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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

C Name of organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 15010

City or town, state or province, country, and ZIP or foreign postal code
KNOXVILLE, TN 379015010

D Employer identification number
62-6002604

E Telephone number
(865) 541-8154

G Gross receipts $ 212,431,151

F Name and address of principal officer
KEITH D GOODWIN
PO BOX 15010
KNOXVILLE, TN 379015010

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: ▶ HTTPS //WWW ETCH COM

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

L Year of formation 1937

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AT ETCH, CHILDREN ARE OUR ONLY CONCERN, PROVIDING THE BEST HEALTHCARE TO EVERY CHILD SERVED

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	2,147
6	Total number of volunteers (estimate if necessary)	**6**	13,466
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	23,624
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	83,027

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,441,595	4,816,010
9	Program service revenue (Part VIII, line 2g)	193,429,776	195,416,551
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,351,769	7,226,191
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,910,917	3,108,170
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	213,134,057	210,566,922
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	80,801	72,558
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	102,252,238	109,665,152
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶949,312		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	90,446,186	89,399,487
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	192,779,225	199,137,197
19	Revenue less expenses Subtract line 18 from line 12	20,354,832	11,429,725

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	457,062,079	507,277,084
21	Total liabilities (Part X, line 26)	159,824,586	194,670,455
22	Net assets or fund balances Subtract line 21 from line 20	297,237,493	312,606,629

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

****** 2019-11-05
Signature of officer Date

CARYN HAWTHORNE VP OF FINANCE AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00364912

Firm's name ▶ PYA P C — Firm's EIN ▶ 62-1517792

Firm's address ▶ ONE CHEROKEE MILLS 2220 SUTHERLAND AVE KNOXVILLE, TN 379192363 — Phone no (865) 673-0844

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AT EAST TENNESSEE CHILDREN'S HOSPITAL ("ETCH"), CHILDREN ARE OUR ONLY CONCERN, AND THAT DRIVES OUR MISSION TO IMPROVE THE HEALTH OF CHILDREN THROUGH EXCEPTIONAL, COMPREHENSIVE FAMILY-CENTERED CARE, WELLNESS AND EDUCATION IT IS A MISSION THAT CENTERS ON A PROFOUND AND UNCHANGING COMMITMENT TO THE PHYSICAL, EDUCATIONAL AND EMOTIONAL NEEDS OF EACH CHILD

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 $ 171,585,870 including grants of $ 72,558) (Revenue $ 196,885,468)

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** ▶ 171,585,870

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	292		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,147		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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
▶CARYN HAWTHORNE PO BOX 15010 KNOXVILLE, TN 379015010 (865) 541-8154

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								5,546,850	0	576,265

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 ▶ 78

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S ANESTHESIOLOGISTS PC 2018 W CLINCH AVENUE KNOXVILLE, TN 37916	PHYSICIAN SERVICES	10,544,099
SOUTHEASTERN EMERGENCY PHYSICIANS LLC 265 BROOKVIEW CENTRE WAY 400 KNOXVILLE, TN 37919	PHYSICIAN SERVICES	4,263,858
QUEST DIAGNOSTICS 900 E OAK HILL AVE KNOXVILLE, TN 37917	LAB SERVICES	2,541,216
OAK RIDGE PEDIATRIC CLINIC PC 145 EAST VANCE ROAD OAK RIDGE, TN 37830	PHYSICIAN SERVICES	2,138,123
PEDIATRIC CLINIC PC 224 S PETERS RD STE 105 KNOXVILLE, TN 37923	PHYSICIAN SERVICES	1,810,510

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 ▶ 39

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 733,698			
	d Related organizations	1d			
	e Government grants (contributions)	1e 16,065			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,066,247			
	g Noncash contributions included in lines 1a - 1f $ 96,061				
	h Total. Add lines 1a-1f . . . . . ▶	4,816,010			
Program Service Revenue		Business Code			
	2a PATIENT CARE REVENUE	621990	192,414,232	192,390,608	23,624
	b OTHER HEALTHCARE SRVCS	621990	1,993,633	1,993,633	
	c PASSTHROUGH REVENUE	621110	1,008,686	1,008,686	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	195,416,551			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	7,490,212			7,490,212
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	968,661			
	b Less rental expenses	0			
	c Rental income or (loss)	968,661			
	d Net rental income or (loss) . . . . . ▶	968,661	968,661		
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		30,328		
	b Less cost or other basis and sales expenses		294,349		
	c Gain or (loss)		-264,021		
	d Net gain or (loss) . . . . . ▶	-264,021	-264,021		
	8a Gross income from fundraising events (not including $ 733,698 of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	909,046			
	b Less direct expenses . . . **b**	947,132			
	c Net income or (loss) from fundraising events . . ▶	-38,086			-38,086
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**	39,805			
	b Less direct expenses . . . **b**	6,933			
	c Net income or (loss) from gaming activities . . ▶	32,872			32,872
	10a Gross sales of inventory, less returns and allowances . . **a**	617,562			
	b Less cost of goods sold . . **b**	615,815			
	c Net income or (loss) from sales of inventory . . ▶	1,747			1,747
	Miscellaneous Revenue	Business Code			
	11a CAFETERIA SALES	621110	1,378,699		1,378,699
	b MISCELLANEOUS	900099	764,277	764,277	
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	2,142,976			
	12 Total revenue. See Instructions . . . . . ▶	210,566,922	196,861,844	23,624	8,865,444

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	72,558	72,558		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,690,412	2,341,101	349,311	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	83,420,116	72,467,308	10,411,269	541,539
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,719,292	1,504,715	214,577	
9 Other employee benefits	15,536,968	13,597,873	1,939,095	
10 Payroll taxes	6,298,364	5,512,295	786,069	
11 Fees for services (non-employees)				
a Management				
b Legal	147,726		147,726	
c Accounting	241,894		241,894	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,706,304	22,653,324	2,979,353	73,627
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	3,173,335	3,009,164	164,171	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	392,003	242,824	114,854	34,325
20 Interest	3,212,628	3,212,628		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,016,646	9,294,226	1,722,420	
23 Insurance	1,196,621	2,544	1,194,077	
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 SUPPLIES	29,466,514	28,783,503	567,225	115,786
b MAINTENANCE AND RENTAL	7,924,672	3,920,849	4,003,823	
c BAD DEBT	3,861,822	3,861,822		
d UBI TAXES	21,018	21,018		
e All other expenses	3,038,304	1,088,118	1,766,151	184,035
25 **Total functional expenses.** Add lines 1 through 24e	199,137,197	171,585,870	26,602,015	949,312
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		12,143,356	1	12,030,385
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,254,970	3	1,643,599
	4	Accounts receivable, net		28,653,189	4	27,333,656
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,392,229	7	1,137,059
	8	Inventories for sale or use		4,175,789	8	3,997,156
	9	Prepaid expenses and deferred charges		980,613	9	2,183,825
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 257,489,432			
	b	Less accumulated depreciation	10b 116,486,983	144,279,892	10c	141,002,449
	11	Investments—publicly traded securities		181,126,375	11	198,455,266
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		25,206,559	13	25,628,832
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		55,849,107	15	93,864,857
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		457,062,079	16	507,277,084
Liabilities	17	Accounts payable and accrued expenses		21,009,787	17	24,606,254
	18	Grants payable			18	
	19	Deferred revenue		1,202,875	19	1,148,199
	20	Tax-exempt bond liabilities		89,580,000	20	123,659,768
	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		48,031,924	25	45,256,234
	26	**Total liabilities.** Add lines 17 through 25		159,824,586	26	194,670,455
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		262,666,602	27	278,717,627
	28	Temporarily restricted net assets		16,361,499	28	15,644,327
	29	Permanently restricted net assets		18,209,392	29	18,244,675
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		297,237,493	33	312,606,629
	34	Total liabilities and net assets/fund balances		457,062,079	34	507,277,084

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	210,566,922
2	Total expenses (must equal Part IX, column (A), line 25)	2	199,137,197
3	Revenue less expenses Subtract line 2 from line 1	3	11,429,725
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	297,237,493
5	Net unrealized gains (losses) on investments	5	5,140,116
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,200,705
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	312,606,629

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 62-6002604

Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Form 990, Part III, Line 4a:

EAST TENNESSEE CHILDREN'S HOSPITAL ("ETCH") IS THE ONLY COMPREHENSIVE REGIONAL PEDIATRIC CENTER IN EAST TENNESSEE SINCE 1937, ETCH HAS PROVIDED EXCELLENT PEDIATRIC HEALTH CARE FOR CHILDREN FROM BIRTH TO 21 YEARS OF AGE ETCH OFFERS MORE PEDIATRIC SUBSPECIALTIES THAN ANY OTHER HOSPITAL IN THE REGION, SERVING CHILDREN FROM EAST TENNESSEE, SOUTHWEST VIRGINIA, SOUTHEAST KENTUCKY AND WESTERN NORTH CAROLINA THE SUBSPECIALTIES AVAILABLE AT ETCH INCLUDE ADOLESCENT GYNECOLOGYADOLESCENT MEDICINE(SUBSPECIALTY LIST CONTINUED ON SCHEDULE O)CHILD ABUSE PEDIATRICSDEVELOPMENTAL-BEHAVIORAL PEDIATRICSNEONATOLOGYPEDIATRICSPEDIATRIC ALLERGY & IMMUNOLOGYPEDIATRIC ANESTHESIOLOGYPEDIATRIC CARDIOLOGY CLINICAL GENETICSPEDIATRIC CRITICAL CAREPEDIATRIC DENTISTRY/PEDODONTICSPEDIATRIC DERMATOLOGYPEDIATRIC EMERGENCY MEDICINEPEDIATRIC ENDOCRINOLOGYPEDIATRIC FORENSIC MEDICINEPEDIATRIC GASTROENTEROLOGYPEDIATRIC GYNECOLOGYPEDIATRIC HEMATOLOGY/ONCOLOGYPEDIATRIC INFECTIOUS DISEASESPEDIATRIC NEPHROLOGYPEDIATRIC NEUROLOGYPEDIATRIC NEUROSURGERYPEDIATRIC OPHTHALMOLOGYPEDIATRIC ORTHOPEDICSPEDIATRIC OTOLARYNGOLOGYPEDIATRIC PHYSIATRYPEDIATRIC PLASTIC/RECONSTRUCTIVE SURGERYPSYCHOLOGYPEDIATRIC PULMONOLOGYPEDIATRIC RADIOLOGYPEDIATRIC RHUMATOLOGYPEDIATRIC SLEEP MEDICINEPEDIATRIC SURGERYPEDIATRIC UROLOGYPERINATOLOGYSLEEP MEDICINEIN ADDITION, ETCH PROVIDES THE FOLLOWING MEDICAL/SURGICAL SERVICES THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD CERTIFIED PEDIATRIC PHYSICIANS AND NURSING PERSONNEL TO PROVIDE TREATMENT FOR ALL TYPES OF EMERGENCIES 24 HOURS A DAY, SEVEN DAYS A WEEK THE DEPARTMENT PROVIDES EVALUATION AND TREATMENT FOR PATIENTS UP TO 21 YEARS OF AGE WITH VARYING LEVELS OF ILLNESS AND INJURY, FROM MINOR TO LIFE THREATENING THE HOSPITAL'S PEDIATRIC INTENSIVE CARE UNIT (PICU) PROVIDES SOPHISTICATED, 24-HOUR-A-DAY TREATMENT FOR CRITICALLY ILL AND INJURED CHILDREN THE PICU IS STAFFED WITH FELLOWSHIP TRAINED, BOARD CERTIFIED, CRITICAL CARE PHYSICIANS AND NURSES SPECIFICALLY TRAINED AND EXPERIENCED IN THE CARE OF CRITICALLY ILL CHILDREN PATIENTS IN THE PICU RECEIVE A HIGH LEVEL OF MONITORING AND/OR TREATMENT UNTIL THEY ARE WELL ENOUGH TO BE TRANSFERRED TO A REGULAR PATIENT ROOM OR DISCHARGED HOME IN THE NEONATAL INTENSIVE CARE UNIT (NICU), TINY AND FRAGILE INFANTS BORN PREMATURELY OR FACING LIFE-THREATENING ILLNESSES RECEIVE TREATMENT FROM A TEAM OF BOARD-CERTIFIED NEONATOLOGISTS, WITH VALUABLE ASSISTANCE FROM SPECIALLY TRAINED NURSES, RESPIRATORY THERAPISTS, LACTATION CONSULTANTS AND OTHER MEDICAL PROFESSIONALS THE NICU TREATS MORE THAN 700 NEWBORNS EACH YEAR, AND 97 PERCENT OF THE BABIES GO HOME AS A REGIONAL REFERRAL CENTER FOR EAST TENNESSEE, ETCH OFFERS NEONATAL AND PEDIATRIC TRANSPORT FROM OUTLYING HOSPITALS IN LIFELINE, A MOBILE INTENSIVE CARE UNIT SPECIALLY DESIGNED TO MAINTAIN THE SAME QUALITY OF CARE DURING TRANSPORT AS PATIENTS RECEIVE IN THE HOSPITAL'S CRITICAL CARE UNITS LIFELINE CARRIES ALMOST 1,000 SUPPLIES TO ADMINISTER CARE TO PATIENTS, FROM THE TINIEST PREMATURE INFANT TO AN ADULT-SIZE PEDIATRIC PATIENT, DURING TRANSPORT TO THE HOSPITAL IN ADDITION TO THE SPECIAL EQUIPMENT, THE LIFELINE MEDICAL TEAM MAY INCLUDE A NEONATOLOGIST, NEONATAL NURSE PRACTITIONER, PEDIATRIC/NEONATAL RN, RESPIRATORY THERAPIST AND AN EMT, DEPENDING ON THE CONDITION OF THE PATIENT THE HOSPITAL'S TWO LIFELINE VEHICLES TRAVEL TENS OF THOUSANDS OF MILES EACH YEAR TO DOZENS OF DIFFERENT HOSPITALS IN TENNESSEE AND SURROUNDING STATES AND TRANSPORT HUNDREDS OF PEDIATRIC PATIENTS TO ETCH ETCH MEETS A WIDE RANGE OF PEDIATRIC SURGICAL NEEDS, FROM COMMON OUTPATIENT PROCEDURES SUCH AS TONSILLECTOMIES TO MORE COMPLICATED PROCEDURES, SUCH AS RECONSTRUCTIVE SURGERY OR NEUROSURGERY FIVE DEPARTMENTS COMPRISE ETCH'S SURGICAL SERVICES OUTPATIENT SURGERY, SURGERY, POST-ANESTHESIA (THE OPERATING ROOMS) CARE UNIT ("WAKE UP OR RECOVERY ROOM), INPATIENT SURGERY AND ANESTHESIA THESE DEPARTMENTS WORK TOGETHER TO MAKE SURE EACH CHILD'S SURGERY AND RECOVERY IS AS QUICK AND PAINLESS AS POSSIBLE THE DOCTORS, NURSES, ANESTHESIOLOGISTS AND OTHER SURGICAL STAFF ARE TRAINED IN PEDIATRIC MEDICINE AT ANY GIVEN TIME AND FOR VARIOUS REASONS, A CHILD MAY NEED TO BE ADMITTED TO ETCH AS AN INPATIENT DOCTORS AND NURSES CONTINUOUSLY MONITOR AND TREAT INPATIENTS ACCORDING TO THEIR INDIVIDUAL NEEDS ALONG WITH PROVIDING COMPREHENSIVE MEDICAL AND NURSING CARE, ETCH IS DEDICATED TO MAKING A CHILD'S STAY IN THE HOSPITAL AS COMFORTABLE AS POSSIBLE EACH ROOM HAS A TV/DVD PLAYER WITH ACCESS TO MOVIE CHANNELS, AND PLAY ROOMS ARE LOCATED ON EACH FLOOR OTHER SERVICES SUCH AS CHILD LIFE, NUTRITION, PASTORAL CARE AND SOCIAL WORK PROVIDE FOR THE PHYSICAL AND EMOTIONAL NEEDS OF THE CHILD THE RESPIRATORY CARE DEPARTMENT AT ETCH IS STAFFED WITH LICENSED AND ACCREDITED RESPIRATORY THERAPISTS WHOSE ROLES INCLUDE TREATING PATIENTS WITH LUNG AND/OR HEART DISEASES SUCH AS ASTHMA, PNEUMONIA, PREMATURE LUNGS AND CYSTIC FIBROSIS TREATMENTS PROVIDED BY RESPIRATORY THERAPISTS INCLUDE AEROSOL MEDICATIONS, DELIVERY OF OXYGEN AND OTHER MEDICAL GASES, VENTILATOR MANAGEMENT AND MANY OTHER PROCEDURES RESPIRATORY THERAPISTS HELP PATIENTS THROUGHOUT THE HOSPITAL, FROM THE EMERGENCY DEPARTMENT TO THE NICU THEY ARE ALSO MEMBERS OF THE PEDIATRIC TRANSPORT TEAM THAT HELPS BRING SICK AND INJURED CHILDREN TO THE HOSPITAL FOR SPECIALIZED CARE EDUCATION IS ALSO A KEY ROLE OF RESPIRATORY THERAPISTS, THEY TEACH PATIENTS AND THEIR FAMILIES HOW TO CARE FOR CERTAIN CONDITIONS AT HOME THE PULMONARY FUNCTION LAB, A VITAL PART OF THE RESPIRATORY CARE DEPARTMENT, PERFORMS TESTS TO DIAGNOSE LUNG AND HEART DISEASES THE DEPARTMENT IS STAFFED BY SPECIALLY TRAINED RESPIRATORY THERAPISTS SERVICES PROVIDED INCLUDE SPIROMETRY TESTING, METABOLIC STUDIES, CARDIAC STRESS TESTING, LUNG VOLUMES AND THE CYSTIC FIBROSIS CLINIC ECHOCARDIOGRAMS ARE PERFORMED IN THE ECHO LAB PATIENTS IN A VARIETY OF HOSPITAL DEPARTMENTS MAY BENEFIT FROM SEDATION DURING SOME PAINFUL TESTS AND PROCEDURES IN ADDITION, YOUNG CHILDREN MAY NEED SEDATION TO REMAIN STILL DURING LONG TESTS, SUCH AS A MAGNETIC RESONANCE IMAGING (MRI) TO MEET THESE NEEDS, ETCH OFFERS PEDIATRIC ANALGESIA AND SEDATION SPECIALISTS (PASS) WHILE THE HOSPITAL CANNOT ELIMINATE PAIN FOR SOME CHILDREN, IT IS OUR GOAL TO KEEP PAINFUL OR UNCOMFORTABLE SITUATIONS TO A MINIMUM PASS IS A DEDICATED SERVICE THAT UTILIZES THE MOST CURRENT SEDATION TECHNIQUES TO HELP CHILDREN UNDERGOING LENGTHY OR PAINFUL PROCEDURES AT ETCH A MULTISPECIALTY TEAM SEES EACH CHILD, INCLUDING A PEDIATRIC SEDATION PHYSICIAN AND PEDIATRIC NURSES WHO ARE SPECIFICALLY PREPARED TO WORK WITH CHILDREN'S SEDATION DIAGNOSTIC SERVICES THE CLINICAL LAB IS RESPONSIBLE FOR ALL DIAGNOSTIC TESTING, WHICH INCLUDES THE FOLLOWING AREAS HEMATOLOGY, CHEMISTRY, MICROBIOLOGY, IMMUNOLOGY, SEROLOGY AND BLOOD BANK NEUROLOGY LAB - THE NEUROLOGY LAB OFFERS A VARIETY OF DIAGNOSTIC TESTS FOR PATIENTS DEALING WITH SEIZURES, HEARING PROBLEMS, SLEEP DISORDERS AND OTHER CONDITIONS INVOLVING THE BRAIN THE MOST COMMON TESTS OFFERED IN THE NEUROLOGY LABORATORY ARE THE ELECTROENCEPHALOGRAM (EEG) FOR CHILDREN HAVING SEIZURES AND OTHER NEUROLOGICAL PROBLEMS AND THE BRAINSTEM AUDITORY EVOKED RESPONSE (BAER) HEARING TEST, OFFERED MOST OFTEN TO INFANTS WHO FAIL NEWBORN HEARING SCREENINGS AND TODDLERS WHO ARE SPEECH DELAYED CHILDREN'S SLEEP MEDICINE CENTER - THE CHILDREN'S SLEEP MEDICINE CENTER OFFERS SLEEP STUDY TESTING FOR CHILDREN WHO ARE HAVING PROBLEMS WITH SLEEP THE SLEEP STUDIES TAKE PLACE OVERNIGHT, DURING THE CHILD'S REGULAR SLEEP CYCLE, TO FIND THE CAUSE OF SUCH PROBLEMS AS SLEEP TERRORS AND SLEEPWALKING ETCH IS ACCREDITED AS THE ONLY SLEEP MEDICINE CENTER DEDICATED TO PEDIATRICS IN EAST TENNESSEE THE RADIOLOGY DEPARTMENT SERVES AS AN "IMAGING" CENTER FOR CHILDREN THESE IMAGES INCLUDE X-RAY, ULTRASOUND, CT SCAN, NUCLEAR MEDICINE, MRI, AND FLUOROSCOPY OUTPATIENT SERVICES CHILDREN'S HOSPITAL HOME HEALTH CARE, WHICH IS A HOSPITAL-BASED HOME HEALTH AGENCY, SUPPORTS THE PHILOSOPHY, MISSION AND POLICIES OF ETCH AND IS DEDICATED TO MEETING THE NEEDS OF CHILDREN HOME HEALTH PROVIDES FOLLOW-UP SUPPORTIVE CARE TO PATIENTS NEWBORN TO 21 YEARS OF AGE WHO DO NOT REQUIRE HOSPITALIZATION OR CONSTANT SKILLED SUPERVISION HOME HEALTH IS LICENSED TO PROVIDE SERVICES IN 16 EAST TENNESSEE COUNTIES ALL PATIENTS ARE ACCEPTED ON THE BASIS OF PHYSICIAN REFERRAL, THE ABILITY OF HOME HEALTH TO MEET THE PATIENT'S SPECIFIC NEEDS, AND WHEN THE PHYSICIAN, CHILD'S FAMILY AND THE HOME HEALTH STAFF AGREE THAT IN-HOME CARE WOULD BE AN APPROPRIATE AND EFFECTIVE MEANS OF TREATMENT AVAILABLE SERVICES INCLUDE REGISTERED NURSING, RESPIRATORY THERAPY, HOME INFUSION, NUTRITIONAL SUPPORT, HOME MEDICAL EQUIPMENT, SUPPLIES, PHYSICAL THERAPY, SPEECH THERAPY AND OCCUPATIONAL THERAPY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREA ANNE WHITE BOARD MEMBER	2 00	X						0	0	0
BARBARA SUMMERS MD BOARD MEMBER	2 00	X						0	0	0
BRIAN T FERGUSON BOARD MEMBER	2 00	X						0	0	0
CAMERON J SEARS MD BOARD MEMBER	2 00	X						0	0	0
CATHY ACKERMANN BOARD MEMBER	2 00	X						0	0	0
DANIEL K CARTER BOARD MEMBER	2 00	X						0	0	0
DAVID D STEVENS BOARD MEMBER	2 00	X						0	0	0
JAMES B CLAYTON BOARD MEMBER	2 00	X						0	0	0
JOHN Q BUCHHEIT MD CHAIRMAN	2 00	X						0	0	0
KEITH D GOODWIN BOARD MEMBER/PRES & CEO	40 00	X		X				672,807	0	125,075

