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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

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

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

C Name of organization
Wellmont Hawkins County Memorial Hospital Inc
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1021 W Oakland Avenue Suite 103
City or town, state or province, country, and ZIP or foreign postal code
Johnson City, TN 37604

D Employer identification number
62-1816368
E Telephone number
(423) 302-3374
G Gross receipts \$ 11,742,182

F Name and address of principal officer:
Regina Day
851 Locust Street
Rogersville, TN 37857

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☒ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ balladhealth.org

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

L Year of formation: 2000

M State of legal domicile: TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Mission: Honor those we serve by delivering the best possible care.Vision: To build a legacy of superior health by listening to and caring for those we serve.

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

3 Number of voting members of the governing body (Part VI, line 1a) 4

4 Number of independent voting members of the governing body (Part VI, line 1b) 0

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 199

6 Total number of volunteers (estimate if necessary) 24

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

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

Revenue

8 Contributions and grants (Part VIII, line 1h) 31,048

9 Program service revenue (Part VIII, line 2g) 18,960,790

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,477

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 76,253

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,068,091

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,877

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 9,161,982

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,636,780

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 16,798,762

19 Revenue less expenses. Subtract line 18 from line 12 2,269,329

20 Total assets (Part X, line 16) 7,005,431

21 Total liabilities (Part X, line 26) 1,518,537

22 Net assets or fund balances. Subtract line 21 from line 20 5,486,894

Expenses

Beginning of Current Year

End of Year

2,877

0

8,009,040

0

9,677,226

17,689,143

-5,991,093

5,274,525

5,932,710

-658,185

Part II Signature Block

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

Sign Here

Signature of officer
Regina Day HCMH/HCH Admin
Type or print name and title

2021-03-26
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶
Firm's address ▶

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶
Phone no.

PTIN

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

☐ Yes ☐ No

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 \$ 14,790,007 including grants of \$ 2,877) (Revenue \$ 11,606,355)
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 ► 14,790,007

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	No
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	No
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	No
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	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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	No
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	No
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	
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 13	
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	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	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?		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?		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6 Did the organization have members or stockholders?	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?	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?	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13 Did the organization have a written whistleblower policy?	Yes	
14 Did the organization have a written document retention and destruction policy?	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		No
b Other officers or key employees of the organization		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?		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 President CEO President	1.00 59.00	X		X				0	2,032,246	193,444
(2) Marvin Eichorn BH EVPCAO Director	1.00 59.00	X						0	1,011,865	36,694
(3) Tim Belisle BH EVP Secretary	1.00 59.00	X		X				0	577,064	79,532
(4) Eric Deaton BH EVPCOO Director	1.00 59.00	X						0	570,270	42,955
(5) Regina Day Admin HCMH/HCH	32.00 8.00			X				166,654	0	9,002
(6) Elizabeth Mann Charge Nurse	40.00 0.00					X		129,127	0	20,837
(7) Georgia Shuck Dir Pharmacy Svcs	40.00 0.00					X		128,751	0	6,850
(8) Virginia Jeffers ExecDir-Pt Care Sv	40.00 0.00					X		100,806	0	20,932
(9) David Mooney Dir Rehab Services	40.00 0.00					X		97,840	0	20,932
(10) Barton Hove Former Officer-Retired	0.00 0.00						X	0	1,296,774	17,936
(11) Todd Dougan Former Officer-Retired	0.00 10.00						X	0	488,595	18,367
(12) Gary Miller Former Officer	0.00 50.00						X	0	347,667	30,405
(13) Rebecca Beck Former Officer	0.00 45.00						X	0	219,930	28,226

Part VII

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	623,178	6,544,411	526,112

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 ▶ 5

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

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
Medstream Anesthesia 2 Patton Ave Suite 510 Asheville, NC 28801	CRNA coverage	317,100

