

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2018)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 555,552,056 including grants of \$ 470,318) (Revenue \$ 704,116,588)
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 ▶ 555,552,056

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

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? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 290	
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	

Form **990** (2018)

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 4		
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 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **TN, 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 BH Pres & CEO	1.00 59.00	X		X				0	2,032,246	193,444
(2) Marvin Eichorn BH EVP & CAO	1.00 59.00	X						0	1,011,865	36,694
(3) Tim Belisle EVP&Gen Counsel	1.00 59.00	X		X				0	577,064	79,532
(4) Eric Deaton BH EVP & COO	1.00 59.00	X						570,270	0	42,955
(5) Lynn Krutak BH EVP/CFO	0.10 59.90			X				0	854,023	90,292
(6) Monty McLaurin Pres/CEO NW Mkt (end 1/13/19)	1.00 44.00				X			0	558,099	42,029
(7) Timothy Attebery Pres/CEO NW Mkt (end 8/31/18)	44.80 0.20				X			0	422,275	42,806
(8) Greg Neal Pres/CEO NE Mkt	44.80 0.20				X			0	388,527	40,559
(9) Lisa Smithgall SVP/Chief Nursing Executive	1.00 49.00				X			0	327,205	29,575
(10) Dale Poe CFO NW Mkt(end 4/12/19)	44.80 0.20				X			0	317,756	30,193
(11) Stephen Sawyer CFO NW Region	26.00 19.00				X			0	244,949	32,397
(12) Robert Bender CFO NE Mkt	36.00 9.00				X			0	236,215	32,068
(13) Rebecca Beck VP/COO HVMC	45.00 0.00				X			0	219,930	28,226
(14) Christopher Hobson VP/COO BRMC	45.00 0.00				X			0	192,237	31,820
(15) Tim Anderson VP Pt Care Svcs (end 9/01/18)	45.00 0.00				X			0	186,595	28,750
(16) Bobbie Murphy VP Pt Care Svcs (Start 9/01/18)	45.00 0.00				X			0	160,422	22,613
(17) David Pryputniewicz MD Staff Physician	40.00 0.00					X		1,222,702	0	41,395

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) Andrew Kramer MD Staff Physician	40.00 0.00					X		582,253	0	40,594
(19) Elizabeth Jackson MD Staff Physician	40.00 0.00					X		573,452	0	39,734
(20) John Ehrenfried MD Staff Physician	40.00 0.00					X		543,180	0	41,040
(21) Kelly Oggero MD Staff Physician	40.00 0.00					X		506,059	0	42,126
(22) Barton Hove Former Officer-Retired	0.00 0.00						X	1,296,774	0	17,936
(23) Todd Dougan Former Officer-Retired	10.00 0.00						X	488,595	0	18,367

1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								5,783,285	7,729,408	1,045,145

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 **▶ 205**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Solstas Lab Partners 4380 Federal Drive Greensboro, NC 27410	Lab Services	3,544,468
Highlands Pathology Consultants PC 10368 Wallace Alley 18 Kingsport, TN 37663	Lab Services	3,133,517
American Physician Partners LLC 415 Broad Street Kingsport, TN 37660	ED Phy Coverage	1,334,333
Soliant Health PO Box 1024640 Atlanta, GA 30368	Staffing Services	954,797

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 **▶ 4**

Form 990 (2018)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	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	2,009,248									
	e Government grants (contributions)		1e										
	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 ▶		2,009,248										
Program Service Revenue			Business Code										
	2a 340B Drug Program		900099		3,998,550		3,998,550						
	b Hospital Patient Revenue		900099		698,247,419		698,247,419						
	c Hospital Wellness Program		900099		480,938		480,938						
	d P/S Ordinary Income		541900		129,877		129,877						
	e Rent to Exempt Affiliates		900099		618,661		618,661						
	f All other program service revenue.												
	g Total. Add lines 2a-2f ▶		703,475,445										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				86,454				86,454				
	4 Income from investment of tax-exempt bond proceeds ▶				37,173				37,173				
	5 Royalties ▶				0								
	6a Gross rents		(i) Real	(ii) Personal									
			2,535,485										
	b Less: rental expenses		993,287										
	c Rental income or (loss)		1,542,198										
	d Net rental income or (loss) ▶				1,542,198				1,542,198				
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other									
			7,302		451,205								
	b Less: cost or other basis and sales expenses				238,075								
	c Gain or (loss)		7,302		213,130								
	d Net gain or (loss) ▶				220,432		213,130		7,302				
	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		561000		584,023				584,023					
b Cafeteria & Vending		722514		2,937,278				2,937,278					
c Revenue from Parent		900099		1,403,469				1,403,469					
d All other revenue				1,267,298		428,013		839,285					
e Total. Add lines 11a-11d ▶				6,192,068									
12 Total revenue. See Instructions. ▶				713,563,018		704,116,588		7,302					
								7,429,880					
Form 990 (2018)													

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	470,318	470,318		
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	2,622,569	416,826	2,205,743	
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	197,069,342	173,077,622	23,991,720	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,007,778	6,565,178	1,442,600	
9 Other employee benefits	30,255,745	19,105,212	11,150,533	
10 Payroll taxes	12,994,062	12,499,172	494,890	
11 Fees for services (non-employees):				
a Management	0			
b Legal	9,300		9,300	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	133,508,998	122,629,132	10,879,866	
12 Advertising and promotion	52,170	1,480	50,690	
13 Office expenses	9,504,690	9,002,812	501,878	
14 Information technology	14,232,739	5,114,362	9,118,377	
15 Royalties	0			
16 Occupancy	9,569,244	9,122,060	447,184	
17 Travel	394,737	323,480	71,257	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	9,691,960	8,729,019	962,941	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	28,215,323	24,756,070	3,459,253	
23 Insurance	859,347	54,992	804,355	
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	148,200,390	148,200,390		
b Management Fees	26,309,756		26,309,756	
c Maintenance	7,889,596	7,598,481	291,115	
d Dues & Subscriptions	710,324	271,263	439,061	
e All other expenses	8,619,796	7,614,187	1,005,609	
25 Total functional expenses. Add lines 1 through 24e	649,188,184	555,552,056	93,636,128	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	12,780	1	62,255
	2	Savings and temporary cash investments	34,371,800	2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	86,068,997	4	86,438,286
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	49,389	5	50,000
	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	4,363,227	7	5,788,989
	8	Inventories for sale or use	15,000,936	8	13,954,530
	9	Prepaid expenses and deferred charges	10,026,166	9	1,585,422
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	901,911,176		
	b	Less: accumulated depreciation	616,059,435		
			392,268,344	10c	285,851,741
	11	Investments—publicly traded securities	413,789,540	11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11	6,919,097	13	0
	14	Intangible assets	37,626,739	14	37,626,739
15	Other assets. See Part IV, line 11	26,498,297	15	3,482,283	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,026,995,312	16	434,840,245	
Liabilities	17	Accounts payable and accrued expenses	74,666,271	17	62,989,686
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	268,039,990	20	69,034,179
	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	15,346,632	23	4,973,328
	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	126,852,588	25	237,451,132
	26	Total liabilities. Add lines 17 through 25	484,905,481	26	374,448,325
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	542,089,831	27	60,377,920
	28	Temporarily restricted net assets		28	14,000
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	542,089,831	33	60,391,920	
34	Total liabilities and net assets/fund balances	1,026,995,312	34	434,840,245	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	713,563,018
2	Total expenses (must equal Part IX, column (A), line 25)	2	649,188,184
3	Revenue less expenses. Subtract line 2 from line 1	3	64,374,834
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	542,089,831
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-546,072,745
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,391,920

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

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 62-1636465
Name: Wellmont Health System
dba Bristol Regional Medical Center

Form 990 (2018)

Form 990, Part III, Line 4a:

See Schedule O

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
Wellmont Health System
dba Bristol Regional Medical Center

Employer identification number
62-1636465

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

The organization is not a private foundation because it is: (For lines 1 through 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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 ▶ <input type="checkbox"/>							
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 ▶ <input type="checkbox"/>							
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 ▶ <input type="checkbox"/>							
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 ▶ <input type="checkbox"/>							
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 ▶ <input type="checkbox"/>							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>							

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

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: 62-1636465
Name: Wellmont Health System
dba Bristol Regional Medical Center

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶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 Wellmont Health System dba Bristol Regional Medical Center	Employer identification number 62-1636465
---	--

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		6,790
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			6,790
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	Wellmont Health System had lobbying expenses of \$6,790 which represents the portion of dues paid to Tennessee Hospital Association attribue to direct lobbying.

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
Wellmont Health System
dba Bristol Regional Medical Center

Employer identification number
62-1636465

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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2018

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐

Yes

☐

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Yes

☐

No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	107,181	13,800,703		13,907,884
b Buildings		505,768,627	307,892,758	197,875,869
c Leasehold improvements		8,172,587	3,232,441	4,940,146
d Equipment		355,004,397	293,924,406	61,079,991
e Other		19,057,681	11,009,830	8,047,851
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				285,851,741

Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to Affiliates	233,762,765
Due to Third Party Payors	3,682,512
Professional Liabilities & Other	5,855
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	237,451,132

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: 62-1636465
Name: Wellmont Health System
dba Bristol Regional Medical Center

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	Wellmont Health System is included in the audited consolidated financial statements of Ballard Health. The footnote explanation relative to income taxes reads: "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."

