cost
(16)	Dickenson Community Hospital	q	537,582	Cost
(17)	Johnston Memorial Hospital	l	5,728,402	Cost
(18)	Johnston Memorial Hospital	q	36,093,007	Cost
(19)	Johnston Memorial Hospital	r	257,741	Cash
(20)	Abingdon Physician Partners	l	1,022,670	Cost
(21)	Wellmont Health System	c	194,779,111	Cost
(22)	Wellmont Health System	q	304,594,841	Cost
(23)	Wellmont Hawkins Co Memorial Hosp	p	627,305	Cost
(24)	Takoma Regional Hospital Inc DBA GCH	p	5,162,876	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
(26)	Ballad Health Foundation	b	2,430,810	Cash
(1)	Ballad Health Foundation	c	2,255,009	Cash
(2)	Blue Ridge Medical Management Corp	l	3,754,246	FMV
(3)	Blue Ridge Medical Management Corp	m	1,894,578	FMV
(4)	Blue Ridge Medical Management Corp	o	898,039	Cost
(5)	Blue Ridge Medical Management Corp	p	50,612	Cost
(6)	Blue Ridge Medical Management Corp	q	17,957,671	Cost
(7)	Blue Ridge Medical Management Corp	s	231,940	Cash
(8)	Mediserve Medical Equipment	q	2,067,470	Cost
(9)	Mountain States Properties	k	517,752	FMV
(10)	Mountain States Properties	m	192,322	FMV
(11)	Mountain States Properties	q	4,084,686	Cost
(12)	Wilson Pharmacy Inc	a	54,696	FMV
(13)	Wilson Pharmacy Inc	m	550,535	FMV
(14)	Wilson Pharmacy Inc	q	9,728,617	Cost