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 ► 1

Part VIII

Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	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 ▶	0			
Program Service Revenue		Business Code			
	2a Patient Care Revenue	621990	11,545,766	11,545,766	
	b Physical Therapy Revenue	621990	2,974	2,974	
	c Rent to Exempt Facility	621990	57,615	57,615	
	d _____				
	e _____				
	f All other program service revenue.				
	g Total. Add lines 2a-2f ▶	11,606,355			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	1,477			1,477
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties ▶	0			
	6a Gross rents	(i) Real (ii) Personal			
		45,376			
	b Less: rental expenses	44,132			
	c Rental income or (loss)	1,244			
	d Net rental income or (loss) ▶	1,244			1,244
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶	0			
	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 Cafeteria and Vending	722514	55,526		55,526	
b Revenue from Parent	900099	38,394		38,394	
c _____					
d All other revenue		-4,946		-4,946	
e Total. Add lines 11a-11d ▶	88,974				
12 Total revenue. See Instructions. ▶	11,698,050	11,606,355		91,695	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,877	2,877		
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	152,774		152,774	
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	6,198,860	5,522,448	676,412	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	205,571	175,222	30,349	
9 Other employee benefits	1,048,834	722,580	326,254	
10 Payroll taxes	403,001	394,632	8,369	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
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)	4,847,247	4,528,430	318,817	
12 Advertising and promotion	2,846		2,846	
13 Office expenses	287,391	267,168	20,223	
14 Information technology	367,265	131,975	235,290	
15 Royalties	0			
16 Occupancy	518,829	513,656	5,173	
17 Travel	39,326	29,439	9,887	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	215,926	199,662	16,264	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	822,859	739,692	83,167	
23 Insurance	216,531	850	215,681	
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	1,123,339	1,123,339		
b Management Fees	711,352		711,352	
c Maintenance	197,384	194,624	2,760	
d Taxes - UBIT	2,357	1,661	696	
e All other expenses	324,574	241,752	82,822	
25 Total functional expenses. Add lines 1 through 24e	17,689,143	14,790,007	2,899,136	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	75,534	1	17,356
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	2,377,041	4	1,532,804
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use	366,586	8	378,207
	9 Prepaid expenses and deferred charges		9	180,801
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,244,168		
	b Less: accumulated depreciation	10b 14,079,558	3,833,229	10c 3,164,610
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	353,041	15	747
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,005,431	16	5,274,525	
Liabilities	17 Accounts payable and accrued expenses	1,152,232	17	1,279,624
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	366,305	25	4,653,086
	26 Total liabilities. Add lines 17 through 25	1,518,537	26	5,932,710
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	5,486,894	27	-658,185
	28 Temporarily restricted net assets		28	
	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	5,486,894	33	-658,185	
34 Total liabilities and net assets/fund balances	7,005,431	34	5,274,525	

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	11,698,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,689,143
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,991,093
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,486,894
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	-250
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-153,736
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-658,185

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: 62-1816368
Name: Wellmont Hawkins County Memorial
Hospital Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

Wellmont Hawkins County Memorial Hospital, Inc. (WHCMH) is a public trust. This hospital, like the other Wellmont Health System facilities of which it is a member, was born of its community's commitment to provide superior health care for its citizens.WHCMH has worked toward improving its community's access to quality, affordable health care, improving the health status of its communities and contributing to the overall quality of life in the areas it serves. (continued on 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 Hawkins County Memorial Hospital Inc

Employer identification number

62-1816368

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 ▶ ☐

b

33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18

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

Schedule A (Form 990 or 990-EZ) 2018

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.	Yes	No
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: 62-1816368
Name: Wellmont Hawkins County Memorial
Hospital Inc

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

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 Hawkins County Memorial Hospital Inc	Employer identification number 62-1816368
--	--

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		710
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			710
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 Hawkins County Memorial Hospital, Inc. had lobbying expenses of \$710 which represents the portion of dues paid to Tennessee Hospital Association attributable 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 Hawkins County Memorial Hospital Inc

Employer identification number
62-1816368

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐

Yes

☐

No

b

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

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	30,500		30,500
b	Buildings	9,035,565	7,387,980	1,647,585
c	Leasehold improvements	161,642	34,099	127,543
d	Equipment	7,556,163	6,265,750	1,290,413
e	Other	460,298	391,729	68,569
Total.	Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			3,164,610

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	3,965,648
Due to Third-Party Payors	237,159
Pharmacy and Medical Claims	450,279
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	4,653,086

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: 62-1816368
Name: Wellmont Hawkins County Memorial
Hospital Inc

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	Wellmont Hawkins County Memorial Hospital, Inc. is included in the audited consolidated financial statements of Ballad 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)

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.