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

► **Attach to Form 990.**

► **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Wellmont Health System
dba Bristol Regional Medical Center

Employer identification number

62-1636465

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>22500.0000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>45000.0000000 %</u> c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	No
b	If "Yes," did the organization make it available to the public?	6b	No
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			22,311,971		22,311,971	3.440 %
b Medicaid (from Worksheet 3, column a)			66,245,044	52,981,506	13,263,538	2.040 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			88,557,015	52,981,506	35,575,509	5.480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			3,033,651	182,135	2,851,516	0.440 %
f Health professions education (from Worksheet 5)			13,102,435	5,159,114	7,943,321	1.220 %
g Subsidized health services (from Worksheet 6)			88,844	3,426	85,418	0.010 %
h Research (from Worksheet 7)			135,011	92,150	42,861	0.010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			411,092		411,092	0.060 %
j Total. Other Benefits			16,771,033	5,436,825	11,334,208	1.740 %
k Total. Add lines 7d and 7j			105,328,048	58,418,331	46,909,717	7.220 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			2,500		2,500	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			2,500		2,500	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	41,720,044	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	15,436,416	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	175,754,948	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	164,855,254	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	10,899,694	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Holston Valley Amb Surg Ctr	Surgical Services	52.000 %		48.000 %
2 Sapling Grove Amb Surg Ctr	Surgical Services	65.000 %		35.000 %
3 Greeneville Phy Svcs LLC	Medical Services	75.000 %		25.000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

5

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

12345

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>balladhealth.org/locations#hospitals</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225.0000 % and FPG family income limit for eligibility for discounted care of 450.0000 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): balladhealth.org		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): balladhealth.org		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): balladhealth.org		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

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

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	Financial assistance approval can apply to an assortment of patients such as those who have exhausted their Medicaid/TennCare benefits, those who qualified for Medicaid/TennCare after the date of service, deceased patients with no estate or assets, uninsured patients, and underinsured patients. While Ballard Health's qualifications for financial assistance is based on federal poverty guidelines, asset values may also be used to determine eligibility. Unique circumstances may be assessed on a case-by-case basis. Charity approval covers current or active patient balances when they are approved and there is no limitation or cap on the amount of charity that a patient may receive. Ballard Health hospitals do not stop approving financial assistance for patient accounts if a hospital's charity write-offs exceed the hospital's charity budget. All Ballard Health hospitals provide an uninsured discount; the current uninsured discount is 77%. In addition to the uninsured discount, many patients will further qualify for additional financial assistance. All patients seeking financial assistance must submit an application for financial assistance and submit documents in support of the information on the application, unless specifically excluded according to our policy guidelines. Medicaid eligible patients will qualify for 100% financial assistance and not be required to complete the required documentation when: a) Medicaid eligibility requirements are met after the service is provided, b) non-covered charges occur on a Medicaid eligible encounter, or c) benefits have been exhausted. Deceased patients with no estate also qualify for 100% financial assistance. Financial assistance determinations may be retroactive for all outstanding balances. In addition, we have a number of programs with special discounts such as lactation consultation services; oncology treatment regimens; enrollment in various community programs, and prescription drugs filled post-discharge.
Part I, Line 7 - Explanation of Costing Methodology	A cost to charge ratio was used to compute the cost related to financial assistance (charity) write-offs (line 7a) and the hospital's loss related to TennCare/Medicaid services (line 7b). Costs reported in the other community benefit categories were not included when computing the cost to charge ratio in order to avoid duplication of cost. Community health improvement (line 7e) and research (line 7h) report actual costs associated with programs and activities. Generally, these costs are well defined in a specific cost center (hospital department). Line 7f health professional education is comprised of internships (primarily internal medicine residents, nursing, pharmacy, and therapy students) with schools and universities, allowing their health profession students to get hands-on training in a hospital setting. Our Medicare-approved programs include medical residents and pharmacy. For these programs, Medicare-approved costs and Medicare reimbursement comes from filed Medicare cost reports. Our Organizational Development Department (OD) maintains records for the non-Medicare programs. OD keeps records of the number of students receiving training at our hospitals and the amount of hours the students spend at our hospitals. Hours may differ based on the school and the type of program (RN, radiology, lab, etc.). The number of team members that provide training to students will also vary based on where the student is training. For example, an RN trainer on a medical floor may have 3 or 4 students under her/his direction, while an RN trainer in a specialty area such as ICU or the ER may be training one-on-one with a single student. We only include labor costs for our hospital team members that provide training (i.e. no overhead is applied) and we only attribute a percentage of our team members' time to actual training. Contributions (line 7i) represent cash donations, medical supplies made to other nonprofit organizations that support community wellness and the donation of a Wellness Center building/land.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	Self-pay balances include accounts after payments and contractual adjustments (discounts) have been applied from all third-party payers such as Medicare, TennCare, commercial insurers, and others - generally leaving the patient responsible for any remaining deductible and/or co-payment. Other self-pay accounts are from patients with no insurance or other third-party coverage. Under Ballad Health's system-wide self-pay policy, any patient who has no insurance and is ineligible for any government assistance program received a 74% discount until September 30, 2018, at which time the uninsured discount increased to 77%. Many self-pay patients will further qualify for financial assistance (sometimes referred to as charity care) if they provide the financial information we need to deem them eligible. After the normal collection process has indicated an account is uncollectible, WHS writes the account off to bad debt. The hospital's overall self-pay accounts receivable balance is evaluated on an ongoing basis to evaluate the age of accounts receivable, historical write-offs and recoveries and any unusual instances (such as local, regional or national economic conditions) which affect the collectability of receivables.
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	Our primary external collection agency estimates that 37% of WHSs bad debt would likely qualify for financial assistance if patients had provided our hospitals with a financial assistance application and required documentation. The agency based their likely eligible for charity assumption on individuals with a low score. An individual's score is based on an algorithm that includes data points such as FICO credit score, property value, years at current residence, number of times an individual has moved and an individual's propensity to pay score. Just over 39% of completed financial assistance applications processed during FY19 received a full discount (complete write-off). An additional 11% received a partial discount, resulting in an overall approval rate of 50% for completed applications. Therefore, 51% of completed financial assistance applications were denied. Unfortunately, many patients either do not submit an application for financial assistance or do not provide a complete application. A letter is sent to the patient outlining missing information on incomplete applications. The letter also provides a contact phone number patients may call for assistance in completing the application. All self-pay patients receive follow up calls from a company WHS pays to process charity care applications for uninsured patients and to offer patients enrollment assistance in TennCare (TN) or Medicaid (VA). The follow up calls are as follows: every 31 days, 31-60 days up to 3 calls are made, after 60 days up to 2 additional calls are made. Our financial counselors follow up with patients that have a balance after insurance has paid. We have many instances of patients with large account balances and no health insurance coverage that we believe would qualify for financial assistance. Although patients are encouraged to apply for assistance, many will not do so. WHS would prefer for patients to submit completed financial assistance applications given that historical data clearly indicates that most uninsured patients and many underinsured will qualify for financial assistance under our program. Without a completed application, we have no choice other than to record an unpaid account as bad debt instead of charity care.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	The Ballad Health audited financial statements include a footnote on page 13 that describes bad debt. WHS is included in the June 30, 2019 audited financial statements of Ballad Health (attached).
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	Excluding Medicare losses reported in Part I subsidized health, the Part III Medicare gain is reported using WHS's filed Medicare cost report (C/R). The C/R uses a cost to charge ratio based on a step-down allocation methodology. We believe Medicare losses should be allowed as a reportable community benefit, similar to governmental programs such as Medicaid. As a participating provider in the Medicare program, hospitals are required to provide the full regimen of care for the Medicare population. There are a number of care regimens that are compensated by the Medicare program at levels below cost. Therefore, it is only logical to allow hospitals to report these uncompensated services as a community benefit. By making this change, nonprofit providers will be encouraged to continue important care delivery models for our aging population in spite of the fact it may be economically injurious.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	<p>Requests for financial assistance are evaluated using established guidelines, while allowing for unique financial circumstances - for example, medically indigent patients with catastrophic medical costs that would threaten the patients household financial viability. When a patient requests financial assistance or when an application has been received, the patient's account is placed in a hold status to prevent further collection activities until financial assistance eligibility is determined. All Ballard Health hospitals comply with IRS 501(r) regulatory guidelines. Our collection policy clearly states that all patients are treated equally - with dignity and respect. We ensure that outside collection agencies used by our hospitals adhere to our billing and collection guidelines. Our collection program includes communicating expected financial responsibility prior to service. Our hospitals provide assistance to help underinsured and uninsured patients determine sources of payment for medical bills and to help patients determine eligibility for programs such as Medicaid or TennCare. After insurance benefit verification, our hospitals bill insurance carriers. If the insurance carrier denies payment of the service/procedure as non-covered or the patient has exceeded their maximum benefits, the service/procedure will qualify for the uninsured discount. Financial counselors are available to discuss financial assistance with patients and their families. Our hospitals provided a number of payment options:- a pre-service discount may be offered- a discount in excess of established discounting rates may be granted for catastrophic high dollar accounts- our hospitals accept all non-contracted and out-of-network payers and will make attempts to work with these payers regarding appropriate reimbursement and billing to their members- payment arrangements are available so long as the account is not with a collection agency Reasonable efforts are made to determine if a patient is eligible for financial assistance - see Schedule H, Part VI, line 3 for information on how patients are informed about our financial assistance policy.</p>
Part VI, Line 2 - Needs Assessment	<p>Focusing on 25 active population health index measures allows Ballard Health to further engage the efforts of its hospitals in partnership with communities in our service areas. It has helped Ballard to better identify health disparities that appear across the individual communities and has helped Ballard to prioritize issues that are most important in each hospital's community. Engaging local community organizations will expand partnerships so that organizations work together more to address community health needs. Ballard Health developed a comprehensive process to gather input for and draft a population health plan last year. An executive steering team was established, aided by national experts with experience in large-scale population health improvement. Because our hospitals are located in a region with many chronic disease challenges, The goal of Ballard Health is to target population health issues to make lasting improvements. Ballard conducted approximately 150 interviews and held 40 meetings with external groups, including the regional health departments, United Way agencies, chambers of commerce, schools and community organizations, the regional accountable care community steering committee, as well as internal groups such as our population health and social responsibility committee of the Ballard Health board of directors, the Ballard Health population health clinical committee, and our hospital community boards.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	<p>Consistent with the Ballad Health financial assistance policy, WHS communicates with and provides education to our patients through various avenues regarding governmental assistance programs and hospital financial assistance. Various educational and application documents related to obtaining financial assistance are widely available at WHS and all documents are available on the Ballad Health website. Printed financial assistance educational materials are part of each registration packet and posters are displayed in highly visible areas of the hospital. Our financial assistance policy and documents are available in our emergency departments and admitting areas. We are also happy to mail all documents to patients. We offer a plain language summary and all of our documents are available in English and Spanish. Financial assistance information is available during pre-registration, registration and/or during financial counseling. We offer governmental program eligibility representatives to assist patients in securing eligibility for Medicaid or TennCare, federal disability and other governmental assistance programs. Additionally, if a patient or community resident expresses an interest in the ACA healthcare exchange, our representatives have the qualifications and experience to assist them through the entire process. Our financial counselors offer financial assistance applications to patients who do not qualify for governmental assistance programs and are unable to pay for some or all of their healthcare. All patient billing statements have verbiage discussing financial assistance along with contact information. Our last letter to the patient displays the plain language summary. In all oral correspondences with a patient, if it is identified the patient cannot meet payment requirements on their account, financial assistance is discussed as an option. Applicants are notified of financial assistance determination in writing.</p>
Part VI, Line 4 - Community Information	<p>Wellmont Health System's service area is defined by management at the county level based on patient activity and locations of our campuses. The primary service area ("PSA") includes the Tennessee counties of Sullivan, Hawkins, and Hancock, and the Virginia counties of Washington, Wise, Lee, and Scott. The secondary service area ("SSA") is defined as Washington, Greene, Carter, Johnson, and Unicoi counties of Tennessee, and Russell, Buchanan, Smyth, Tazewell, Dickenson, and Wythe counties of Virginia. PSA- Population 358,813; Median Household Income \$39,357 SSA- Population 452,529; Median Household income \$39,436 Approximately 16.90% of our patients are Medicaid recipients, and 8.87% are uninsured and all of the PSA counties are designated as medically underserved areas (Tennessee and Virginia).</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	Ballad Health leaders support and encourage all team members to volunteer time, money and skills to community service projects and charitable organizations. Senior leaders and board members set a positive example for Ballad Health team members, serving voluntarily on committees and boards of local service and nonprofit organizations. Some also serve as members and consultants on professional committees and task forces that affect regional development in healthcare and education. We do not capture costs associated with team members that serve on other nonprofit boards or provide services to other nonprofits. Community building reported on this return includes a charitable contribution to a nonprofit organization for continued revitalization efforts.
Part VI, Line 5 - Promotion of Community Health	WHS is dedicated to operating efficiently so that waste is minimized. WHSs leadership remains mindful of managing limited resources so that adequate facilities and equipment are available for the care of our patients. Surplus funds are invested into improving treatment options for our patients through new technologies, recruiting physicians and trained staff in shortage areas, and improving our facilities. Various checks and balances are established to ensure that expenditures for operating expenses and capital costs are reasonable and necessary. WHS has several hospitals with Medicare-approved health profession education programs. In addition, our hospitals serve as training sites for many types of health professions: nursing, pharmacy, psychology, lab, respiratory therapy, EMT, public health, etc. Students from several colleges, universities, and programs receive training and hands-on experience in our hospitals. We devote resources to health conferences for local health professionals and offer other programs focused on improving the health of our residents. While we operate in a predominantly low-income, rural area, we continue to offer services that operate at a loss to WHS because residents would otherwise need to leave their home town or county to receive needed care. Physicians that request privileges who are qualified and credentialed are extended privileges by WHS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	<p>Wellmont Health System is a Tennessee non-profit corporation and a premier provider of healthcare services in Northeast Tennessee and Southwest Virginia. Wellmont includes seven hospitals (five included in this return), an integrated physician network, and several ambulatory sites. Wellmont hospitals offer a broad scope of services ranging from community based acute care to highly specialized tertiary services including a trauma center, comprehensive heart care, and cancer care. Wellmont owns and operates an integrated health care delivery system providing inpatient, outpatient, and other health care services at multiple locations in Northeast Tennessee and Southwest Virginia. Currently, Wellmont owns and operates six acute care hospital facilities and one critical access hospital with a total of 1,155 licensed beds. The acute care facilities owned by Wellmont include Holston Valley Medical Center in Kingsport, Tennessee, Bristol Regional Medical Center in Bristol, Tennessee, Mountain View Regional Hospital in Norton, Virginia, Lonesome Pine Hospital in Big Stone Gap, Virginia, Hawkins County Memorial Hospital in Rogersville, Tennessee, Takoma Regional Hospital, Inc. D/B/A Greeneville Community Hospital in Greeneville, Tennessee, and the critical access hospital, Hancock County Hospital in Sneedville, Tennessee. Wellmont Health Systems merger with Mountain States Health Alliance opened up many opportunities not previously available to two competing health systems. Collaboration started post-merger and we continue to see progress towards improving efficiencies within our health system, activities consistent with Ballad Health's population health initiative, sharing best practice quality improvements, and other benefits related to operating as one rather than operating in a competitive environment. A new clinical council was formed immediately following the merger. The council includes physician nominated from the leadership of all Ballad hospitals. A new Community Benefit and Population Health Committee of the board was established and various other infrastructures have been established since the merger. Across WHS's hospitals, there were many projects, programs and collaborative efforts that took place during the year. Some examples include:- A plan was approved to adopt an integrated technology platform bringing all of our hospitals and points of service together as an integrated system.- Consolidation of Level III NICU and other services to enhance quality of care and patient outcomes- Opioid prescribing reduction across all WHS hospitals- WHS hospitals shared successful achievements from value optimization team projects Since our system is both horizontally and vertically integrated, patients can be efficiently moved along an integrated, comprehensive continuum of care as their health dictates. If needed, patients can be moved to one of Ballad Health's tertiary care facilities providing advanced treatment options. Hospitals in the Ballad Health system work closely with one another to share expertise and resources.</p>
Part VI, Line 7 - States Filing of Community Benefit Report	TN VA