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH J RUETER BOARD MEMBER	2 00	X						0	0	0
KIM WOOD BOARD MEMBER	2 00	X						0	0	0
LARRY B MARTIN VICE CHAIRMAN	2 00	X						0	0	0
R GALE HUNEYCUTT JR SECRETARY/TREASURER	2 00	X						0	0	0
RANDALL L GIBSON BOARD MEMBER	2 00	X						0	0	0
SCOTT DANIEL BOARD MEMBER	2 00	X						0	0	0
SCOTT W BRICE MD BOARD MEMBER	2 00	X						0	0	0
RYAN L REDMAN MD BOARD MEMBER	2 00	X						0	0	0
CARYN HAWTHORNE VP/CHIEF FINANCIAL OFFICER	40 00			X				370,947	0	64,992
CARLTON LONG VP DEVELOPMENT	40 00				X			228,828	0	43,287

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CATHY SHUCK VP OF LEGAL SERVICES	40 00				X			227,217	0	26,463
HELLA EWING VP OF PATIENT SERVICES/CNO	40 00				X			292,581	0	51,540
STEVEN GODBOLD VP FOR OPERATIONS	40 00				X			313,641	0	59,093
SUE WILBURN VP HUMAN RESOURCES	40 00				X			250,354	0	49,842
CARLOS A ANGEL MD PEDIATRIC SURGEON	40 00					X		698,504	0	16,310
DAVID RIDEN MD PEDIATRIC UROLOGIST	40 00					X		631,611	0	31,898
ERIC JENSEN MD PEDIATRIC SURGEON	40 00					X		578,624	0	31,898
SUMEET SHARMA MD PEDIATRIC CARDIOLOGIST	40 00					X		631,145	0	46,334
WILLIAM GLAZE VAUGHAN MD PEDIATRIC SURGEON	40 00					X		650,591	0	29,533

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

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

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

Software Version:

EIN: 62-6002604

Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	18,209,392	18,188,295	18,164,211	16,223,385	16,187,784
b Contributions . . .	35,283	21,097	24,084	1,940,826	35,601
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	18,244,675	18,209,392	18,188,295	18,164,211	16,223,385

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 ▶ 100 000 %
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,697,537	8,687,197		10,384,734
b Buildings		161,332,569	55,947,216	105,385,353
c Leasehold improvements				
d Equipment		85,095,193	60,539,767	24,555,426
e Other		676,936		676,936
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				141,002,449

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) DONOR RESTRICTED INVESTMENTS	25,628,832	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	25,628,832	

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) INTERCOMPANY RECEIVABLES	54,000,311
(2) OTHER RECEIVABLES	4,024,738
(3) UNAMORTIZED BOND EXPENSE	757,210
(4) TRUSTEED BOND FUNDS	34,242,604
(5) ESTIMATED THIRD PARTY SETTLEMENTS	839,994
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	93,864,857

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	
NET INVESTMENT IN SUBSIDIARIES	45,256,234
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	45,256,234

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 62-6002604

Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	PER THE EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC AND SUBSIDIARIES AUDITED CONSOLIDATED FINANCIAL STATEMENTS FEDERAL INCOME TAXES THE HOSPITAL IS CLASSIFIED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS RELATED TO THE 501(C)(3) ORGANIZATION CHILDREN'S PRIMARY CARE CENTER AND COLLECTOR'S, INC OF KNOXVILLE ARE TAXABLE ENTITIES THE HOSPITAL HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2019 OR 2018 AT JUNE 30, 2019, TAX RETURNS FOR FISCAL YEARS 2016 THROUGH 2018 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FANTASY OF TREES (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,066,461	223,692	352,591	1,642,744
	2 Less Contributions	294,373	194,219	245,106	733,698
	3 Gross income (line 1 minus line 2)	772,088	29,473	107,485	909,046
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	82,526	43,100	5,025	130,651
	7 Food and beverages	8,535			8,535
	8 Entertainment				
	9 Other direct expenses	597,941	50,410	159,595	807,946
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				947,132
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-38,086