Name of the organization
Wellmont Hawkins County Memorial Hospital Inc

Employer identification number
62-1816368

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 22500.0000000 %	3a	Yes
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 45000.0000000 %	3b	Yes
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	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)			1,368,706		1,368,706	7.740 %
b Medicaid (from Worksheet 3, column a)			3,415,146	1,538,189	1,876,957	10.610 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			4,783,852	1,538,189	3,245,663	18.350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			53,073	4,995	48,078	0.270 %
f Health professions education (from Worksheet 5)			2,751		2,751	0.020 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			1,215	829	386	
i Cash and in-kind contributions for community benefit (from Worksheet 8)			984		984	0.010 %
j Total. Other Benefits			58,023	5,824	52,199	0.300 %
k Total. Add lines 7d and 7j			4,841,875	1,544,013	3,297,862	18.650 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,396,083	
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	516,551	
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	3,235,699
6 Enter Medicare allowable costs of care relating to payments on line 5	6	3,806,008
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-570,309
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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year?
1

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

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

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

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **1**

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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)

Wellmont Hawkins Co Mem Hosp			
Name of hospital facility or letter of facility reporting group			
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**

Wellmont Hawkins Co Mem Hosp

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)

Wellmont Hawkins Co Mem Hosp

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

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

[illegible]