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI - Additional Information	Ballad Health is required to report community benefit estimates on a quarterly basis with the states of Tennessee and Virginia. The reporting includes all of Ballad's hospital organizations and is reported using IRS Form 990, Schedule H instructions for reporting community benefit. Ballad operates under a Cooperative Agreement (CA) in Virginia and a Certificate of Public Advantage (COPA) in Tennessee as obligated by agreements between Ballad Health and the two states to allow Mountain States Health Alliance and Wellmont Health System to merge.

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 62-1636465
Name: Wellmont Health System
dba Bristol Regional Medical Center

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>5</u>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Bristol Regional Medical Ctr 1 Medical Park Boulevard Bristol, TN 37620 balladhealth.org/locations 0000000131	X	X		X			X			A
2	Holston Valley Medical Center 130 Ravine Road Kingsport, TN 37660 balladhealth.org/locations 0000000133	X	X		X			X			A
3	Hancock County Hospital 1519 Main Street Sneedville, TN 37869 balladhealth.org/locations 0000000165	X				X		X			A
4	Lonesome Pine Hospital 1990 Holton Avenue Big Stone Gap, VA 24219 balladhealth.org/locations H 1915	X	X		X			X			A
5	Mountain View Regional Hosp 310 3rd Street NE Norton, VA 24273 balladhealth.org/locations H 1930	X	X					X			A

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

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

Form and Line Reference	Explanation
Facility: A 1,2,3,4,5 - Part V, Section B, Line 3j	Facility/Group A includes the following facilities:Bristol Regional Medical Center, Holston Valley Medical Center, Hancock County Hospital, Lonesome Pine Hospital and Mountain View Regional HospitalDuring FY19, WHS hospitals were operating under the CHNA approved by its board of directors at the end of FY15. Priorities established for our CHNA were determined by the most significant health needs of the community. WHS hospitals conducted their third CHNA this tax reporting period with board approval and publication occurring during FY19. For the FY18 CHNA, Ballard Health and its hospitals and entities agreed to focus on an index of 25 active population health index measures (plus an additional 31 measures for monitoring). The population health index itself is based on the focus areas outlined in the previous FY15 CHNA and align with national health improvement efforts, such as Healthy People 2020. Wellmont Health System affiliates, Mountain States Health Alliance and its hospitals, focused on the same population health index measures determined by Ballard Health, our health system's parent, when completing their individual FY19 CHNA's.To understand each communitys individual needs, Ballard Health conducted a community health needs assessment (CHNA) for each Ballard hospital to profile the health of the residents within its service area. Throughout the CHNA process, high priority was given to determining the health disparities and available resources within each community. Community members from each county met with Ballard representatives to discuss current health priorities and identify potential solutions.The CHNA community members for each facility evaluated measures that make up the Ballard Health population health index and a few additional measures related to access to health screenings. The groups members completed a survey relative to what health priorities should be a focus for their specific community over the next three years. After all the details and data collection was complete and interviews with various focus groups were complete, representatives identified four top focus areas:- Smoking- Physical activity/obesity - Substance abuse/mental health- Maternal/infant health