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			39,805	39,805
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			6,403	6,403
	4 Rent/facility costs				
	5 Other direct expenses			530	530
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				6,933
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				32,872

9 Enter the state(s) in which the organization conducts gaming activities TN

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ LESA HAWKINS

Address ▶ PO BOX 15010
KNOXVILLE, TN 379015010

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ PATRICIA SCOTT

Gaming manager compensation ▶ $

Description of services provided ▶ PATRICIA SCOTT IS THE COMMUNITY DEVELOPMENT OFFICER AND THE COORDINATOR FOR THE FANTASY OF TREES THE DEVELOPMENT DEPARTMENT IS RESPONSIBLE FOR THE FANTASY OF TREES EVENT THE RAFFLE TREE IS THE GAMING EVENT HELD WITHIN THE FANTASY OF TREES THE DEVELOPMENT DEPARTMENT FOSTERS THE RELATIONSHIP WITH RAFFLE SPONSORS AND DECIDES WHERE/ HOW THE AREA IS DESIGNED ON THE FLOOR THE DEVELOPMENT DEPARTMENT RECRUITS VOLUNTEERS TO SELL RAFFLE TICKETS, LOCK THE DRUM, AND ARRANGE THE TICKET DRAWING AND DELIVERY

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☑ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	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)			1,021,642		1,021,642	0 520 %
b Medicaid (from Worksheet 3, column a)			111,908,787	88,745,020	23,163,767	11 860 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			112,930,429	88,745,020	24,185,409	12 380 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		176,732	1,361,117	249,088	1,112,029	0 570 %
f Health professions education (from Worksheet 5)		3,429	2,070,386	333,766	1,736,620	0 890 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			188,759		188,759	0 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		126,142	573,557	3,244	570,313	0 290 %
j **Total.** Other Benefits		306,303	4,193,819	586,098	3,607,721	1 850 %
k **Total.** Add lines 7d and 7j		306,303	117,124,248	89,331,118	27,793,130	14 230 %

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		284	30,870	4,050	26,820	0 010 %
4 Environmental improvements			5,561	0	5,561	0 %
5 Leadership development and training for community members						
6 Coalition building		5,113	57,594	22,000	35,594	0 020 %
7 Community health improvement advocacy						
8 Workforce development		25	654,404	0	654,404	0 340 %
9 Other						
10 Total		5,422	748,429	26,050	722,379	0 370 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 1,358,142		
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		
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	5,163
6	Enter Medicare allowable costs of care relating to payments on line 5	6	12,898
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-7,735
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 CHILDREN'S WEST SURGERY CENTER LLC	MEDICAL SURGERY CENTER	50 000 %		50 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **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)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group EAST TENNESSEE CHILDREN'S HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	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		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTPS //WWW ETCH COM			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTPS //WWW ETCH COM/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT ASPX			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)

EAST TENNESSEE CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

EAST TENNESSEE CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

EAST TENNESSEE CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

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 7	A COST-TO-CHARGE RATIO, DERIVED FROM THE SCHEDULE H APPLICABLE WORKSHEETS, INCLUDING WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES, WAS USED TO DETERMINE CHARITY CARE ACTUAL EXPENSE DATA IS ACCUMULATED WITHIN THE ETCH GENERAL LEDGER WHICH ADDRESSES ALL PATIENT SEGMENTS INCLUDING INPATIENT, OUTPATIENT, EMERGENCY ROOM, COMMERCIAL INSURANCE, GOVERNMENT INSURANCE, UNINSURED AND SELF-PAY THE TOTAL OPERATING EXPENSE WAS DIVIDED BY PATIENT REVENUES TO CALCULATE AN OVERALL RATIO THAT WAS THEN APPLIED TO INDIGENT AND CHARITY CARE CHARGES TO ARRIVE AT COST THE STATE OF TENNESSEE'S COVERKIDS PROGRAM PROVIDES COVERAGE FOR THE VAST MAJORITY OF CHILDREN WHO REQUIRE MEDICAL CARE BUT ARE UNINSURED ETCH REPRESENTATIVES WORK EXTENSIVELY WITH PATIENTS' FAMILIES TO HELP THEM UNDERSTAND AVAILABILITY OF STATE AID AND TO ASSIST THEM IN BECOMING ENROLLED IN THE PROGRAM FOR THAT REASON, THE AMOUNT OF TRUE "CHARITY CARE" RENDERED BY ETCH IS CONSIDERABLY SMALLER THAN LEVELS EXPERIENCED BY COMMUNITY HOSPITALS OR OTHER FACILITIES SERVING THE ADULT POPULATION
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 3,861,822