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

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 Ballad Health's qualifications for financial assistance is based on federal poverty guidelines, asset values may also be used to determine eligibility. Unique circumstances may be assessed on a case-by-case basis. Charity approval covers 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. Ballad Health hospitals do not stop approving financial assistance for patient accounts if a hospitals charity write-offs exceed the hospitals charity budget. All Ballad 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	The cost to charge ratio (worksheet 2 "ratio of patient care cost to charges") was used to calculate line 7a financial assistance (charity care) cost and line 7b TennCare and Medicaid losses. Line 7e community health improvement includes costs that are taken directly from departmental operating reports or expenses specific to a community health event, with no additional overhead included in the cost. Line 7f health professions education is comprised of internships (primarily nursing, pharmacy, and therapy students) with schools and universities, allowing their health profession students to get hands-on training in a hospital setting. The Ballad Health Clinical Education Department (CE) maintains records for the non-Medicare programs. CE 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 his/her direction, while an RN trainer in a specialty area such as ICU or the ER may be training one-on-one with a single student. We only include labor costs for our hospital team members that provide training (i.e. no overhead is applied) and we only attribute a percentage of our team members time to actual training. For line 7g subsidized health care services, we use our cost accounting system because we have established standard costing reports for these services. We are careful to ensure no double counting of cost. Although we have other service lines within our hospital that lose money, we do not report services that hospitals are required by state licensure to provide, routine services or ancillary services. Line 7h research represents WHCMH's expense allocation from Ballad Health for research. Line 7i cash and in-kind contributions include cash disbursements and in-kind donations of mammograms to local nonprofit organizations. In-kind donations of mammograms are based on our actual cost for these items times cost-to-charge ratio to obtain net cost.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	<p>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 an 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, WHCMH 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.</p>
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	<p>Our primary external collection agency estimates that 37% of WHCMH's bad debt would likely qualify for financial assistance if patients had provided our hospitals with a financial assistance application and required documentation. The agency based their likely eligible for charity assumption on individuals with a low score. An individual's score is based on an algorithm that includes data points such as FICO credit score, property value, years at current residence, number of times an individual has moved and an individual's propensity to pay score. Just over 39% of completed financial assistance applications processed during FY19 received a full discount (complete write-off). An additional 9% received a partial discount, resulting in an overall approval rate of 48% for completed applications. Therefore, 52% 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. WHCMH 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	Ballad Health's audited financial statements include a footnote on page 13 that describes bad debt. WHCMH 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 loss is reported using WHCMH'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, Ballard Health's goal 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, WHCMH 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 Hawkins County Memorial Hospital, Inc.'s primary service area is Hawkins and Hancock counties of Tennessee. Wellmont Hawkins County Memorial Hospital, Inc. is the only hospital in Hawkins County and its sister facility, Hancock County Hospital is the only hospital in Hancock County. According to U.S. Census Bureau estimates, Hawkins County has a population of 56,459 and Hancock County has a population of 6,600. The latest census bureau data estimates the median age of residents of Hawkins County is 44.6 and Hancock County is 44.6 which is older than the median age of 38.9 in Tennessee. 20.5% of Hawkins County residents are 65 or older compared to 16% for the state. The population projections for Hawkins County over the next five years indicate that the county will likely experience little to no population growth overall. However, the age 65+ population for Hawkins County is projected to experience the most population change over the next five years. The aging population of the county presents opportunities for earlier identification and better management of health conditions that oftentimes affect elderly populations. The bureau estimates Hawkins County median household income at \$41,400 (\$37,351 for the town of Rogersville) and Hancock County's median household income at \$29,700 (\$22,955 for the town of Sneedville) compared to the State of Tennessee's median income of \$51,300. 26% of Hawkins County and 42% of Hancock County's children live in poverty compared to 21% statewide. Hawkins County is almost 58% rural compared with the statewide rural rate of 33.6%. This is a significant contributing factor in influencing health outcomes in a population. Many rural residents must travel a greater distance to access different points of the health care delivery system; however, due to geographic distance, sometimes extreme weather conditions, lack of public transportation and challenging roads, rural residents may be limited, and in some instances, even prohibited from accessing health care services. Although 19% of people in the U.S. live in rural areas and 30% of the vehicle miles traveled occur in rural areas, almost half of crash deaths occur there. While our area has generally unfavorable health statistics, there are far fewer primary care physicians per resident in our county than the state's average. Our county's ratio of population to primary care physicians is 3,540:1 compared to the state's average of 1,390:1. In other words, we have 155% more residents per physician than the overall state rate. Our county's ratio of population to mental health providers is 6,270:1 compared to the state's average of 700:1. This is almost 800% more residents per mental health provider than the overall state rate. Recruiting physicians to rural areas is often challenging due to a myriad of factors, such as geography, economics, culture and education. Geographically, rural communities are often far removed from suburban and urban centers that provide access to education, cultural and economic opportunities. These limitations influence the relocation decision of the physician candidate and his/her spouse/children to locate to a rural area. A number of factors contribute to a unique and challenging environment that influence overall health standing in our county. According to the Robert Wood Johnson Foundation's county health rankings, 33% of the adults in Hawkins County are obese. Obesity increases the risk for many health conditions such as coronary heart disease, type 2 diabetes, hypertension, stroke, cancer, sleep apnea and respiratory problems, and osteoarthritis. Evidence indicates physical activity, independent of its effect on weight, has substantial benefits for health. Our county's inactivity rate of 33% is 22% higher than the statewide rate and resident's access to exercise opportunities is 24% less than the state. According to the 2019 County Health Rankings, Hawkins County is ranked 57 out of 95 in Tennessee for health outcomes and 23 in health behaviors. As for social and economic factors, Hawkins County ranks 43 primarily due to high rates of children in poverty and above average unemployment rates.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	WHCMH 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 WHCMH 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.
Part VI, Line 5 - Promotion of Community Health	WHCMH is dedicated to operating efficiently so that waste is minimized. WHCMHs 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.WHCMH has Medicare-approved health profession education programs. In addition, WHCMH serves as a training site 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 hospital. 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 WHCMH 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 WHCMH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	<p>WHCMH is a 50-bed, acute-care facility and one of the hospitals within the Ballad Health system. Ballad Health operates a family of 21 hospitals, including three tertiary care facilities, 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. Patients benefit from WHCMH's affiliation with a healthcare system where they can be efficiently moved along an integrated, comprehensive continuum of care as their health status dictates. If needed, patients can be moved to one of Ballad Health's tertiary care facilities providing advanced treatment options. 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 WHSs 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.- 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 Health's hospital organizations and is reported using IRS Form 990, Schedule H instructions for reporting community benefit. Ballad Health 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 Wellmont Health System and Mountain States Health Alliance to merge.