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

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

Form and Line Reference	Explanation
Facility: A 1,2,3,4,5 - Part V, Section B, Line 5	Information for the CHNA assessment was gathered from a variety of sources,including:- Physician needs assessment- Community health facility assessment- Mental health needs assessment- Publicly available population and demographic information- Publicly available population health information, including America's Health Rankings and the County Health Rankings- State and regional health department data-The Southwest Virginia Health Authority's Blueprint for Health Enabled Prosperity- The ETSU, Wellmont, Mountain States Community Work Group Project- Other studiesSignificant information was gleaned from a process conducted by the ETSUCollege of Public Health and supported by both Wellmont Health System and Mountain States Health Alliance. Community workgroups were formed, involving a cross section of subject matter experts to assess regional health needs, including those of underserved people, families, children and those suffering from mental health and substance abuse challenges.Regional meetings were also held which included representatives of thecommunity at large and minorities or agencies serving them. Findings from this work were taken into account in both the assessment and implementation plan. The information was then collated and assessed to determine the greatest unmet health needs facing our region. Strategies to address these needs were then developed, utilizing internal resources and partnerships with other health care organizations and physicians.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility: A 1,2,3,4,5 - Part V, Section B, Line 6a	Each hospital within Wellmont Health System completed a CHNA. - Bristol Regional Medical Center- Holston Valley Medical Center- Hawkins County Memorial Hospital- Hancock County Hospital- Takoma Regional Hospital, Inc.- Lonesome Pine Hospital- Mountain View Regional Hospital

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

Form and Line Reference	Explanation
Facility: A 1,2,3,4,5 - Part V, Section B, Line 11	Key findings noted during the FY16 CHNA were the low rankings of the counties we serve in several categories related to health and wellness, including prevalence of chronic disease management, tobacco use, diet and exercise,as well as a need for expanded and enhanced mental health services.Wellmont engaged the community in a myriad of activities developed to address the most prevalent health needs in our service area. Some of ourprograms this year include:- Diabetes education. Numerous presentations were provided (free of charge)to discuss preventative measures. We also participated in a cardiovascular program. Diabetes field trips for local teachers took place and many radio spots discussed diabetes awareness and prevention, including weight loss topics. Our team members are involved with a local Diabetes Association support group and HVMC provides free meeting space for the Kingsport Diabetes Association's monthly meetings.- Our trauma team remained very active throughout FY19. They offered emergency preparedness, injury prevention and other topics related to trauma events.- We offered a support group for people who have undergone bariatric weight-loss surgery and those considering the procedure.To address the high obesity rate in our community, which often results in diabetes, Holston Valley Medical Center (HVMC) operates a Comprehensive Weight Management Center. The center offers weight loss solutions by a highly trained staff, weight-loss resources and tips to help patients succeed long-term. The center also offers a support group for people who have had bariatric surgery.Holston Valley Medical Center operates a diabetes treatment center. The center offers diabetes services and free educational programs. Dietitians, nurses and certified diabetes educators teach about topics such as preparing nutritious meals, tracking blood sugar, reducing diabetes long-term effects, and other diabetes related topics.Wellmont Health System includes the hospitals reported in this Form 990. Most of the charitable donations made during the year are reported in the hospitals. More detail of Wellmont Health System's charitable donations during the year is reported in the Form 990, Part III narrative included in Schedule O.Many additional community needs exist in our region. It is fiscally impossible for a hospital to address every health need in a community, which is why the CHNA process is used to identify and prioritize areas of focus. A thoughtful CHNA evaluates overall community health needs to determine which ones the hospital can best influence in a positive way. Consideration is given to other organizations in the hospital's geographic area that already offer services addressing specific health needs. In some cases, it is best to simply support an identified health need through a financial donation to another nonprofit organization skilled in certain areas: teen pregnancy, dental health, fighting homelessness, etc. Hospitals also lend support to other nonprofit

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

Form and Line Reference	Explanation
Facility: A 1,2,3,4,5 - Part V, Section B, Line 11	fit organizations by serving on their boards, committees, and assisting with fundraising e fforts.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility: A 1,2,3,4,5 - Part V, Section B, Line 13h	The Ballard Health financial assistance policy allows for some exceptions to strictly adhering to federal poverty guidelines when awarding financial assistance. Unique circumstances may be weighed and assessed for financial assistance consideration on a case-by-case basis. Also, there are some services where financial assistance may be provided outside of federal poverty guidelines. These are noted in the Ballard Health financial assistance policy.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
Wellmont Health System
dba Bristol Regional Medical Center

Employer identification number
62-1636465

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 62-1636465
Name: Wellmont Health System
dba Bristol Regional Medical Center

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Barter Theatre PO Box 867 Abingdon, VA 24212	54-6000120	501c3	24,000	0			Sponsorship
Boys & Girls Club of the Mt PO Box 1074 Bristol, VA 24203	54-0653489	501c3	0	370,452	NBV	Leased space	Wellness Center building/land

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kingsport Chamber Foundation 400 Clinchfield St Ste 100 Kingsport, TN 37660	58-1453565	501c3	11,450	0			Sponsorship
VA Highlands CC Edu Fnd PO Box 828 Abingdon, VA 24212	52-1225133	501c3	30,000	0			Adjunct instructor

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization Wellmont Health System dba Bristol Regional Medical Center		Employer identification number 62-1636465

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input checked="" type="checkbox"/> Discretionary spending account</div>	<div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<div><input type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div>	<div><input type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input type="checkbox"/> Approval by the board or compensation committee</div>		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		No

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.

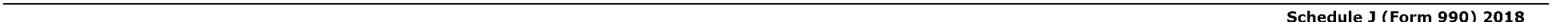
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

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.	Health or Social Club DuesDuring the fiscal year ended June 30, 2019, Wellmont Health System provided a country club membership to Barton Hove. These amounts are included in taxable compensation. Part I, Line 2 - Discretionary SpendingWellmont Health System provided a monthly vehicle allowance to Eric Deaton for travel expenses during the fiscal year ended June 30, 2019. The amount is included in taxable compensation.



Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 62-1636465
Name: Wellmont Health System
dba Bristol Regional Medical Center

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 BH Pres & CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,101,957	750,000	180,289	172,174	21,270	2,225,690	150,202
Andrew Kramer MD Staff Physician	(i)	581,479	-----	774	21,946	18,648	622,847	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
Barton Hove Former Officer-Retired	(i)	246,667	161,333	888,774	9,467	8,469	1,314,710	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
Bobbie Murphy VP Pt Care Svcs (Start 9/01/18)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	156,913	2,896	613	1,454	21,159	183,035	-----
Christopher Hobson VP/COO BRMC	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	180,763	10,033	1,441	9,509	22,311	224,057	-----
Dale Poe CFO NW Mkt(end 4/12/19)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	271,619	44,683	1,454	11,110	19,083	347,949	-----
David Pryputniewicz MD Staff Physician	(i)	469,226	515,269	238,207	24,733	16,662	1,264,097	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
Elizabeth Jackson MD Staff Physician	(i)	573,290	-----	162	18,947	20,787	613,186	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
Eric Deaton BH EVP & COO	(i)	497,063	40,165	33,042	26,522	16,433	613,225	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
Greg Neal Pres/CEO NE Mkt	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	362,612	25,322	593	18,585	21,974	429,086	-----
John Ehrenfried MD Staff Physician	(i)	542,766	-----	414	18,729	22,311	584,220	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
Kelly Oggero MD Staff Physician	(i)	504,936	-----	1,123	19,774	22,352	548,185	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
Lisa Smithgall SVP/Chief Nursing Executive	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	324,565	-----	2,640	13,673	15,902	356,780	-----
Lynn Krutak BH EVP/CFO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	585,707	250,000	18,316	72,647	17,645	944,315	-----
Marvin Eichorn BH EVP & CAO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	678,984	300,000	32,881	12,241	24,453	1,048,559	-----
Monty McLaurin Pres/CEO NW Mkt (end 1/13/19)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	357,053	157,624	43,422	18,299	23,730	600,128	-----
Rebecca Beck VP/COO HVMC	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	204,764	14,670	496	11,359	16,867	248,156	-----
Robert Bender CFO NE Mkt	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	222,795	12,696	724	12,270	19,798	268,283	-----
Stephen Sawyer CFO NW Region	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	182,298	47,287	15,364	10,709	21,688	277,346	-----
Tim Anderson VP Pt Care Svcs (end 9/01/18)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	175,561	9,601	1,433	9,608	19,142	215,345	-----

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				
Tim Belisle EVP&Gen Counsel	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	400,672	161,656	14,736	56,640	22,892	656,596	
Timothy Attebery Pres/CEO NW Mkt (end 8/31/18)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	363,268	30,785	28,222	22,809	19,997	465,081	
Todd Dougan Fomer Officer-Retired	(i)	446,194 -----	35,385 -----	7,016 -----	6,061 -----	12,306 -----	506,962 -----	-----
	(ii)							

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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
Wellmont Health System
dba Bristol Regional Medical Center

Employer identification number
62-1636465

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Sullvn Cty Hlth EDL&HS 06	62-1256662	865293AF1	11-02-2006	207,055,314	Construction at HVMC		X		X		X
B Sullvn Cty Hlth EDL & HSG	62-1256662	865293AH7	05-05-2011	76,165,000	Refund 2006A Bond		X		X		X
C Sullvn Cty Hlth EDL & HSG	62-1256662		12-13-2012	42,500,000	Purchase EPIC EMR		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	19,580,000		6,495,000		34,326,900			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	207,055,314		76,165,000		42,500,000			
4	Gross proceeds in reserve funds	18,977,995							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows			74,942,165					
7	Issuance costs from proceeds	2,164,568		1,298,533		31,809			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	185,912,751				42,468,191			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2011		2011		2014			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		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		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X	X		X			
c No rebate due?	X			X		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		X			X		
b Name of provider	Banc of America		Banc of America					
c Term of hedge	6000.00 %		12400.00 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b Name of provider	MA Mutual Life							
c Term of GIC	400.00 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part VI	Schedule K - Date Rebate Computation Performed Sullivan County TN Health EDL & HSG 06C 10/31/2016

Schedule L

(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Wellmont Health System
dba Bristol Regional Medical Center

Employer identification number

62-1636465

Part I

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

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

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.

\$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

\$

Part II

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Greg Neal	Key Emp	Education		X	75,000	50,000		No		No	Yes	
(2) Eric Deaton	Offcr/Dir	Education		X	29,000			No		No	Yes	
Total						\$ 50,000						

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
Schedule L, Part V Supplemental Information	Eric Deaton has an educational loan note receivable balance at June 30, 2018 totaling \$15,818. The note receivable balance was transferred to Ballad Health on July 1, 2018.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Wellmont Health System

dba Bristol Regional Medical Center

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****Employer identification number**

62-1636465

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4: Description of Significant Changes to Organizational Documents	Wellmont Health System and Mountain States Health Alliance merged on February 1, 2018 to form Ballad Health (BH), a tax-exempt healthcare delivery system. At time of merger, the BH Board of Directors became the directors of Wellmont Health System and Mountain States Health Alliance. BH is the sole member of Wellmont Health System and Mountain States Health Alliance. In FY19, BH appointed four BH officers to serve as the board of directors for Wellmont Health System and Mountain States Health Alliance.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	Wellmont Health System is a Tennessee non-stock, nonprofit organization with Ballad Health as its sole member.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	Ballad Health has the authority to appoint Wellmont Health System board members. The President and CEO of Ballad Health serves as the President and CEO for Wellmont Health System.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders	Decisions of the Wellmont Health System Board of Directors are subject to approval by the Ballard Health Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	Ballad Healths 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	<p>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.</p>

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 Decreases	Alternative Investment Income - Not on Books = -\$7302

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Capital Infusion to Parent Organization = -\$546360953

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Joint Venture Distributions = \$406391

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Partnership Ordinary Income - Not on Books = -\$129877

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Partnership Share - Deductions = \$4996

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Temporarily Restricted Grants = \$14000

990 Schedule O, Supplemental Information

Return Reference	Explanation
AWARDS AND RECOGNITIONS	<p>All the WHS hospitals are accredited by the Joint Commission (TJC) with many of the hospitals designated with advanced gold seal certifications for various programs. TJC is an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. TJC is the nations largest standard-setting and accrediting body in health care. Joint Commission surveyors visit accredited health care organizations a minimum of once every 39 months to evaluate standards compliance. All regular Joint Commission accreditation survey visits are unannounced. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects on an organizations commitment to meeting certain performance standards. The security, safety & emergency management force at both Ballad Health and WHS has been recognized by Security magazine as part of the 2018 Security 500 rankings. Security magazine remarked: We are recognizing your organization for your safety and security policies and efforts to keep patients, staff and visitors safe. Our team has been monitoring your work in this area, and we wanted to recognize you. Consistent with prior years, Wellmont Health System hospitals received excellent 2019 hospital quality ratings from CareChex. CareChex scores, rates, ranks, and compares inpatient quality performance across general, acute, and non-federal hospitals. Hospital ratings incorporate a detailed composite evaluation of clinical outcomes including patient safety indicators, inpatient quality indicators, risk-adjusted mortality, complications, and readmissions. In addition, scores based on patient experiences (patient satisfaction scores) are used. An analysis by clinical category, MS-DRG, principal diagnosis and procedure, discharge status, and trends over time are also utilized. Bristol Regional Medical Center- Recognized as a High-Performing Hospital for 2019 by U.S. News & World Report, ranking Number 7 in Tennessee and earning High Performing ratings for chronic obstructive pulmonary disease, colon cancer surgery, heart failure and knee replacement. - Received the American College of Cardiology Chest Pain-MI Registry 2019 Platinum Performance Achievement Award recognizing success in implementing a higher standard of care for heart attack patients by meeting aggressive performance measures.- Earned the Tennessee Department of Health's BEST for Babies award for efforts to reduce infant mortality. Holston Valley Medical Center- Recognized as a High-Performing Hospital for 2019 by U.S. News & World Report, ranking Number 7 in Tennessee and earning High Performing ratings for chronic obstructive pulmonary disease, colon cancer surgery, heart failure and knee replacement. - Received the American College of Cardiology Chest Pain-MI Registry 2019 Platinum Performance Achievement Award recognizing success in implementing a higher standard of care for heart attack patients by meet</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
AWARDS AND RECOGNITIONS	ing aggressive performance measures.- Leader in cardiovascular research and training, with annual visits from Harvard fellows to study techniques used by prominent cardiologists at Holston Valley Medical Center.Hancock County Hospital- Recognized in 2019 by Beckers Hosp ital Review as 67 "Critical Access Hospitals to Know".

990 Schedule O, Supplemental Information

Return Reference	Explanation
CHARITY AND OTHER UNREIMBURSED COSTS	<p>While reimbursement for healthcare services rendered is critical to the operation and sustainability of the organization, WHS recognizes its obligation to provide care to individuals who cannot afford essential medical services, including emergency care. WHS accepts all patients regardless of their ability to pay. A patient is classified as a charity patient when they meet the established policies of Ballad Health and guidelines outlined by the federal government. However, financial assistance decisions are not solely based on income. Unique financial circumstances are weighed with verified patient assets which can determine financial assistance eligibility. It is not until after verification of income and assets that a decision regarding the amount of financial assistance can be made. In fiscal year 2019, WHS incurred a loss of \$22,311,971 attributable to the provision of charity care. This amount does not include the costs associated with accounts classified as bad debt.</p> <p>TENNCARE/MEDICAID: WHS provides care to persons covered by governmental programs, such as TennCare (Tennessee residents) and Medicaid. WHS incurred a loss of \$13,263,538 providing care to this population of patients during the year.</p> <p>UNINSURED DISCOUNT: Uninsured patients received a 74% discount through September 30, 2018, at which time the uninsured discount increased to 77%. The uninsured discount is applied to all uninsured patients at WHS hospitals. Certain elective procedures are not eligible for the uninsured discount. The uninsured discount is calculated each year in accordance with Tennessee regulations and without regard to a patient's income or assets. Although the uninsured discount is not required by the Commonwealth of Virginia, Ballad Health applies the same discount to hospitals located in Virginia. The approximate cost of this discount in FY19, using a cost to charge ratio, was \$9,723,199 for the hospitals included in this Form 990 return.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY CONTRIBUTIONS	<p>As the largest employer in the region, Ballad Health is one of the areas principal benefac tors and has made corporate citizenship an integral part of its culture. From system-wide initiatives to WHS hospitals and individual efforts of caring team members, the aim is to enrich the communities that are served. WHSs commitment includes direct financial contribu tions that support community healthcare needs and those non-profit agencies that advocate the health and well-being of community members. In FY19, WHS made donations to numerous hea lth and human service organizations, social and well-being non-profits, and others within the service area. Donations to local organizations provide health care, work to increase ac cess to health care and/or conduct research with the aim of improving health, or promote a healthy community included: - \$5,000 to Crossroads Medical Mission - primary medical serv ices to uninsured, underinsured, residents with poor access to medical care and others not currently receiving medical care- Medical supplies were donated to local emergency respon der organizations Throughout the year, WHS makes contributions to local schools and organiz ations that provide educational, health, and social support to youth. Many of the donation s to benefit young people are restricted to services focusing on healthy eating and physic al activities, after school and summer programs providing at-risk children a safe environm ent, and literacy programs. Studies show a correlation between literacy and medical compli ance/overall health. Some of the contributions to youth programs included:- \$370,452 to Bo ys & Girls Club of the Mountain Empire, Inc. noncash donation (net book value) of WHS Welln ess Center building/land located on State Street, Bristol, TN WHS also makes financial cont ributions to local nonprofits that provide social, economic and well-being benefits to com munities served. A strong social and economic community attracts talented health care prof essionals and enhances the lives of community members. Some of the donations to these orga nizations during the year include:- Chambers of Commerce throughout our service areas- Tow ns and cities to improve downtown areas and support community events- Bristol Lions Club- Levis Legacy Foundation Water Guardian tags for family members to promote drowning awarene ss and provide swimming lessons to families in need WHS also contributes to the arts, festi vals, churches/ministries and other organizations in the local communities. Donations to t hese organizations during the year include:- \$5,000 to Bristol Rhythm and Roots, an award- winning music festival The board of directors and senior management of Ballad Health encou rage team members to devote time to local community service projects, task forces, committ ees, boards, volunteer programs, and other charitable organizations that benefit our commu nities. Team members, within reason, are allowed to serve on these outside activities as r epresentatives of WHS. Team me</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY CONTRIBUTIONS	mbers serve on local chamber of commerce boards as a healthcare representative, local coun ty economic boards, participate in school health programs, assist charitable organizations with fundraising activities, speak at local clubs/churches/groups on healthcare topics, p rovide assistance to local organizations at Thanksgiving and Christmas, provide health edu cation and/or first aid at local festivals, and many other predominantly health related ac tivities.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY RESOURCES	<p>Ballad Health supports its parish nurse program, which is designed to provide holistic ministry and special promotion services within the faith community. The parish nurse program assists individuals in gaining optimal mental, physical and spiritual health by complementing the ministry provided by pastors and other lay ministers. Some of the services and programs provided include screenings for blood pressure, cholesterol, diabetes, glaucoma and overall fitness, classes for all age groups offered on health related issues (nutrition, exercise, parenting, care for elderly parents, stress management, CPR), hospital, nursing home and home visits for assessment of health care needs, referrals to appropriate community resources and the creation of health tips in congregational newsletters, bulletin boards and other forms of communication. In FY19, WHSs parish nurse program provided 649 home visits, accompanied community members to 1,772 clinic visits and visited community members while in the hospital or nursing home on 933 occasions. The program offered 243 blood pressure screening clinics, 412 glucose screenings, 80 health fairs and one blood drive, resulting in identification and referral of 296 people with abnormal results to physician services. The program offered health education to parishioners through 329 educational sessions, 233 newsletter articles, 22 church bulletin articles and 110 bulletin board displays. The cost for WHS to provide this program was \$42,991. In FY19, Ballad Health made a major change regarding air ambulance services. Ballad selected Med-Trans, locally known as Wings Air Rescue, to continue to operate four full-time bases in Elizabethton, TN, Greeneville, TN, Jenkins, KY and Marion, VA plus a base at Bristol Motor Speedway, which is active during race events. Licensed in Tennessee, Ballad Health One air ambulance provides transport of critically ill and injured patients to one of the closest tertiary hospitals in the region. Ballad Health also provided staffing, physicians, and medical supplies to the Commonwealth of Virginia for the Virginia State Police Med Flight air ambulance service. VSP Med Flight will continue to maintain its base in Abingdon, VA. The contribution from WHS for the air ambulance services, especially critical in rural areas, was \$398,322. Ballad Health offers to the community Nurse Connection, a 24-hour toll-free health information line supported by registered nurses who provide nurse triage with medically approved triage guidelines, health information and education, registration for classes and screenings, and referrals to external resources such as Poison Control and crisis intervention. The direct cost of Nurse Connection was \$105,728 this year. WHS, in collaboration with area health agencies and providers, helps with coordination, advocacy and publicity, provides space, or contributes supplies to support groups for their program activities. The Health Resources Center (HRC) is a community outreach ser</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY RESOURCES	<p>vice provided in two locations. The Johnson City HRC is located inside the Wellness Center . The Kingsport HRC is in the Fort Henry Mall. The centers are staffed by a registered nurse and other health professionals, including a registered dietitian. The HRC offers free classes, screenings, blood pressure checks, support groups, nutritional education, informational materials and resources and other services to meet community members health and health education needs. Classes offered to the public include: diabetes education and management, nutrition and healthy cooking, CPR training, exercise, weight loss, lung health, green cleaning using simple cleaning recipes, avoiding seasonal allergies, glaucoma, colorectal cancer, stress in seniors, elder concerns, sleep health, drug addiction, cancer education, heart health, foot care, safe babysitting, breastfeeding, techniques for managing chronic pain, Medicare information sessions for seniors turning 65, relaxation training, sleep apnea screening, vaccines, balance and falls prevention, child illnesses and special needs programs and classes, suicide prevention, and, many other disease-specific classes and screenings, including stroke risk. Almost all of these courses are offered free of charge except for a small fee that may be imposed for lab charges or guidebooks. A leadership committee representing 24 regional organizations, along with more than 150 community stakeholder groups, has created the region's 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 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 collective 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, programs and environments that nurture strong children and families to help them develop the key characteristics to succeed in life. The goals of the Accountable Care Community are to see more children succeed in school, go on to college, and have productive careers, and to enable families to succeed in overcoming generational barriers. Camp Caterpillar, funded by WHS, features the hallmarks of a traditional day camp - kids, crafts, and other activities. But beyond the fun and games, grieving hearts find hope and healing. Through the WHS hospice program, Camp Caterpillar is designed for children, teenagers and families who have experienced the death of a loved one. The free, one-day camp utilizes social workers, counselors and nurses to help participants address their grief, learn coping strategies and share memories. The camp day kicks off with a special shared activity for all attendees, followed by age-divided breakout rotations to help children express their feelings through colors and music.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY RESOURCES	<p>ic, discover coping strategies, share stories and create memory boxes and other crafts. Th rough each activity, campers are accompanied by volunteers who serve as camp buddies. The volunteers spend the day with the children and provide emotional support. The volunteers a lso spend individual time with any child who needs to take a few minutes away from the cro wd to decompress. Dogs, certified by Therapy Dogs International, and their owners provide comfort to the children. Meanwhile, adults meet as a group to focus on understanding child stages of grief, responding to a child's unique needs, and coping with their adult feelin gs. Adults and children also receive materials to help facilitate discussion and healing a t home. Camp Caterpillar receives referrals for campers from schools and other community o rganizations. In partnership with Bristol Motor Speedway, the Level II trauma center at Br istol Regional Medical Center sponsors the nationally acclaimed Accident Avoidance Worksho ps for teenage drivers. These intensive two day clinics,offered multiple times each year,t each hands-on,in-car accident avoidance and defensive driving skills. WHS serves as the ex clusive medical care provider for Bristol Motor Speedway. In addition to staffing the infi eld care center for drivers and crew, the Ballard Health organization also operates multipl e care centers around the track for the race fans.Bristol Regional Medical Center offers a Safe Sitters course to teach safety skills for babysitters. Topics covered in the course include rescue skills, first aid and nurturing, safe childcare.The WHS service area is som etimes referred to as the "diabetes belt" due to the high number of residents with diabete s. The Diabetes Treatment Centers, available at Bristol Regional and Holston Valley Medica l Centers, are accredited by the American Diabetes Association. Self-management classes ar e taught by specially trained registered nurses, dietitians and certified diabetes educato rs and offered free of charge. For those preferring one-on-one counseling instead of group classes, the centers will also provide individual counseling at no cost. The Diabetes Tre atment Center (DTC) staff also serve hospital inpatients to assist in control of blood sug ar levels, medication management and educate on diabetes management. On average, 27 to 33 percent of the patients at Holston Valley Medical Center have diabetes. DTC staff provide health coaching at local businesses, present health information to community groups, and p articipate in health fairs. DTC staff also educate teachers in various school districts ab out caring for students with diabetes. The DTC also holds an annual Diabetes Expo with ove r 300 community members in attendance receiving free screenings, including foot, eye, kidn ey, and glucose education. In addition to diabetes classes held at our Diabetes Treatment Centers, staff provided diabetes education outreach presentations as well.Studies show peo ple who understand their healt</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY RESOURCES (cont'd)	<p>- Trauma team provided many courses during the year to emergency responders, schools, and others. Special training was provided for trauma in rural areas due to Ballad Health service areas being predominantly rural. Rural communities have a 22 percent higher risk of injury-related deaths than urban areas. Only 30 percent of vehicle miles traveled occur in rural areas, however, almost half of crash deaths occur there. And, rural trauma is more likely to be from accidents related to farming, hiking, horseback riding, use of four-wheelers, etc.- Specific health issues, mostly related to diabetes and injury prevention, and first aid were covered by outreach in a popular radio format.- Through a partnership with the Sullivan County Regional Health Department, caregivers from Bristol Regional's Deborah H. Quillen Birthing Center educate the community on the dangers of smoking for pregnant women using "Smoky Sue", a doll that shows the harmful effects of tar and nicotine on a fetus.- In addition to the health education classes, support group meetings are held at our hospitals for various health conditions such as diabetes, bariatric weight loss, and cancer.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
d/b/a - Additional Names	Holston Valley Medical Center;Hancock County Hospital;Lonesome Pine Hospital;Mountain View Regional Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a - Compensation Process for Top Official	The executive committee serves as the compensation committee of Ballard Health's Board of Directors. The compensation plan for Alan Levine, Ballard 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 Process for Officers	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
HANCOCK COUNTY, TN: HANCOCK COUNTY (HCH)	10-bed facility designated by Tennessee as a critical-access hospital Hospital built through a partnership between Wellmont Health System and the Hancock County Commission Services include inpatient/outpatient acute care, emergency care, radiology, laboratory, respiratory therapy and physical therapy services

990 Schedule O, Supplemental Information

Return Reference	Explanation
Holston Valley Medical Center	All Kingsport-based invasive and advanced cardiology services from Indian Path Community Hospital were integrated to Holston Valley Medical Center during FY19. With the two hospitals operating three miles apart, the opportunity to collaborate and customize services was the best choice for patients.

990 Schedule O, Supplemental Information

Return Reference	Explanation
IMPROVING HEALTHCARE QUALITY	<p>QUALITY METRICS - Ballard Health's Board of Directors has adopted a zero-harm culture for the organization, and processes have commenced to institutionalize this objective. This focused effort on quality improvement significantly benefitted patients. Specific examples include: zero infections for abdominal hysterectomy cases across the system; 47 percent reduction in pressure injury rate; 42 percent reduction in clostridium difficile infections; 39 percent reduction in iatrogenic pneumothorax rate; and 13 percent reduction in central line bloodstream infections. During FY19, there has been 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 administrative partnership is resulting in lower cost and lower risk to patients. Ballard Health achieved the lowest readmission rate in either legacy health systems histories.</p> <p>ONGOING QUALITY IMPROVEMENT PROGRAMS RECEIVE PRAISE FROM NATIONAL EXPERTS - Ballard Health has instituted a comprehensive quality improvement program system-wide based on the FOCUS PDCA model, a model designed to empower team members to identify opportunities for improvement and measurably implement those opportunities. These efforts are organic and driven by staff at all levels. The Ballard Health approach to quality improvement was recently praised by national experts who facilitate and 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 improvement for recognition, with 42 national judges evaluating the projects and awarding recognition for the results. Examples of improvement projects include: a 50 percent reduction in hospital-acquired Clostridium difficile (C.diff) across all hospitals within three months.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
IMPROVING THE COMMUNITY'S HEALTH STATUS	<p>Wellmont Health System (Wellmont) is one of only 29 organizations in the country participating in the Centers for Medicare & Medicaid Services (CMS) new initiative, Accountable Health Communities Model (referred to as AHC Program), aimed at improving the health of eligible Medicare and Medicaid beneficiaries. The AHC Program is designed to integrate care for health-related social needs into usual care by implementing systematic screening, referral, and patient navigation services for needs such as food insecurity, housing instability, safety, transportation needs, and utility assistance. Wellmont serves as the Bridge Organization for the AHC Program locally, leading a collaborative of multiple organizations and clinical delivery sites to bring needed services to beneficiaries residing in Southwest Virginia. Full implementation of the AHC Program was achieved during FY19. Nine full-time team members, (six Navigators, one Lead Navigator, one Screening and Referral Specialist, and one Program Manager) salaries are reimbursed by federal funding. Two part-time Navigator positions remain open. Fifty-two locations in Southwest Virginia and Northeast Tennessee serve as clinical delivery sites and the capability to identify health-related social needs. Patients screening positive for health-related social needs receive a Community Referral Summary. The Community Referral Summary contains contact and program information for relevant resources to assist with the needs identified by the screening. Since formal go-live of the AHC Program on November 17, 2018 and through June 30, 2019, 61,705 screenings have been offered, 35,544 screenings answered, 9,050 needs identified, 5,030 Community Referral Summaries given, and 2,142 patients navigated to care. The above stats are inclusive of the Ballad Health hospitals in Virginia plus three hospitals in Northeast Tennessee located close to Southwest Virginia. Wellmont also created a data system for the screening, referral, and navigation services in lieu of the CMS AHC Data System. The internal data system improved operational efficiency by at least five-fold. Patient Navigators have been re-deployed from five Virginia Community Services Boards to hospital emergency departments and primary care offices in the Ballad Health service area. This redeployment allows the Navigators to establish initial contact with a patient and complete a personal interview and action plan related to the health-related social needs identified by the patient. Laptops and cell phones were purchased for the Navigators to provide the ability to work at the clinical delivery sites and from other locations, as needed.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
INVESTMENTS	COMMON ELECTRONIC HEALTH RECORD - Ballard 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 across the new health system will allow patient information to be shared immediately at the point of service regardless of where a patient enters the Ballard system, providing clinical staff with information to better manage patients in the emergency room, clinics, acute and post-acute settings.

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEDICAL EDUCATION	<p>WHS participates in Ballad Health's Nurse Intern II program, overseen by Ballad Health's Clinical Education team. The program pairs each nurse intern with a registered nurse (RN) preceptor on a designated hospital unit. The interns work with their preceptor to gain valuable clinical skills to assist in the transition from nursing student to licensed nurse. The interns are under no obligation to work for Ballad Health although many of them choose to do so. Interns who complete the program become a Nurse Intern III and advance to a Nurse Intern IV upon graduation and move to RN status upon passing of the NCLEX (National Council Licensure Examination). Wellmont continues to offer free Certified Nursing Assistant (CNA) classes open to the public. The program includes classroom sessions followed by clinical experience. There is no requirement for participants to work for Wellmont upon completion of the program. The training opportunity often leads to job opportunities for graduates of the program. In FY19, over 65 percent of the graduates were hired by WHS. WHS serves as an educational environment for the training of medical residents of the James H. Quillen College of Medicine at East Tennessee State University (ETSU) and the DeBusk College of Osteopathic Medicine at Lincoln Memorial University. Residents receive supervised, hands-on training in a particular area of expertise, such as primary care or surgery. Clinical rotations are conducted at Bristol Regional Medical Center, Holston Valley Medical Center and Mountain View Regional Hospital. Hospitals incur significant costs beyond those customarily associated with providing patient care to train residents. In addition to medical residents, WHS also provides training for other Medicare-approved programs including allied health programs for pharmacy. WHS incurred \$4,645,384 in unreimbursed costs for these programs in FY19. WHS facilities serve as clinical training areas for health professional education students. Dedicated staff work with regional colleges and universities, as part of the educational curriculum, to coordinate the placement of healthcare professional students. Healthcare students training in WHS facilities are required to complete orientation and computer training. Included in the number receiving clinical training at WHS, 1,582 nursing students from various colleges, universities and programs received training. This nursing clinical experience required extensive involvement by WHS hospital nursing staff, particularly at the two largest WHS facilities, Bristol Regional Medical Center and Holston Valley Medical Center. The cost of the clinical setting and hands-on instruction to WHS was \$2,268,901. WHS provided a clinical training setting for another 813 students in health-related programs, such as biomedical engineering, radiology, pharmacy, respiratory therapy, physician assistant, nurse practitioner, laboratory, occupational therapy, social work, public health, EMT/paramedic, and other</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEDICAL EDUCATION	<p>allied-health disciplines. The cost of clinical training for these additional students was \$1,028,426. In addition to the hands-on training of medical residents, described above, Wellmont donated \$30,000 to the Virginia Highlands Community College Educational Foundation to provide a part-time instructor for the Appalachian Tri-College nursing program. The instructor is to be located at Southwest Virginia Community College and Virginia Highlands Community College. Wellmont Health Systems medical libraries, located at Holston Valley Medical Center and Bristol Regional Medical Center, are medical libraries that provide access to medical databases, various print publications and facilitate inter-library journal and book loans. WHS medical libraries maintain book collections including medical, nursing, leadership, and cultural diversity books available for lending. The library subscribes to an online medical database. The medical libraries are utilized by various medical staff. In addition, the medical libraries provide medical information to team members and others by way of books, articles and searches of the medical literature. The libraries supplied approximately 91 articles to numerous patrons during FY19.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Mountain View Regional Hospital	<p>As Ballad Health continues its work to bring together hospitals, medical practices and other services to form a community health improvement organization, one small but important step is rolling out the new Ballad Health brand. This included discussions between hospital leadership within the system and local leaders, community boards and other key stakeholders to outline the naming convention for facilities under the Ballad Health name. After evaluating options, Mountain View Regional Medical Center selected a new name to reflect their important role within the health system and their deep ties to the communities they serve. In November 2018, Mountain View Regional Medical Center changed its name to Mountain View Regional Hospital.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER ACCOMPLISHMENTS	<p>Ballad Health's grants and awards department works throughout the year writing grant applications to benefit communities throughout the large service area. Some examples of this reporting period include: Grant renewal to pay the salary and benefits for a medication assistance caseworker to expand a medication assistance program serving Wise County. The program in Southwest Virginia enables the health system to serve uninsured and underinsured patients; thus, playing a significant role in improving patients' health, reducing hospital readmissions, and assisting doctors in providing proper treatment to patients who otherwise could be non-compliant with medications due to cost-prohibitive prescriptions.</p> <p>Awarded a grant for Car Seats and Teen Driver Safety to provide car seats to people in the community and to educate teen drivers on safe driving habits (such as don't text and drive). Received a grant that provides funding (in addition to our Ballad Health Cancer Patient Assistance Fund) for 75 additional patients to overcome barriers to breast cancer treatment through meeting their basic needs and/or improving their quality of life (i.e. rent/mortgage, groceries, utilities, transportation vouchers, gas cards, etc.). The Cancer Navigation program provides a single point of contact to help patients coordinate their care and understand their treatment plan. The Navigators often determine obstacles, such as the need for financial assistance, that keep patients from receiving treatment. The Komen/Virginia Blue Ridge Mobile Mammography grant was utilized to provide mammograms to women who may otherwise not receive them due to cost or access issues, along with helping to arrange financial assistance for additional diagnostic studies and further treatment, where applicable. Patients needing additional studies and treatment were assisted by our Cancer Navigators if they did not have a primary care provider. WHS continues the Value Optimization System (VOS). The goal of the system is to accelerate achievement of patient-centered care to meet patients' expectations of high quality, high satisfaction, and efficient care. Each VOS team meets over an intense four-day period to identify waste/inefficiencies, develop an improved work plan, and then implement the plan immediately. The results are referred to as value streams.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4a Program Service Accomplishments	<p>Ballad Health (Ballad) is a tax-exempt entity and the parent corporation of both Wellmont Health System (WHS) and Mountain States Health Alliance (MSHA). 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, WHS and MSHA 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 WHS includes five wholly-owned hospitals while two wholly-owned hospitals, Takoma Regional Hospital d/b/a Greeneville Community Hospital in Greeneville, Tennessee and Hawkins County Memorial Hospital in Rogersville, Tennessee file separate returns. In addition to the acute care hospitals, WHS wholly owns or has ownership interest in a nursing home, an assisted living facility, physician practice organizations, ambulatory surgery centers and other health care businesses. Specific to the hospitals included in this Form 990, services were provided to: 38,209 inpatients 854,588 outpatient visits 139,419 emergency visits 2,006 deliveries 22,364 surgeries</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAMS FOR SPECIAL POPULATIONS	<p>WHS assisted some patients not able to pay for prescriptions at discharge. The unreimbursed cost for these prescriptions was \$12,598. WHS partnered with Bolder Outreach Solutions to assist patients without insurance. Representatives were available for these patients at all WHS facilities in order to determine sources of possible governmental medical assistance (TennCare or Medicaid) and to assist in the application process and follow-up. 3,942 patients were approved for coverage during FY19. WHS incurred expense of \$476,897 during FY19 to provide this service. Ballad Health and a group of the nations leading health systems are joining forces to identify ways to better care for some of the nations most vulnerable populations. The Medicaid Transformation 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 will focus on five key areas of opportunity, four of which have been identified: behavioral health, child and maternal health, substance use disorder and avoidable emergency department visits. WHS hospitals will be able to improve care for all vulnerable populations based on solutions/best practices provided by this project.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAMS TO IMPROVE CHILDHOOD LITERACY	<p>Since 2014, Niswonger 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 volunteer mentors with elementary school students who need a boost in their reading skills. When five new schools recently requested to join the program, Ballad Health Chairman and CEO Alan Levine issued a call to Ballad Health team members to help fill the gap. To date, 100 volunteers for the 2020 school year have signed up. Ballad Health is committed to promoting strong starts for kids and reading achievement is an essential element that every child needs in order to be positioned for future health and success. Ballad Health partnered with seven United Way organizations from Southwest Virginia and Northeast Tennessee to pilot an initiative to increase grade-level reading and improve reading proficiency for children in the region. The partnership will have a huge impact on the community as the United Way organizations work together with local schools to improve childhood literacy across the region. Ballad Health is participating in a new initiative called STRONG Kids, which stands for Striving Toward Resiliency and Opportunities for the Next Generation, that brings together and assists regional organizations that support children. The program will enable Ballad Health, Niswonger Childrens Hospital and the 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 health, education and economic vitality. The partnership is designed to bring a new level of support to these organizations that are on the front lines serving children.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
RESEARCH	<p>The clinical research department serves as the central office for multi-specialty research oversight to Ballad Health. In addition to providing full spectrum support for studies generated and managed by the research department, the department provides oversight for studies generated by external groups. The research department has participated in several large-scale, multi-center trials with a high subject retention rate and a great sponsor/monitoring rating. Oversight services include administrative, regulatory support, and internal service arrangement. In addition, since teaching and continuing education play a large role within the organization, research staff participate in conferences/webinars. The department maintains reportable metrics and financial reports on a quarterly basis. The focus for principal investigators is mostly in therapeutic areas such as oncology, neuro/trauma/ortho, pharmacology, endocrinology, pediatrics, and cardiology. A variety of studies include different designs that may include, but are not limited to, pharmaceutical/investigational trials, retrospective medical chart reviews and registry studies. The research department is dedicated to:- providing consistent oversight and management of clinical research performed at all WHS facilities,- ensuring regulatory compliance and fiscal responsibility, and- creating a research culture across the health system. During FY19, the unreimbursed expenses of the research department were \$14,065.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SULLIVAN COUNTY, TN: BRISTOL REGIONAL MEDICAL CENTER (BRMC)	348-bed tertiary hospital Centers of Excellence include Wellmont CVA Heart Institute, J.D. and Lorraine Nicewonder Cancer Center, Primary Stroke Center, cardiac care, diabetes treatment center, emergency department, inpatient/outpatient hospice care, neuroscience services, occupational health, outpatient services, psychiatric care, rehabilitation services and womens health Level II trauma center Level II neonatal intensive care unit First hospital in the Southeast to offer CyberKnife radiosurgery for the treatment of cancer and other tumors Augmented its robotics program with the Da Vinci Robotic Surgery System

990 Schedule O, Supplemental Information

Return Reference	Explanation
SULLIVAN COUNTY, TN: HOLSTON VALLEY MEDICAL CENTER (HVMC)	505-bed tertiary hospital Centers of Excellence include Wellmont CVA Heart Institute, Christine LaGuardia Phillips Cancer Center, diabetes treatment center, neuroscience services, outpatient services, rehabilitation services and womens health Level I trauma center Holston Valley Regional Childrens Hospital to include a Level III neonatal intensive care unit and pediatric intensive care unit

990 Schedule O, Supplemental Information

Return Reference	Explanation
WISE COUNTY, VA: LONESOME PINE HOSPITAL (LPH)	60-bed community hospital Services include emergency care, intensive care, medical, surgical, pediatric and obstetrics Southwest Virginia Cancer Center in Norton, Virginia and Wellmont Cancer Institute in Bristol, Virginia serve medical/radiation oncology patients as part of hospital operations

990 Schedule O, Supplemental Information

Return Reference	Explanation
WISE COUNTY, VA: MOUNTAIN VIEW REGIONAL HOSPITAL (MVRH)	118-bed community hospital Provides medical/surgical services with the support of an emergency room and diagnostic imaging services 64-slice computed tomography CT scan

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
Wellmont Health System
dba Bristol Regional Medical Center

Employer identification number

62-1636465

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Wellmont Health Management Services 1905 American Way Kingsport, TN 37660 62-1825259	Healthcare	TN			WHS

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Sapling Grove Ambulatory Surgery Center 220 Medical Park Boulevard Bristol, TN 37620 20-4450153	Medical Services	TN	WHS	Related	-832,713	511,389		No	-77,602		No	65.000 %
(2) Holston Valley Ambulatory Surgery Center 103 West Stone Drive Kingsport, TN 37660 62-1816864	Medical Services	TN	WHS	Related	962,590	1,442,480		No	2,683,632		No	48.000 %
(3) Greeneville Physician Services LLC 1905 American Way Kingsport, TN 37660 45-5070419	Medical Services	TN	WHS	Related	-40	239,784		No			No	75.000 %

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

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	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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	No
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 Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Wellmont Cardiology Services	j	205,402	FMV
(2) Wellmont Medical Associates	j	904,899	FMV
(3) Wellmont Medical Associates	l	75,584	Supprt Svc/Invo
(4) Holston Valley Ambulatory Surgery Center	j	1,082,095	FMV
(5) Holston Valley Ambulatory Surgery Center	s	406,391	Cash distrib.

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 62-1636465

Name: Wellmont Health System
dba Bristol Regional Medical Center

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
851 Locust Street Rogersville, TN 37857 62-1816368	Hospital	TN	501c3	3	WHS	Yes	
1420 Tusculum Boulevard Greeneville, TN 37745 51-0603966	Hospital	TN	501c3	3	WHS	Yes	
1905 American Way Kingsport, TN 37660 26-3557623	Medical Services	TN	501c3	10	WHS	Yes	
1905 American Way Kingsport, TN 37660 27-0898372	Medical Services	TN	501c3	7	WHS	Yes	
1019 West Oakland Ave Suite 2 Johnson City, TN 37604 58-1594191	Fundraiser	TN	501c3	7	Ballad Health	Yes	
2000 Greenway Street Kingsport, TN 37660 62-1308216	Assisted Living	TN	501c3	10	WHS	Yes	
2421 North John B Dennis Highway Kingsport, TN 37660 58-1859039	Nursing Home	TN	501c3	10	WHS	Yes	
1905 American Way Kingsport, TN 37660 86-1103148	Healthcare	TN	501c3	12a	WHS	Yes	
1905 American Way Kingsport, TN 37660 27-3777167	Medical Services	TN	501c3	3	WHS	Yes	
303 Med Tech Parkway Suite 220 Johnson City, TN 37604 62-0476282	Hospital System	TN	501c3	3	Ballad Health		No
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
303 Med Tech Parkway Suite 220 Johnson City, TN 37604 61-1771290	Supporting Organization	TN	501c3	12b	NA		No
203 Gray Commons Circle Gray, TN 37615 81-5475903	Opioid Treatment	TN	501c3	3	MSHA		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) Wellmont Inc 1905 American Way Kingsport, TN 37660 62-1320035	Medical Services	TN	WHS	C		-90,140,490	100.000 %	Yes	
(1) Wellmont Collections Inc 2004 American Way Suite 101 Kingsport, TN 37660 62-1325938	Business Services	TN	WHS	C	3,148,783	2,824,212	100.000 %		No
(2) Medical Mall Pharmacy Inc 1905 American Way Kingsport, TN 37660 62-1565006	Medical Services	TN	WHS	C		-102,161	100.000 %		No
(3) Wellmont Physician Services 1905 American Way Kingsport, TN 37660 62-1567353	Medical Services	TN	WHS	C			100.000 %		No
(4) WPS Providers Inc 1905 American Way Kingsport, TN 37660 20-5564642	Medical Services	TN	WHS	C			100.000 %		No
(5) 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
(6) Blue Ridge Medical Management Corp 1905 American Way Kingsport, TN 37660 62-1490616	Medical Services	TN	MSHA	C					No
(7) Mediserve Medical Equipment 1905 American Way Kingsport, TN 37660 62-1212286	Durable Medical Equipment	TN	BRMMC	C					No
(8) Mountain States Properties 1905 American Way Kingsport, TN 37660 62-1845895	Property Management	TN	BRMMC	C					No
(9) Mountain States Physician Grp 1905 American Way Kingsport, TN 37660 62-1700412	Medical Services	TN	BRMMC	C					No
(10) Community Home Care Inc 1490 Park Avenue NW Suite B Norton, VA 24273 54-1453810	Durable Medical Equipment	VA	NCH	C					No
(11) Wilson Pharmacy Inc PO Box 5289 Johnson City, TN 37604 62-0329587	Pharmacy	TN	BRMMC	C					No
(12) Crestpoint Health Insurance Company 509 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-0381170	Insurance	TN	ISHN	C					No
(13) Nolichuckey Management Svcs Inc 1420 Tusculum Boulevard Greeneville, TN 37745 62-1776681	Medical Services	TN	LMH	C					No
(14) Wellmont Insurance Co SPC LTD PO Box 30600 Grand Cayman KY1-1203 CJ 98-1195624	Insurance	CJ	WHS	C	50,045	20,667,353	100.000 %	Yes	