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ETCH PROVIDES NUMEROUS BENEFITS TO THE PUBLIC AND PROMOTES THE HEALTH OF THE COMMUNITY IN THE FOLLOWING WAYS 1 COMMUNITY SUPPORT ETCH EMPLOYEES VOLUNTEER TIME TO THE FOLLOWING NEIGHBORHOOD SUPPORT GROUPS RONALD MCDONALD HOUSE, SHOES FOR SCHOOLS, UNITED WAY AND BOARD SUPPORT FOR ORGANIZATIONS 2 COALITION BUILDING AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY ETCH PARTICIPATED IN THE FOLLOWING COMMUNITY COALITIONS TO ADDRESS HEALTH AND SAFETY ISSUES SPECIFIC TO CHILDREN A EAST TENNESSEE CHILDHOOD OBESITY COALITION WHOSE MISSION IS TO PREVENT AND REDUCE CHILDHOOD OBESITY BY PROMOTING HEALTHY, ACTIVE LIFESTYLES THROUGH FAMILY, COMMUNITY AND INTER-PROFESSIONAL COLLABORATIONS ETCH PROMOTES THESE ACTIVITIES THROUGH THE HEALTH KIDS CLUB PROGRAM TO AREA ELEMENTARY SCHOOLS B SAFEKIDS THE ETCH INJURY PREVENTION PROGRAM IS THE LEADER OF A COALITION TO PREVENT ACCIDENTAL INJURY THE SAFE TRAVELS PROGRAM TRAINS LOCAL AGENCY MEMBERS ON CHILD PASSENGER SAFETY AND DISTRIBUTES CAR SEATS TO THOSE IN NEED ALONG WITH INSTALLATION TRAINING THE PROGRAM ALSO PROVIDES BIKE HELMETS AND HELPS EDUCATE KIDS AND PARENTS ABOUT HELMET USE AND INJURY PREVENTION ALSO, WE PROVIDE A WIDE SCOPE OF PUBLIC EDUCATION ON WATER SAFETY AND HEAT STROKE PREVENTION C ETCH PROVIDES TRAINING FOR AED USAGE AND CPR ADMINISTRATION IN MANY PUBLIC SCHOOLS AND AREAS D ETCH PROVIDES ASTHMA SCREENINGS IN LOCAL COMMUNITY THROUGH THE BREATHE EASY PROGRAM ALONG WITH FOLLOW-UP CALLS TO THOSE WHO HAVE AN ABNORMAL SCREENING RESULT E OTHER ACTIVITIES INCLUDE SAFESITTER CLASSES, CPR TRAINING, CAMPS FOR CHILDREN, HELLO HOSPITAL, MEDIC BLOOD DRIVES, VOLUNTEEN PROGRAM AND INFANT AND CHILD TRAINING FOR ADULT HOSPITALS AND EMERGENCY AGENCIES 3 WORKFORCE DEVELOPMENT ETCH RECRUITS PHYSICIAN SPECIALTIES AND OTHER HEALTH PROFESSIONALS DEDICATED TO SERVING THE CHILD & ADOLESCENT POPULATION TO MEDICAL SHORTAGE AREAS OR OTHER AREAS DESIGNATED AS UNDERSERVED PROJECT SEARCH IS A YEAR-LONG PROGRAM PROVIDING ADULTS WITH DISABILITIES THE EDUCATION AND EXPERIENCE THEY NEED FOR SUCCESSFUL EMPLOYMENT 4 EDUCATION OF HEALTH PROFESSIONALS ETCH PROVIDES EDUCATIONAL PROGRAMS FOR PHYSICIANS, RESIDENTS, NURSES, NURSING STUDENTS AND OTHER HEALTH PROFESSIONALS 5 RESEARCH ETCH PARTICIPATES IN RESEARCH IN HEMATOLOGY, PULMONOLOGY AND ENDOCRINOLOGY
PART III, LINE 4	A COST-TO-CHARGE RATIO WAS ALSO USED TO DETERMINE BAD DEBT COST THE TOTAL OPERATING EXPENSE WAS DIVIDED BY PATIENT REVENUES TO CALCULATE AN OVERALL RATIO THAT WAS THEN APPLIED TO THE BAD DEBT EXPENSE TO ARRIVE AT COST ETCH'S FINANCIAL STATEMENTS READ AS FOLLOWS USING A PORTFOLIO APPROACH, THE HOSPITAL ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE AND FROM THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS IN ADDITION, FOR UNINSURED PATIENTS, THE HOSPITAL REDUCES CHARGES FROM CURRENT RATES BASED ON AVERAGE DISCOUNTS PROVIDED TO CERTAIN THIRD-PARTY PAYERS THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY CONTRACTUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE RECORDED AS ADJUSTMENTS TO PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE ADJUSTMENTS FOR SUCH CHANGES IN THE ESTIMATED TRANSACTION PRICE WERE NOT SIGNIFICANT FOR THE YEAR ENDED JUNE 30, 2019 SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE NO SIGNIFICANT AMOUNT OF BAD DEBT EXPENSE WAS REPORTED FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	A COST-TO-CHARGE RATIO WAS USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS THE TOTAL OPERATING EXPENSE WAS DIVIDED BY PATIENT REVENUES TO CALCULATE AN OVERALL RATIO THAT WAS THEN APPLIED TO MEDICARE CHARGES TO ARRIVE AT COST THE SHORTFALL OF $7,735 AS REPORTED IN PART III, LINE 7, SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE, ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR CHARITY CARE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENT HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY ALSO, THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION IN REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS, AND THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER CHARITY CARE AND OTHER COMMUNITY BENEFIT NEEDS
PART III, LINE 9B	UNDER ETCH'S POLICIES AND PROCEDURES, ETCH UNDERTAKES MEASURES TO COMMUNICATE WITH THE FAMILIES OF PATIENTS WITH SELF-PAY BALANCES IN MANY CASES, ETCH AND FAMILIES WORK TOGETHER TO OBTAIN COVERAGE THROUGH THE STATE OF TENNESSEE'S COVERKIDS PROGRAM IN CASES WHERE COVERKIDS COVERAGE IS NOT AVAILABLE, ETCH SEEKS TO OBTAIN INFORMATION NECESSARY TO DETERMINE THE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER ETCH'S CHARITY CARE PROGRAM ONCE A PATIENT'S ELIGIBILITY FOR FREE OR DISCOUNTED CARE HAS BEEN DETERMINED, THE BALANCE ON THE PATIENT'S ACCOUNT IS ADJUSTED ACCORDINGLY IN ADDITION, ETCH PERSONNEL WORK CLOSELY WITH FAMILIES TO DETERMINE THEIR ABILITY TO PAY THE ADJUSTED BALANCES, SUCH EFFORTS OFTEN RESULT IN PAYMENT PLANS INTENDED TO PERMIT THE GRADUAL PAYMENT OF AMOUNTS DUE WITHOUT IMPOSING UNDUE FINANCIAL HARDSHIP ON FAMILIES ALREADY DEALING WITH THE CHALLENGES OF CHILDREN'S HEALTH ISSUES UNFORTUNATELY, THERE REMAIN CIRCUMSTANCES WHERE PATIENTS CANNOT BE DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO THE INACCESSIBILITY OF THE FAMILY OR THE FAMILY'S INABILITY OR REFUSAL TO PROVIDE THE REQUIRED INFORMATION IN SUCH CASES, ETCH FOLLOWS AN ESTABLISHED MULTI-STEP PROCESS CONSISTING OF MAILED NOTICES AND PHONE CALLS IN AN EFFORT TO REACH OUT TO THE FAMILY AND PROVIDE THEM WITH INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE UNDER THE PROGRAM ETCH'S COLLECTION PRACTICES APPLY TO ALL PATIENTS, CHARITY CARE AND NON-CHARITY CARE PATIENTS ACCOUNTS ARE SENT TO COLLECTIONS (ETCH CONTRACTS WITH AN ORGANIZATION WITH SUBSTANTIAL EXPERIENCE IN COLLECTION OF PATIENT ACCOUNTS) ONLY AFTER ALL ESTABLISHED STEPS HAVE BEEN UNDERTAKEN, WITHOUT SUCCESS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS IS THE FOUNDATION FOR IMPROVING AND PROMOTING THE HEALTH STATUS OF OUR COMMUNITY'S CHILDREN THE PLANNING, ACTIVITIES AND DATA REVIEW NECESSARY FOR THE DEVELOPMENT OF THE MOST RECENT ASSESSMENT TOOK PLACE BEGINNING JANUARY 2018 AND EXTENDED THROUGH SPRING 2019 AND INCLUDES STATE AND COUNTY-SPECIFIC DATA COLLECTION AND PRIMARY DATA OBTAINED THROUGH SURVEYS AND INTERVIEWS WITH INDIVIDUALS FROM LOCAL COMMUNITIES THROUGHOUT THE CHNA, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH STATUS AND AVAILABLE RESOURCES WITHIN A 16-COUNTY SERVICE AREA INCLUDING ANDERSON, BLOUNT, CAMPBELL, CLAIBORNE, COCKE, GRAINGER, HAMBLEN, JEFFERSON, KNOX, LOUDON, MONROE, MORGAN, ROANE, SCOTT, SEVIER AND UNION THESE COUNTIES WERE IDENTIFIED AS CORE COUNTIES BASED ON PATIENT POPULATION DATA AFTER CAREFUL EVALUATION OF ALL PRIMARY AND SECONDARY DATA, HEALTH PRIORITIES WERE IDENTIFIED THE PLANNING PROCESS FOR THE 2019 CHNA BEGAN IN JANUARY 2018 AN INTERNAL TEAM WAS FORMED TO IDENTIFY AND APPROVE RESOURCES AND TIMELINES FOR CONDUCTING THE NECESSARY STEPS FOR FORMATION OF THE NEEDS ASSESSMENT A SCHEDULE WAS ESTABLISHED TO ALLOW SUFFICIENT TIME AND RESOURCES TO IDENTIFY AND ENGAGE COMMUNITY PARTNERS IN KEY INFORMANT INTERVIEWS AND FOCUS GROUPS THE INTERNAL TEAM USED A MODIFIED VERSION OF THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS THIS PROCESS IS COMMONLY USED TO ASSIST COMMUNITY HEALTH ORGANIZATIONS DURING THE NEEDS ASSESSMENT PROCESS THE MAPP PROCESS PROVIDED THE FRAMEWORK FOR CHILDREN'S HOSPITAL TO ORGANIZE, VISUALIZE, ASSESS, STRATEGIZE, FORMULATE GOALS AND TAKE ACTION KEY INFORMANTS WERE IDENTIFIED IN SIXTEEN COUNTIES AND BY USING THE FOLLOWING CRITERIA 1 THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, 2 AT LEAST ONE STATE, LOCAL, TRIBAL, OR REGIONAL GOVERNMENT PUBLIC HEALTH DEPARTMENT (OR EQUIVALENT DEPARTMENT OR AGENCY) OR STATE OFFICE OF RURAL HEALTH WITH KNOWLEDGE, INFORMATION, OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THAT COMMUNITY, 3 MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, OR INDIVIDUAL OR ORGANIZATIONS SERVING OR REPRESENTING THE INTEREST OF SUCH POPULATIONS, 4 MEMBERS OF MEDICALLY UNDERSERVED POPULATIONS INCLUDE POPULATIONS EXPERIENCING HEALTH DISPARITIES OR AT RISK OF NOT RECEIVING ADEQUATE MEDICAL CARE AS A RESULT OF BEING UNINSURED OR UNDERINSURED OR DUE TO GEOGRAPHIC, LANGUAGE, FINANCIAL OR OTHER BARRIERS EACH INTERVIEWER WAS CONTACTED USING A UNIFORM SCRIPT THESE FACE-TO-FACE INTERVIEWS WERE CONDUCTED BY CHILDREN'S HOSPITAL ADMINISTRATIVE AND COMMUNITY BENEFIT STAFF AT SCHEDULED TIMES
PART VI, LINE 3	ETCH RECOGNIZES THAT UNEXPECTED MEDICAL PROBLEMS CAN CREATE UNEXPECTED FINANCIAL PROBLEMS ETCH IS AVAILABLE TO ASSIST PATIENTS' FAMILIES IN FINDING RESOURCES THAT HELP TO COVER MEDICAL EXPENSES AS INDICATED ABOVE, ETCH WORKS CLOSELY WITH PATIENTS' FAMILIES TO HELP THEM UNDERSTAND AND ENROLL IN MEDICAL ASSISTANCE PROGRAMS AVAILABLE THROUGH THE STATE OF TENNESSEE AND, WHERE APPROPRIATE, FEDERAL PROGRAMS WHERE SUCH PROGRAMS ARE NOT AVAILABLE, HOWEVER, PATIENTS MAY BE ELIGIBLE FOR FREE OR DISCOUNTED CARE UNDER ETCH'S ESTABLISHED POLICIES AND PROCEDURES THE AVAILABILITY OF FINANCIAL ASSISTANCE IS PUBLICIZED THROUGHOUT THE ETCH FACILITY AND THROUGH VARIOUS MEASURES, INCLUDING INFORMATION ON ETCH'S WEBSITE AND WRITTEN BROCHURES OR OTHER MATERIALS PROVIDED TO PATIENT'S FAMILIES INFORMATION (IN BOTH ENGLISH AND SPANISH) IS MADE AVAILABLE AT ALL POINTS OF REGISTRATION (INTAKE AND DISCHARGE) AS WELL AS ON THE ETCH WEBSITE THE MOST SIGNIFICANT EDUCATION, HOWEVER, OCCURS IN DIRECT DIALOGUE BETWEEN PATIENT FAMILIES AND ETCH'S TRAINED PATIENT ACCOUNT REPRESENTATIVES ETCH MAKES EXTENSIVE EFFORTS TO PERMIT FACE-TO-FACE DIALOGUE, AS WELL AS COMMUNICATION VIA TELEPHONE AND OTHER MEANS, AS NECESSARY TO ENSURE THAT FAMILIES ARE PROVIDED WITH SUFFICIENT INFORMATION REGARDING FREE OR DISCOUNTED CARE, AS WELL AS THE BILLING AND COLLECTION PROCESS ALL STAFF WITH PATIENT CONTACT ARE KNOWLEDGEABLE ABOUT THE CHARITY CARE POLICY (ADMITTING AND BILLING CLERKS, NURSING AND MEDICAL STAFF, SOCIAL WORKERS, ETC)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	ALTHOUGH ETCH SERVES THE ENTIRE EAST TENNESSEE REGION AS A COMPREHENSIVE REGIONAL PEDIATRIC CENTER, NEARLY HALF OF ETCH'S TOTAL PATIENT VISITS ARE FROM KNOX COUNTY RESIDENTS CHILDREN RESIDING IN NEIGHBORING BLOUNT AND SEVIER COUNTIES GENERATE THE NEXT HIGHEST PATIENT VISITS THERE ARE SIGNIFICANT DISPARITIES IN SOCIOECONOMIC CONDITIONS BETWEEN THE 16 COUNTIES SERVED BY EAST TENNESSEE CHILDREN'S HOSPITAL THE RATE OF CHILDREN LIVING IN POVERTY IS EQUIVALENT OR EXCEEDS 25% OF THE CHILDHOOD POPULATION IN 10 OF THE 16 COUNTIES THE PERCENTAGE OF CHILDREN WHO ARE PARTICIPATING IN FREE OR REDUCED LUNCH PROGRAMS AT SCHOOL APPROACHES 50% FOR ALL COUNTIES AND EXCEEDS 70% IN FOUR COUNTIES POVERTY AND FOOD INSECURITY ARE GROWING CONCERNS BECAUSE OF THE LINKAGES BETWEEN THESE SOCIAL DETERMINANTS AND POOR HEALTH OUTCOMES
PART VI, LINE 5	ETCH'S PHILOSOPHY IS THAT, BECAUSE CHILDREN ARE SPECIAL, THEY DESERVE THE BEST POSSIBLE HEALTH CARE GIVEN IN A POSITIVE, CHILD/FAMILY CENTERED ATMOSPHERE OF FRIENDLINESS AND COOPERATION REGARDLESS OF RACE, RELIGION, OR ABILITY TO PAY ETCH IS COMMITTED TO CARING FOR VULNERABLE POPULATIONS SUCH AS CHILDREN WITH SPECIAL MEDICAL NEEDS, ADVOCATING FOR THE HEALTH AND SAFETY OF CHILDREN AS PART OF THE COMMON GOOD AND EFFECTIVELY STEWARDING COMMUNITY RESOURCES ETCH OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS, WITHOUT REGARD TO THE ABILITY TO PAY ETCH USES ANY SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND, OR IMPROVE ITS FACILITIES, AND ADVANCE ITS MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS ETCH'S BOARD OF DIRECTORS CONSISTS PRIMARILY OF INDIVIDUALS REPRESENTING THE COMMUNITY ETCH MAINTAINS AN OPEN MEDICAL STAFF, WITH MEMBERSHIP AND PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS AND HEALTH CARE PROFESSIONALS IN THESE AND OTHER RESPECTS, ETCH IS ORGANIZED AND OPERATED IN A MANNER THAT PROMOTES THE HEALTH OF THE COMMUNITY AND, THEREFORE, FULFILLS CHARITABLE PURPOSES WITHIN THE MEANING OF INTERNAL REVENUE CODE SECTION 501(C)(3) ADDITIONALLY, PLEASE REFER TO THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AS PROVIDED IN SCHEDULE O FOR FURTHER DOCUMENTATION REGARDING ETCH'S COMMITMENT WITHIN ITS COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	ETCH IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM
PART VI, LINE 7, REPORTS FILED WITH STATES	TN