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 62-1816368
Name: Wellmont Hawkins County Memorial
Hospital Inc

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? 1		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	Wellmont Hawkins Co Mem Hosp 851 Locust Street Rogersville, TN 37857 balladhealth.org/locations 0000000060	X						X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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: Wellmont Hawkins Co Mem Hosp - Part V, Section B, Line 3j	During FY19, Wellmont Hawkins County Memorial Hospital, Inc. operated under the FY16 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. WHCMH conducted their FY19 CHNA this tax reporting period with board approval and publication occurring during late 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 and its hospitals, 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 community's 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 Ballard Health's 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
Facility: Wellmont Hawkins Co Mem Hosp - Part V, Section B, Line 5	As part of the FY16 CHNA process, 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 studies Significant information was gleaned from a process conducted by the ETSU College 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 the community at large, patients 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: Wellmont Hawkins Co Mem Hosp - Part V, Section B, Line 6a	- Bristol Regional Medical Center- Holston Valley Medical Center- Lonesome Pine Hospital- Hancock County Hospital- Mountain View Regional Hospital
Facility: Wellmont Hawkins Co Mem Hosp - Part V, Section B, Line 11	During the year, WHCMH continued to focus on its CHNA priorities as identified in its FY16 CHNA report. WHCMHs primary areas of focus included: diabetes, cardiovascular disease, cancer, obesity and mental health. 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 hospitals 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 organizations by serving on their boards, committees, and assisting with fundraising efforts. WHCMH made financial contributions to other nonprofit organizations providing community services that support the hospitals CHNA. The hospital continues to conduct activities consistent with our respective implementation plan.

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: Wellmont Hawkins Co Mem Hosp - Part V, Section B, Line 13h	Ballad Health's financial assistance policy allows for some exceptions to strictly adhering to federal poverty guidelines when awarding financial assistance. Unique circumstances may be weighed and assessed for financial assistance consideration on a case-by-case basis. Also, there are some services where financial assistance may be provided outside of federal poverty guidelines. These are noted in Ballad Health's financial assistance policy.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
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.		
Department of the Treasury Internal Revenue Service	Name of the organization Wellmont Hawkins County Memorial Hospital Inc	Employer identification number 62-1816368

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 type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<div><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		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Alan Levine BH President CEO President	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,101,957	750,000	180,289	172,174	21,270	2,225,690	150,202
2 Barton Hove Former Officer-Retired	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	246,667	161,333	888,774	9,467	8,469	1,314,710	-----
3 Eric Deaton BH EVPCOO Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	497,063	40,165	33,042	26,522	16,433	613,225	-----
4 Gary Miller Former Officer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	301,352	39,377	6,938	18,236	12,169	378,072	-----
5 Marvin Eichorn BH EVPCAO Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	678,984	300,000	32,881	12,241	24,453	1,048,559	-----
6 Rebecca Beck Former Officer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	204,764	14,670	496	11,359	16,867	248,156	-----
7 Regina Day Admin HCMH/HCH	(i)	144,842	21,100	712	8,187	815	175,656	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 Tim Belisle BH EVP Secretary	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	400,672	161,656	14,736	56,640	22,892	656,596	-----
9 Todd Dougan Former Officer-Retired	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	446,194	35,385	7,016	6,061	12,306	506,962	-----

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.

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 62-1816368
Name: Wellmont Hawkins County Memorial
Hospital Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Alan Levine BH President CEO President	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,101,957	750,000	180,289	172,174	21,270	2,225,690	150,202
Barton Hove Former Officer-Retired	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	246,667	161,333	888,774	9,467	8,469	1,314,710	
Eric Deaton BH EVPCOO Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	497,063	40,165	33,042	26,522	16,433	613,225	
Gary Miller Former Officer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	301,352	39,377	6,938	18,236	12,169	378,072	
Marvin Eichorn BH EVPCAO Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	678,984	300,000	32,881	12,241	24,453	1,048,559	
Rebecca Beck Former Officer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	204,764	14,670	496	11,359	16,867	248,156	
Regina Day Admin HCMH/HCH	(i)	144,842	21,100	712	8,187	815	175,656	
	(ii)	-----	-----	-----	-----	-----	-----	-----
Tim Belisle BH EVP Secretary	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	400,672	161,656	14,736	56,640	22,892	656,596	
Todd Dougan Former Officer-Retired	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	446,194	35,385	7,016	6,061	12,306	506,962	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Wellmont Hawkins County Memorial
Hospital Inc**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**

62-1816368

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 WHCMH's sole member. The board of directors ofBallad Health, Wellmont's parent organization, serves as Wellmont's boardof directors and is responsible for appointing the directors of WHCMH'sboard.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	Following the merger of WHCMH's sole member, Wellmont Health System and Mountain States Health Alliance in February 2018 to form Ballad Health, the newly appointed Ballad Health Board of Directors assumed board responsibilities for Wellmont and Mountain States. Both Wellmont and Mountain States remain separate legal entities.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders	Certain decisions of the board are, pursuant to charter, subject to approval of the members. These decisions include: dissolution of the corporation, merger of the corporation, non-ordinary course of business sale of assets, etc. No ordinary, day-to-day decisions are subject to member approval.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	The administrator of Wellmont Hawkins County Memorial Hospital, Inc. 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>Wellmont Hawkins County Memorial Hospital, Inc. is part of the newly formed Ballad Health healthcare system formed when Wellmont Health System and Mountain States Health Alliance merged in February 2018. 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	Intercompany debt forgiveness = -\$153736

990 Schedule O, Supplemental Information

Return Reference	Explanation
AWARDS AND RECOGNITIONS	<p>Wellmont Hawkins County Memorial Hospital, Inc. was selected as one of 100 Great Community Hospitals by Beckers Hospital Review to receive this recognition for 2019. Beckers selected hospitals for inclusion on the 2019 list is based on outside rankings and awards from organizations such as the IBM Watson Health 100 Top Hospitals, iVantage Health Analytics, The Chartis Center for Rural Health's Top 100 Rural & Community Hospitals, CareChex ratings, Healthgrades awards and CMS stars, Leapfrog Group grades, among other considerations. Beckers defines a community hospital as one with fewer than 550 beds.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CHARITY AND OTHER UNREIMBURSED COSTS	<p>Charity Care: While reimbursement for healthcare services is critical to the operation and sustainability of the hospital, WHCMH recognizes its obligation to provide care to individuals who cannot afford essential medical services, including emergency care. All patients are accepted regardless of their ability to pay. A patient is approved for financial assistance (charity) 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, WHCMH incurred a loss of \$1,368,706 attributable to the provision of charity care.</p> <p>TennCare/Medicaid: WHCMH provides care to persons covered by governmental programs, such as TennCare (Tennessee residents) and Medicaid (Virginia residents). WHCMH incurred a loss of \$1,876,957 providing care to this population of patients during the year.</p> <p>Uninsured Discount: Uninsured patients received a 74% percent discount through September 30, 2018, at which time the uninsured discount increased to 77%. Certain elective procedures are not eligible for the uninsured discount. This uninsured discount is calculated each year in accordance with Tennessee regulations and without regard to a patient's income or assets. The approximate cost of this discount in FY19 was \$509,419.</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 benefactors and has made corporate citizenship an integral part of its culture. From system-wide initiatives to the hospitals and individual efforts of caring team members, the aim is to enrich the communities that are served. WHCMHs commitment includes direct financial contributions that support community healthcare needs and those non-profit agencies that advocate the health and well-being of community members. Wellmont Hawkins County Memorial Hospital, Inc. donates to local nonprofit organizations that provide health and human services within the service areas: Some examples included: - American Cancer Society- Four Square, Inc./People Loving People- Hawkins County EMS- Hawkins County Rescue Squad Throughout the year, WHCMH makes contributions to local schools and organizations that provide health, educational and social support for young people. Some of the contributions to youth programs included:- Cherokee High School- National Fire Safety Council The hospital provides meeting space for the monthly meetings of Alcoholics Anonymous. The board of directors and senior management of Ballad Health encourage team members to devote time to local community service projects, task forces, committees, boards, volunteer programs, and other charitable organizations that benefit our communities. Team members, within reason, are allowed to serve on these outside activities as representatives of WHCMH. WHCMH supports and encourages its employees to give their time to area not-for-profit organizations. Many of WHCMHs employees also serve in community rescue squads.</p>

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. The focus of this program is on the intentional care of the spirit, assisting the members of the faith community to maintain or regain wholeness in body, mind and spirit. This program provides many services based on the community's needs. Some of the services and programs provided included 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, the parish nurse program provided 649 home visits, accompanied community members to 1,722 clinic visits and visited community members while in the hospital or nursing home on 993 occasions. The program offered 243 blood pressure screening clinics, 412 glucose screenings, 80 health fairs/other screenings and 1 blood drive resulting in identification and referral of 296 people to physician services due to abnormal results. The program offered health education to parishioners via 329 educational sessions, 233 newsletter articles, 22 church bulletin articles and 110 bulletin board displays. The direct cost for WHC MH to provide this program was \$1,179. 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. Nurse Connection had a direct cost of \$2,899 this year. In FY19, Ballad Health made a major change regarding air ambulance services. Ballad Health 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. WHCMHs contribution for the air ambulance services that are especially critical in rural areas was \$10,9</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY RESOURCES	<p>24. People struggle with having enough to eat throughout the year. Ballard Health hosted a food drive to support Second Harvest Food Bank of Northeast Tennessee and Feeding America of Southwest Virginia. The drive coincided with National Food Bank Day which was September 7th, but WHCMHs drive continued until September 30th. Donation bins were located at the HR department to collect food items to be donated to partner agencies who operate food pantries and to individuals and families through some of WHCMHs direct service programs like the Mobile Food Pantry and Senior Grocery Program. The best way to keep the communities served healthy is to provide them with the latest information about their health. WHCMH strives to provide information about everything from disease and injury prevention to the latest treatments and technologies available to coping with disease and its symptoms. A leadership committee representing 24 regional organizations, along with more than 150 community stakeholder groups, has created the regions 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 Ballard 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a - Program Service Accomplishments (Cont'd)	<p>In fiscal year 2019, WHCMH provided services to: 838 inpatients 164 inpatient and outpatient surgical cases 14,737 emergency room visits</p> <p>WHCMH is mindful of its responsibilities as one of Hawkins County's largest employers. Hundreds of families count on WHCMH for their livelihoods. The area WHCMH serves relies on them as a driver of economic development. It is their duty as a corporate citizen to support those endeavors and causes that improve the quality of life in its region. And WHCMH also recognizes its responsibility to care for those in need - regardless of their ability to pay.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a - Compensation Process for Top Official	<p>The Executive Committee serves as the compensation committee of Ballad Health's Board of Directors. The compensation plan for WHCMH's Board President and Ballad Health's President and CEO, Alan Levine, 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. On an annual basis, Ballad Health's Human Resources (H/R) Department evaluates compensation for all executives at a position level of Assistant Vice President and above. The review includes WHCMH's administrator. H/R's evaluation is based on market data obtained from independent third-party consultants for positions with similar responsibilities at similarly situated organizations. Based on this comparable data, Ballad Health's President and CEO evaluates the data and submits his recommendations to Ballad Health's Board of Directors for their final review and approval. In addition, Ballad Health offers an incentive plan to executives based on targeted achievement metrics set in advance of the pay year. Established metrics include: quality and access measures, evidence-based care scores, and value based purchasing, etc.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b - Compensation Process for Officers	Similar to WHCMH's board President and the organization's administrator, WHCMH's other officers receive compensation that complies with Ballad Health's salary policy. Their pay is set at a market percentile specific to their positions.

990 Schedule O, Supplemental Information

Return Reference	Explanation
IMPROVING HEALTHCARE QUALITY	<p>QUALITY METRICS - Ballard Healths 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 Hawkins County Memorial Hospital, Inc. (WHCMH) 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>WHCMH serves as a clinical training facility for health profession students. WHCMH dedicates staff to work with regional colleges and programs to coordinate placement of healthcare profession students as part of their educational curriculum. In addition to clinical training, the health care students are required to have orientation and computer training. Participating in the hands-on training this year were Pharmacy and other allied health discipline students. The cost to the hospital was approximately \$2,751 to provide training to 3 participants.</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: 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. WHCMH 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
PROGRAMS FOR SPECIAL POPULATIONS	<p>WHCMH partnered with the company, Bolder Outreach Solutions, to work with self-paying patients who have limited financial resources. Representatives were available at all WHS facilities to determine possible governmental medical assistance (TennCare or Medicaid) eligibility, and to help with the application process and follow-up. 127 patients were approved during FY19 for coverage. Once a person is approved for TennCare or Medicaid through this program offered through WHS, they retain coverage for future medical care. WHCMH incurred expense of \$6,400 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 WHS facilities. In FY19, the unreimbursed expenses of the research department was \$386.</p>

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 Hawkins County Memorial
Hospital Inc

Employer identification number

62-1816368

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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					No			No	
(2) Holston Valley Ambulatory Surgery Center 103 West Stone Drive Kingsport, TN 37660 62-1816864	Medical Services	TN	WHS					No			No	
(3) Greeneville Physician Services LLC 1905 American Way Kingsport, TN 37660 45-5070419	Medical Services	TN	WHS					No			No	

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

See Additional Data Table

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

Part V

Transactions With Related Organizations

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

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

1

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

a

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

1a

Yes

No

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

No

j

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

1j

Yes

k

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

1k

Yes

l

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

1l

Yes

m

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

1m

Yes

n

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

1n

Yes

o

Sharing of paid employees with related organization(s)

1o

Yes

p

Reimbursement paid to related organization(s) for expenses

1p

No

q

Reimbursement paid by related organization(s) for expenses

1q

No

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

No

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

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: 62-1816368

Name: Wellmont Hawkins County Memorial Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
303 Med Tech Parkway Suite 220 Johnson City, TN 37604 62-0476282	Hospital System	TN	501c3	3	BALLAD		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
1905 American Way Kingsport, TN 37660 62-1636465	Hospital System	TN	501c3	3	BALLAD		No
1420 Tusculum Boulevard Greeneville, TN 37745 51-0603966	Hospital	TN	501C3	3	WHS		No
1905 American Way Kingsport, TN 37660 26-3557623	Medical Services	TN	501c3	10	WHS		No
1905 American Way Kingsport, TN 37660 27-0898372	Medical Services	TN	501c3	7	WHS		No
1905 American Way Kingsport, TN 37660 27-3777167	Medical Services	TN	501c3	3	WHS		No
1019 West Oakland Ave Suite 2 Johnson City, TN 37604 58-1594191	Fundraiser	TN	501c3	7	BALLAD		No
2000 Greenway Street Kingsport, TN 37660 62-1308216	Assisted Living	TN	501c3	10	WHS		No
2421 N John B Dennis Hwy Kingsport, TN 37660 58-1859039	Nursing Home	TN	501c3	10	WHS		No
1905 American Way Kingsport, TN 37660 86-1103148	Healthcare	TN	501c3	12a	WHS		No
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					No
(1) Wellmont Collections Inc 2004 American Way Suite 101 Kingsport, TN 37660 62-1325938	Business Services	TN	NA	C					No
(2) Medical Mall Pharmacy Inc 1905 American Way Kingsport, TN 37660 62-1565006	Medical Services	TN	NA	C					No
(3) Wellmont Physician Services 1905 American Way Kingsport, TN 37660 62-1567353	Medical Services	TN	NA	C					No
(4) WPS Providers Inc 1905 American Way Kingsport, TN 37660 20-5564642	Medical Services	TN	NA	C					No
(5) Wellmont Health Services Inc 1905 American Way Kingsport, TN 37660 62-1254373	Medical Services	TN	NA	C					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) Integrated Solutions Health Network 509 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-1711997	Health Network	TN	NA	C					No
(14) Nolichuckey Management Svcs Inc 1420 Tusculum Boulevard Greeneville, TN 37745 62-1776681	Medical Services	TN	LMH	C					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
(16) Wellmont Insurance Co SPC LTD PO Box 30600 Grand Cayman KY1-1203 CJ 98-1195624	Insurance	CJ	NA	C					No