Additional Data

Software ID:

Software Version:

EIN: 62-6002604

Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION 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** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	EAST TENNESSEE CHILDREN'S HOSPITAL PO BOX 15010 KNOXVILLE, TN 379015010 HTTP //WWW ETCH COM/			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
EAST TENNESSEE CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 5 THE FOLLOWING FOCUS GROUPS PARTICIPATED IN THE ETCH 2019 CHNA SIX FOCUS GROUPS WERE CONDUCTED BY EXPERT EVALUATORS FROM THE COLLEGE OF SOCIAL WORK OFFICE OF RESEARCH AND PUBLIC SERVICE (SWORPS) AT THE UNIVERSITY OF TENNESSEE THE FOCUS GROUPS WERE CONDUCTED WITH 1 EAST TENNESSEE CHILDREN'S HOSPITAL FAMILY ADVISORY COUNCIL2 REGIONAL COORDINATED SCHOOL DIRECTORS3 REGIONAL HEALTH DEPARTMENT DIRECTORS4 PRIMARY CARE PHYSICIANS5 EAST TENNESSEE CHILDREN'S HOSPITAL BOARD OF DIRECTORS6 EAST TENNESSEE CHILDREN'S HOSPITAL MANAGEMENT TEAMA SURVEY FOR THE GENERAL POPULATION WAS CREATED TO GAIN INPUT FROM COMMUNITY RESIDENTS AND KEY STAKEHOLDERS ABOUT THE TOP HEALTH NEEDS AND PRIORITIES OF CHILDREN WE PROMOTED THE SURVEY ON THE CHILDREN'S HOSPITAL WEBSITE AND SOCIAL MEDIA TO ENCOURAGE PEOPLE TO COMPLETE AN ONLINE, CONFIDENTIAL SURVEY THE GATHERING AND ANALYZING PHASE OF THE CHNA INCLUDES INTERVIEWING KEY INFORMANTS, CONDUCTING FOCUS GROUPS AND COLLECTING INFORMATION THROUGH AN ONLINE SURVEY DATA FROM THE KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND COMMUNITY SURVEY WERE ANALYZED TO TRIANGULATE FINDINGS AND IDENTIFY COMMON THEMES THREE PRIMARY HEALTH ISSUES OF CONCERN EMERGED MENTAL AND BEHAVIORAL HEALTH, OBESITY, AND SUBSTANCE ABUSE-RELATED ISSUES -- INCLUDING, BUT NOT LIMITED TO NEONATAL ABSTINENCE SYNDROME (NAS), ADDICTION AND INCARCERATION OF PARENTS, AND DRUG EXPERIMENTATION BY CHILDREN
EAST TENNESSEE CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 11 THE NEEDS ASSESSMENT PROCESS ALLOWS CHILDREN'S HOSPITAL TO IDENTIFY THE PEDIATRIC HEALTH CARE NEEDS IN OUR REGION AND DIRECT OUR COMMITMENT TO PROVIDING RESOURCES TO HELP POSITIVELY IMPACT CHILD HEALTH IN ADDITION TO THE MANY VALUABLE, INNOVATIVE PROGRAMS AND SERVICES AVAILABLE AT CHILDREN'S HOSPITAL, THE HEALTH NEEDS IDENTIFIED THROUGH THE INFORMATION GATHERING PROCESS INCLUDE CHILDHOOD OBESITY, MENTAL AND BEHAVIORAL HEALTH, AND NAS IN MAY 2019, THE CHILDREN'S HOSPITAL BOARD OF DIRECTORS UNANIMOUSLY APPROVED THE PRIORITIZED FOCUS AREAS DESCRIBED BELOW TO BE THE FOUNDATION OF OUR IMPLEMENTATION STRATEGY WHILE MENTAL AND BEHAVIORAL HEALTH, OBESITY, AND SUBSTANCE ABUSE-RELATED ISSUES HAVE BEEN THE MOST UNIVERSALLY IDENTIFIED THUS FAR, MANY OTHER IMPORTANT HEALTH ISSUES AND SOCIAL DETERMINANTS HAVE BEEN DISCUSSED IN THE COURSE OF THE CHNA PROCESS AND ARE WORTHY OF CONSIDERATION IN THE LATER STRATEGIC PLANNING PHASE THESE ISSUES INCLUDE BUT ARE NOT LIMITED TO - ACCESS TO TRANSPORTATION- ADVERSE CHILDHOOD EXPERIENCES (ACESS)- ASTHMA AND ALLERGIES- ATTENTION DEFICIT AND HYPERACTIVITY- AUTISM AND SENSORY PROCESSING DISORDERS- DENTAL CARE ACCESS- DOMESTIC VIOLENCE- DURABLE MEDICAL EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS- ECONOMIC UNDERDEVELOPMENT- FOOD INSECURITY- LOW-QUALITY HOUSING- MULTI-GENERATIONAL POVERTY- PARENTING EDUCATION- SEX EDUCATION- SMOKING AND NICOTINE VAPING- SOCIAL MEDIA AND CYBERBULLYING- SUICIDE PREVENTION- UNEMPLOYMENTWHILE CHILDREN'S HOSPITAL WOULD CONTINUE FOCUS ON THE MAJORITY OF EFFORTS OUTLINED IN OUR IMPLEMENTATION STRATEGY, ALL NEEDS IDENTIFIED WILL BE REVIEWED FOR FUTURE CONSIDERATION AND COLLABORATION THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF CHILDREN IN THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH ASSISTANCE FROM CHILDREN'S HOSPITAL AS NEEDED THE COMMUNITY NEEDS NOT ADDRESSED BY CHILDREN'S HOSPITAL WILL CONTINUE TO BE ADDRESSED BY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY-BASED ORGANIZATIONS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEES ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL

Additional Data

Software ID:
Software Version:
EIN: 62-6002604
Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S EMERGENCY CARE ALLIANCE OF TENNESSEE 3841 GREEN HILLS VILLAGE DR SUITE 3048 NASHVILLE, TN 37215	20-2802786	501(C)(3)	12,500				GENERAL SUPPORT
THE RONALD MCDONALD HOUSE 1705 WEST CLINCH AVENUE KNOXVILLE, TN 37916	58-1510276	501(C)(3)	5,000				GOLF TOURNAMENT SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VARIETY OF EASTERN TENNESSEE 7132 REGAL LANE KNOXVILLE, TN 37918	33-1025696	501(C)(3)	10,000				GENERAL SUPPORT
KNOXVILLE AREA CHAMBER PARTNERSHIP 17 MARKET SQUARE 201 KNOXVILLE, TN 37902	62-0262640	501(C)(6)	5,450				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 1590 HAGERSTOWN, MD 21741	13-5613797	501(C)(3)	5,000				GENERAL SUPPORT
BOYS & GIRLS CLUBS OF THE TENNESSEE VALLEY 967 IRWIN ST KNOXVILLE, TN 37917	62-0475743	501(C)(3)	7,333				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **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
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED EXECUTIVE RETIREMENT PLAN THE SUPPLEMENTAL EXECUTIVE 457(F) RETIREMENT PLAN IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES AND TO OFFER A COMPETITIVE TOTAL RETIREMENT BENEFIT THESE BENEFITS ARE PART OF A RETIREMENT PROGRAM THAT PROVIDES RETIREMENT INCOME FOR THE EXECUTIVE'S TOTAL YEARS OF SERVICE WITH THE ORGANIZATION PURSUANT TO A WRITTEN PLAN AGREEMENT AS APPROVED BY INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THESE BENEFITS ARE AT RISK AND WILL NOT BE PAID UNLESS THE EXECUTIVE PROVIDES SUBSTANTIAL FUTURE SERVICES TO THE ORGANIZATION IN ACCORDANCE WITH A VESTING SCHEDULE AN ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE IS REPORTED AS DEFERRED COMPENSATION IN PART VII AND IN SCHEDULE J, COLUMN (C) FOR THE APPLICABLE EXECUTIVES EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN KEITH GOODWIN $100,302 STEVEN GODBOLD $27,275 CATHY SHUCK $19,894 CARYN HAWTHORNE $33,094 HELLA EWING $27,265 SUE WILBURN $20,777 CARLTON LONG $20,700 SUMEET SHARMA $16,801 EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION) SUE WILBURN $ 14,588

Additional Data

Software ID:

Software Version:

EIN: 62-6002604

Name: EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION 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				
KEITH D GOODWIN BOARD MEMBER/PRES & CEO	(i)	575,740	86,399	10,668	108,552	16,523	797,882	0
	(ii)	0	0	0	0	0	0	0
CARYN HAWTHORNE VP/CHIEF FINANCIAL OFFICER	(i)	317,791	48,417	4,739	41,344	23,648	435,939	0
	(ii)	0	0	0	0	0	0	0
CARLTON LONG VP DEVELOPMENT	(i)	196,113	29,909	2,806	26,764	16,523	272,115	0
	(ii)	0	0	0	0	0	0	0
CATHY SHUCK VP OF LEGAL SERVICES	(i)	196,311	29,346	1,560	25,863	600	253,680	0
	(ii)	0	0	0	0	0	0	0
HELLA EWING VP OF PATIENT SERVICES/CNO	(i)	252,817	38,476	1,288	35,017	16,523	344,121	0
	(ii)	0	0	0	0	0	0	0
STEVEN GODBOLD VP FOR OPERATIONS	(i)	271,619	41,253	769	35,445	23,648	372,734	0
	(ii)	0	0	0	0	0	0	0
SUE WILBURN VP HUMAN RESOURCES	(i)	202,424	31,425	16,505	26,956	22,886	300,196	14,588
	(ii)	0	0	0	0	0	0	0
CARLOS A ANGEL MD PEDIATRIC SURGEON	(i)	570,437	121,969	6,098	8,250	8,060	714,814	0
	(ii)	0	0	0	0	0	0	0
DAVID RIDEN MD PEDIATRIC UROLOGIST	(i)	486,284	143,094	2,233	8,250	23,648	663,509	0
	(ii)	0	0	0	0	0	0	0
ERIC JENSEN MD PEDIATRIC SURGEON	(i)	563,350	14,464	810	8,250	23,648	610,522	0
	(ii)	0	0	0	0	0	0	0
SUMEET SHARMA MD PEDIATRIC CARDIOLOGIST	(i)	331,447	299,013	685	25,051	21,283	677,479	0
	(ii)	0	0	0	0	0	0	0
WILLIAM GLAZE VAUGHAN MD PEDIATRIC SURGEON	(i)	565,591	81,436	3,564	8,250	21,283	680,124	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF KNOX COUNTY TENNESSEE	62-1220275	NONEAVAIL	02-14-2019	117,260,000	CAPITAL PROJECT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	117,260,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	772,829			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ 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
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	15,000	APPRAISAL VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		350	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	6	13,294	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVENT SUPPLIES)	X	39	36,390	MARKET VALUE
26 Other ▶ (AUCTION ITEMS)	X	41	25,617	MARKET VALUE
27 Other ▶ (GIFTCARDS)	X	63	3,745	MARKET VALUE
28 Other ▶ (MISCELLANEOUS)	X	3	1,666	MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONTINUED	THE CHILDREN'S HOSPITAL REHABILITATION CENTER WAS ESTABLISHED IN 1947 BY A GROUP OF PARENT S WHOSE CHILDREN HAD CEREBRAL PALSY, AND IT HAS BEEN AN ETCH DEPARTMENT SINCE 1995 THE CE NTER PROVIDES REHAB EVALUATION AND TREATMENT SERVICES TO INPATIENTS AT ETCH AND THE CENTER , AS WELL AS HOME HEALTH REHAB THROUGH CHILDREN'S HOSPITAL HOME HEALTH CARE PATIENTS RANG E FROM THOSE WITH MILD DEVELOPMENTAL DELAYS TO MULTIPLE HANDICAPPING CONDITIONS ALL SERVI CES ARE DESIGNED TO HELP CHILDREN REACH THEIR GREATEST INDEPENDENT FUNCTION AND DEVELOPMEN TAL POTENTIAL IN ADDITION TO OUTPATIENT PHYSICAL AND OCCUPATIONAL THERAPY AND SPEECH PATH OLOGY AT THE CENTER, OUTPATIENT SERVICES ALSO INCLUDE THE CHILDREN'S CORNER MEDICAL DAY TR EATMENT PROGRAM, NUTRITION, PSYCHOLOGY, SUMMER DAY CAMP, TRANSPORTATION, PARENT TRAINING A ND OUTPATIENT CLINICS AT ETCH THE CENTER ALSO PROVIDES HIGH-RISK FOLLOW-UP AND SEATING CL INICS THE CHILDREN'S HOSPITAL REHABILITATION CENTER IS A UNITED WAY AGENCY ETCH ALSO PRO VIDES COMPREHENSIVE CONSULTATION, EVALUATION, DIAGNOSTIC SERVICES AND TREATMENT FOR PEDIAT RIC PATIENTS WITH ACUTE, CHRONIC AND/OR COMPLEX CONDITIONS THROUGH THE JAMES S BUSH OUTPA TIENT CARE CENTER SEVERAL CLINICS FOR SPECIFIC CONDITIONS ARE OFFERED INCLUDING CRANIOFAC IAL, CYSTIC FIBROSIS, DERMATOLOGY, DIABETES, GYNECOLOGY, HEMATOLOGY/ONCOLOGY, HIGH RISK, I NFECTIOUS DISEASES, METABOLIC DISEASES, MULTISPECIALITY, RHEUMATOLOGY, SPECIAL ATTENTION A ND SPASTICITY A CLINIC VISIT MAY INCLUDE TREATMENT AND CONSULTATION WITH PHYSICIANS, NURS ES AND STAFF FROM NUTRITION, SOCIAL WORK, CHILD LIFE, REHABILITATION OR RESPIRATORY CARE ADDITIONAL SERVICES THE SOCIAL WORK DEPARTMENT AT ETCH HELPS PATIENTS AND THEIR FAMILIES DEAL WITH EMOTIONAL STRESS CAUSED BY ILLNESS, INJURY OR THE HOSPITALIZATION ITSELF SOCIAL WORK SERVICES INCLUDE INFORMATION AND REFERRAL, SHORT-TERM SUPPORTIVE COUNSELING FOR PATI ENTS AND PARENTS, CRISIS INTERVENTION ASSISTANCE, DISCHARGE PLANNING, FINANCIAL ASSISTANCE , INFORMATION ON SUPPORT AND ADVOCACY GROUPS, AND ASSISTANCE WITH CONCRETE NEEDS, INCLUDIN G RONALD MCDONALD HOUSE REFERRALS THE DEPARTMENT ALSO COORDINATES TRANSLATION OF MUCH OF THE HOSPITAL'S PRINTED MATERIAL INTO SPANISH TO GIVE THE HISPANIC POPULATION COMMUNICATION ACCESS WHEN MEDICAL SERVICES ARE PROVIDED SOCIAL WORK ALSO PROVIDES SEVERAL INTERPRETATI ON SERVICES FOR ETCH OPTIMAL PHONE INTERPRETERS IS A TELEPHONE SERVICE THAT PROVIDES INTE RPRETERS IN MORE THAN 204 LANGUAGES AND DIALECTS INTERPRETERS CAN BE ARRANGED FOR FACE-TO -FACE INTERACTIONS BETWEEN SPANISH-SPEAKING PATIENTS AND PARENTS AND THE PHYSICIAN AND/OR OTHER HOSPITAL STAFF MEMBER SIGN LANGUAGE INTERPRETERS ARE ALSO AVAILABLE FOR HEARING IMP AIRED PATIENTS AND FAMILIES HOSPITALIZATION, MEDICAL PROCEDURES, ILLNESS AND PAIN ARE OFT EN FEARFUL TIMES FOR PEOPLE OF ALL AGES THE CHILD LIFE DEPARTMENT AT ETCH IS RESPONSIBLE FOR HELPING CHILDREN COPE WITH THEIR HOSPITALIZATION THROUGH EDUCATION, MEDICAL PLAY AND A CTIVITIES THE CHILD LIFE STAF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONTINUED	F ASSESSES THE CHILD'S FEARS AND NEEDS, EXPLAIN PROCEDURES IN LANGUAGE CHILDREN CAN UNDERS TAND AND USE DISTRACTIONS TO MAKE PROCEDURES, SUCH AS THE PLACEMENT OF AN IV LINE, LESS IN TIMIDATING THE CHILD LIFE STAFF MEMBERS HOLD DEGREES IN EDUCATION, CHILD DEVELOPMENT OR T HERAPEUTIC RECREATION THEY HAVE EXPERTISE IN DEALING WITH A CHILD'S CONCERNS AND REACTION S TO THE HOSPITAL AND HIS OR HER ILLNESS IN ADDITION TO ITS WORK WITHIN THE HOSPITAL, THE CHILD LIFE DEPARTMENT ALSO COORDINATES SEVERAL ACTIVITIES FOR CHILDREN IN THE COMMUNITY PASTORAL CARE - CHAPLAINS ARE AVAILABLE 24 HOURS A DAY TO PROVIDE SPIRITUAL AND EMOTIONAL SUPPORT TO PATIENTS, FAMILIES AND STAFF AT ETCH CHAPLAINS ALSO PROVIDE CONSULTATION CONCE RNING ETHICAL ISSUES RELATED TO PATIENT CARE FOOD AND NUTRITION SERVICES - ETCH'S CAFETER IA IS OPEN DAILY VENDING MACHINES ON THE GROUND FLOOR NEAR THE DINING ROOM AND IN THE SCO TT M NISWONGER EMERGENCY DEPARTMENT WAITING AREA PROVIDE SANDWICHES, SNACKS AND BEVERAGES 24 HOURS A DAY FOR PATIENTS WITH NO DIETARY RESTRICTIONS, FOOD AND NUTRITION SERVICES OF FERS A SELECTIVE MENU OF IN-ROOM MEALS ALSO, REGISTERED DIETITIANS PROVIDE CLINICAL NUTRI TION SERVICES, AND MEDICAL NUTRITION THERAPY IS AVAILABLE TO INPATIENTS AND OUTPATIENTS WH O ATTEND SPECIALTY CLINICS OR WHO HAVE INDIVIDUAL APPOINTMENTS THESE SERVICES INCLUDE NUT RITION ASSESSMENT, FEEDING RECOMMENDATIONS, INTAKE EVALUATION AND NUTRITION COUNSELING ET CH'S HEALTHY KIDS PROGRAM IS A COMMUNITY EDUCATION INITIATIVE OF THE COMMUNITY BENEFITS DE PARTMENT THE PROGRAM SERVES AS AN EDUCATION RESOURCE FOR PARENTS, GRANDPARENTS AND OTHER CARETAKERS BY OFFERING CLASSES, LITERATURE, A QUARTERLY NEWSLETTER AND OTHER OPPORTUNITIES FOR LEARNING HOW TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN ETCH IS THE LEAD ORGAN IZATION FOR AN IMPORTANT AREA COALITION SAFE KIDS OF THE GREATER KNOX AREA THE MISSION O F THE LOCAL SAFE KIDS COALITION IS TO REDUCE UNINTENTIONAL INJURIES IN CHILDREN UP TO AGE 14 IN THE EAST TENNESSEE REGION BY PROMOTING AWARENESS AND IMPLEMENTING PREVENTION INITIAT IVES THE LOCAL SAFE KIDS IS PART OF SAFE KIDS WORLDWIDE, A NETWORK OF COALITIONS WHOSE PR IMARY PURPOSE IS TO PREVENT UNINTENTIONAL INJURIES IN CHILDREN BY PROVIDING CHILDREN AND A DULTS CARING FOR THEM WITH INFORMATION ABOUT HOW TO STAY SAFE HOPP IS HEMATOLOGY/ONCOLOGY PATIENTS AND PARENTS, AN OFFICIAL SUPPORT GROUP OF ETCH THAT PROVIDES SUPPORT FOR FAMILIE S DEALING WITH A CHILD WITH CANCER FOR THE YEAR ENDED JUNE 30, 2019 ETCH HAD 34,514 TOTAL INPATIENT DAYS, 167,561 TOTAL OUTPATIENT VISITS AND 59,194 EMERGENCY DEPARTMENT VISITS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 AND RELATED SCHEDULES ARE PREPARED BY AN UNRELATED, INDEPENDENT ACCOUNTING FIRM AND THEN SUBMITTED TO THE ETCH CHIEF FINANCE OFFICER FOR INTERNAL REVIEW A DRAFT FORM IS ALSO PROVIDED TO SENIOR ADMINISTRATION AND TO ALL ETCH BOARD OF DIRECTORS MEMBERS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND PROVIDE DISCLOSURE OF ANY ACTIVITIES WHICH COULD CONSTITUTE A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST ANNUALLY THESE CONFLICT OF INTEREST DISCLOSURES ARE REVIEWED BY ETCH'S GENERAL COUNSEL TO ASSURE COMPLIANCE ADDITIONALLY, BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES ON ANY MATTERS OF INTEREST BEFORE THE BOARD IN WHICH A CONFLICT OF INTEREST MAY EXIST ANY SUCH RECUSAL IS DOCUMENTED WITHIN THE MINUTES OF THE BOARD OR COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE ETCH BOARD OF DIRECTORS UTILIZES THE SERVICES OF INDEPENDENT, OUTSIDE COMPENSATION CONSULTANTS TO PROVIDE THE COMMITTEE WITH RELEVANT MARKET DATA FROM STATE AND NATIONAL SALARY SURVEYS FOR COMPARABLE MARKETS WITH THIS DATA AND THE ADVICE OF OUTSIDE CONSULTANTS, THE ETCH BOARD OF DIRECTORS EXECUTIVE COMMITTEE MAKES RECOMMENDATIONS ON PAY AND BENEFITS FOR THE ETCH PRESIDENT/CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL ETCH GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST ADDITIONALLY, FINANCIAL STATEMENTS ARE PROVIDED TO BONDHOLDERS, LOCAL HOSPITALS AND DONORS THE CONFLICT OF INTEREST POLICY IS POSTED ON ETCH'S INTRANET

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COMPENSATION	KEITH D GOODWIN, MEMBER OF ETCH'S BOARD OF DIRECTORS, RECEIVED REPORTABLE COMPENSATION AS THE PRESIDENT AND CEO OF ETCH HE DID NOT RECEIVE ANY COMPENSATION FOR SERVING ON THE BOARD OF DIRECTORS AS THE PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 4,098,753 MANAGEMENT AND GENERAL EXPENSES 2,979,353 FUNDRAISING EXPENSES 73,627 TOTAL EXPENSES 7,151,733 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 18,554,571 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 18,554,571

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOOK/TAX DIFFERENCE FOR PASSTHROUGH INVESTMENT -1,199,224 OTHER ADJUSTMENT -1,481

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION INC

Employer identification number
62-6002604

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.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)CHILDREN'S PRIMARY CARE CENTER PO BOX 15010 KNOXVILLE, TN 37901 62-1573297	PEDIATRIC CLINIC HOLDING COMPANY	TN	EAST TENNESEE CHILDREN'S HOSPITAL ASSOCIATION INC	C	21,109,949	5,751,721	100 000 %	Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CHILDREN'S PRIMARY CARE CENTER	R	2,303,521	COST

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation