

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

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Our mission is to honor those we serve by delivering the best possible care

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code)	(Expenses \$	3,932,442	including grants of \$	(Revenue \$	3,909,446)
See Additional Data						

4b	(Code)	(Expenses \$	2,963,567	including grants of \$	(Revenue \$	1,964,892)
See Additional Data						

4c	(Code)	(Expenses \$	733,033	including grants of \$	(Revenue \$	954,376)
See Additional Data						

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	42,330	including grants of \$	(Revenue \$	1,522,277)

4e	Total program service expenses ▶	7,671,372
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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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
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	No
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d	0
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	No
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	No
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a	No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	No
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12				10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b	
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders				11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	No
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a	No
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b	
c Enter the amount of reserves on hand				13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16	No

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	9	
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	7	
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	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶Lynn Krutak 303 Med Tech Parkway Suite 300 Johnson City, TN 37604 (423) 302-3374

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Monty McLaurin CEO NW MKT Director	0 50 44 50	X						0	558,099	42,029
(2) Shane Hilton SVP Market Oper Director	0 50 49 50	X						0	530,280	73,798
(3) Donald Baker Chair Director	1 00 0 00	X		X				0	0	0
(4) Robert Leonard SecTreasurer Director	1 00 2 00	X		X				0	11,711	0
(5) James Manicure Vice-Chair Director	1 00 2 00	X		X				0	5,946	0
(6) Paul Buchanan Director	0 50 0 00	X						0	0	0
(7) Teddy Bailey Director	0 50 0 00	X						0	0	0
(8) Susan Wood Director	0 50 0 00	X						0	0	0
(9) Ernie Ward Director	0 50 1 50	X						0	1,260	0
(10) Michael Strouth Director	0 50 0 00	X						0	0	0
(11) Mark Leonard DCH/NCH CEO	22 00 23 00			X				0	302,476	51,631
(12) Stephen Sawyer CFO NW Region	2 00 43 00			X				0	244,949	32,397
(13) Mark Vanover AVP Operations	45 00 0 00					X		0	135,181	7,045
(14) Roy Deal DO Physician	40 00 0 00					X		0	274,377	20,970
(15) Heather Blair NP Nurse Practitioner	40 00 0 00					X		0	138,489	3,411
(16) Justin Ivory Former DCH/NCH CFO	0 00 40 00						X	0	120,052	13,425

Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	8,785		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a - 1f \$				
	h	Total. Add lines 1a-1f		8,785		
Program Service Revenue	2a	340B Program	Business Code			
			900099	42,264	42,264	
	b	Patient Services	900099	8,249,800	8,249,800	
	c	Performance & MSSP Payment	900099	35,442	35,442	
	d	Rental Inc T/E Affiliate	900099	10,945		
					10,945	
	e					
f	All other program service revenue					
g	Total. Add lines 2a-2f		8,338,451			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,223		
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
	6a	Gross rents	(i) Real	(ii) Personal		
		b	Less rental expenses			
	c	Rental income or (loss)				
	d	Net rental income or (loss)			0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		b	Less cost or other basis and sales expenses		1,179	
					-1,179	
	d	Net gain or (loss)			-1,179	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
		b	Less direct expenses	b		
		c	Net income or (loss) from fundraising events		0	
	9a	Gross income from gaming activities See Part IV, line 19	a			
		b	Less direct expenses	b		
		c	Net income or (loss) from gaming activities		0	
10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code				
11a	Hosp Improvement Network	900099	9,644		9,644	
b	Revenue from Parent	900099	20,592	20,592		
c	Unclaimed Prop Recovery	900099	4,072	4,072		
d	All other revenue		1,053		1,053	
e	Total. Add lines 11a-11d		35,361			
12	Total revenue. See Instructions		8,383,641	8,350,991	23,865	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,114	3,114		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	72,403		72,403	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	4,365,768	3,473,104	892,664	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	119,441	95,440	24,001	
9 Other employee benefits.	667,365	441,344	226,021	
10 Payroll taxes.	274,212	249,073	25,139	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	3,500		3,500	
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,155,251	2,045,344	109,907	
12 Advertising and promotion.	13,314	4,317	8,997	
13 Office expenses.	117,527	98,629	18,898	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	161,210	117,323	43,887	
17 Travel.	29,853	24,075	5,778	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	324,906	276,155	48,751	
23 Insurance.	10,138	9,277	861	
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 Management Fees to Parent.	481,303	17,233	464,070	
b Medical Supplies and Drugs.	442,538	442,538		
c Repairs and Maintenance.	366,220	349,737	16,483	
d Dues & Subscriptions.	18,388	5,878	12,510	
e All other expenses.	30,674	18,791	11,883	
25 Total functional expenses. Add lines 1 through 24e.	9,657,125	7,671,372	1,985,753	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,331,408	1	841,180
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	1,484,291	4	1,463,901
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use	170,590	8	207,815
	9 Prepaid expenses and deferred charges	65,725	9	11,174
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	5,319,749		
	b Less: accumulated depreciation	3,966,474		
		1,451,285	10c	1,353,275
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	1,413,538	15	883,891
	16 Total assets. Add lines 1 through 15 (must equal line 34)	5,916,837	16	4,761,236
Liabilities	17 Accounts payable and accrued expenses	413,239	17	471,293
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	501,379	25	381,211
	26 Total liabilities. Add lines 17 through 25	914,618	26	852,504
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,995,034	27	3,896,547
	28 Temporarily restricted net assets	7,185	28	12,185
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,002,219	33	3,908,732
	34 Total liabilities and net assets/fund balances	5,916,837	34	4,761,236

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,383,641
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,657,125
3	Revenue less expenses Subtract line 2 from line 1	3	-1,273,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,002,219
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	179,997
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,908,732

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

- 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?
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?
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?
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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 77-0599553
Name: Dickenson Community Hospital

Form 990 (2018)

Form 990, Part III, Line 4a:

Emergency Services Our fully staffed 24-hour emergency department is available for patients in a life threatening situation We can provide air medical transportation to a larger regional hospital for any patient needing a higher level of care There were 7,153 ED visits during FY19 Almost half of DCH's ER visitis are Medicaid/Self Pay

Form 990, Part III, Line 4b:

Behavioral Health Our 10-bed inpatient behavioral health unit (Green Oak Behavioral Health) focuses on senior citizens and is the only inpatient behavioral health unit in Southwest Virginia specifically for older adults. We also continue to offer our outpatient behavioral health program, Senior Life Solutions. There were 235 inpatient admissions and 2,239 outpatient visits during FY19.

Form 990, Part III, Line 4c:

Laboratory Our experienced staff offers complete and comprehensive services including outpatient services, stat testing, comprehensive chemistry studies, occupational drug testing, high sensitive coumadin monitoring, transfusion services, and more. We provide lab services 24 hours a day, 7 days a week. During FY19, 68,754 lab tests were processed.

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
Dickenson Community Hospital

Employer identification number
77-0599553

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11

☐

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

12

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 77-0599553
Name: Dickenson Community Hospital

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
Dickenson Community Hospital

Employer identification number
77-0599553

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

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

1b

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

(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2

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

a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		959,371	430,360	529,011
c Leasehold improvements		557,291	525,739	31,552
d Equipment		3,803,087	3,010,375	792,712
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,353,275

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) Due from Affiliates	873,323
(2) Other Receivables	10,568
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	883,891

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to Third-Party Payors	133,946
Reserve for Professional Liabilities	41,140
Retiree Health Care Benefits	157,265
Retiree Pension Payable	48,860
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	381,211

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 77-0599553
Name: Dickenson Community Hospital

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	Dickenson Community Hospital is included in the audited consolidated financial statements of Ballad Health. The footnote explanation relative to income taxes reads "Ballad is classified as an organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. As such, no provision for federal income taxes is included in the accompanying consolidated financial statements. Taxable subsidiaries are discussed in Note K. No significant uncertain tax positions exist at June 30, 2019. Tax returns for 2016 through 2018 are subject to examination by the Internal Revenue Service."

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Dickenson Community Hospital

Employer identification number

77-0599553

► 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.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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 22500 0000000 %

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 45000 0000000 %

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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

No

b

If "Yes," did the organization make it available to the public?

6b

No

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			30,974		30,974	0 320 %
b Medicaid (from Worksheet 3, column a)			2,093,031	1,096,352	996,679	10 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			2,124,005	1,096,352	1,027,653	10 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			32,000	2,177	29,823	0 310 %
f Health professions education (from Worksheet 5)			30,033		30,033	0 310 %
g Subsidized health services (from Worksheet 6)			2,987,816	1,809,403	1,178,413	12 200 %
h Research (from Worksheet 7)			221		221	
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,115		3,115	0 030 %
j Total. Other Benefits			3,053,185	1,811,580	1,241,605	12 850 %
k Total. Add lines 7d and 7j			5,177,190	2,907,932	2,269,258	23 490 %

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Cat No 50192T

Schedule H (Form 990) 2018

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	1,214,685	
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	449,433	
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	1,422,775	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	1,381,141	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	41,634	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

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

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Dickenson Community Hospital**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.balladhealth.org/locations#hospitals</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	No
a If "Yes" (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Dickenson Community Hospital			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225 0000 % and FPG family income limit for eligibility for discounted care of 450 0000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) www.balladhealth.org			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www.balladhealth.org			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) www.blladhealth.org			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Dickenson Community Hospital

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

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Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	Financial assistance approval can apply to an assortment of patients such as those who have exhausted their Medicaid/TennCare benefits, those who qualified for Medicaid/TennCare after the date of service, deceased patients with no estate or assets, uninsured patients, and underinsured patients While Ballad Healths qualifications for financial assistance is based on federal poverty guidelines, asset values may also be used to determine eligibility Unique circumstances may be assessed on a case-by-case basis Charity approval covers current or active patient balances when they are approved and there is no limitation or cap on the amount of charity that a patient may receive Ballad Health hospitals do not stop approving financial assistance for patient accounts if a hospitals charity write-offs exceed the hospitals charity budget All Ballad Health hospitals provide an uninsured discount, the current uninsured discount is 85% with the exception of critical access hospitals (including DCH) that provide 62% In addition to the uninsured discount, many patients will further qualify for additional financial assistance All patients seeking financial assistance must submit an application for financial assistance and submit documents in support of the information on the application, unless specifically excluded according to our policy guidelines Medicaid eligible patients will qualify for 100% financial assistance and not be required to complete the required documentation when a) Medicaid eligibility requirements are met after the service is provided, b) non- covered charges occur on a Medicaid eligible encounter, or c) benefits have been exhausted Deceased patients with no estate also qualify for 100% financial assistance Financial assistance determinations may be retroactive for all outstanding balances
Part I, Line 7 - Explanation of Costing Methodology	The cost to charge ratio (worksheet 2 "ratio of patient care cost to charges") was used to calculate line 7a financial assistance (charity care) cost Our cost accounting system was used to determine losses from Medicaid/TennCare reported on line 7b, with the exception of our physician clinic We used the cost to charge ratio for our physician clinic because its data is not available in our cost accounting system Line 7e community health improvement includes costs associated with payments to an unrelated, outside organization that assisted DCH patients obtain Medicaid coverage Line 7f health professions education is comprised of nursing and other allied health students from schools and universities, allowing their health profession students to receive hands-on training in a hospital setting For line 7g subsidized health services, we use our cost accounting system, except for the \$196,425 subsidy of our owned and operated clinic located in a rural, low income area For our physician clinic, the departmental operating report is used to determine the subsidy We are careful to ensure no double counting of cost

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	<p>Self-pay balances include accounts after payments and contractual adjustments (discounts) have been applied from all third-party payers such as Medicare, Medicaid, commercial insurers, and others - generally leaving the patient responsible for any remaining deductible and/or co-payment. Other self-pay accounts are from patients with no insurance or other third-party coverage. Under Ballard Health's system-wide self-pay policy, any patient who has no insurance and is ineligible for any government assistance program received an 80% discount until September 30, 2018, at which time the uninsured discount increased to 85%. Many self-pay patients will further qualify for financial assistance (sometimes referred to as charity care) if they provide the financial information we need to deem them eligible. After the normal collection process has indicated an account is uncollectible, DCH writes the account off to bad debt. The hospital's overall self-pay accounts receivable balance is evaluated on an ongoing basis to evaluate the age of accounts receivable, historical write-offs and recoveries and any unusual instances (such as local, regional or national economic conditions) which affect the collectability of receivables.</p>
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	<p>Our primary external collection agency estimates that 37% of DCH's bad debt would likely qualify for financial assistance if patients had provided our hospitals with a financial assistance application and required documentation. The agency based their likely eligible for charity assumption on individuals with a low score. An individual's score is based on an algorithm that includes data points such as FICO credit score, property value, years at current residence, number of times an individual has moved and an individual's propensity to pay score. 97% of completed financial assistance applications processed during FY19 received a full discount (complete write-off). An additional 3% received a partial discount, resulting in an overall approval rate of 100% for completed applications. Therefore, no completed financial assistance applications were denied. Unfortunately, many patients either do not submit an application for financial assistance or do not provide a complete application. A letter is sent to the patient outlining missing information on incomplete applications. The letter also provides a contact phone number patients may call for assistance in completing the application. All self-pay patients receive follow up calls from a company DCH pays to process charity care applications for uninsured patients and to offer patients enrollment assistance in Medicaid (VA) or TennCare (TN). The follow up calls are as follows: every 31 days, 31-60 days up to 3 calls are made, after 60 days up to 2 additional calls are made. Our financial counselors follow up with patients that have a balance after insurance has paid. We have many instances of patients with large account balances and no health insurance coverage that we believe would qualify for financial assistance. Although patients are encouraged to apply for assistance, many will not do so. DCH would prefer for patients to submit completed financial assistance applications given that historical data clearly indicates that most uninsured patients and many underinsured will qualify for financial assistance under our program. Without a completed application, we have no choice other than to record an unpaid account as bad debt instead of charity care.</p>

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

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

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Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	<p>Consistent with the Ballad Health financial assistance policy, DCH communicates with and provides education to our patients through various avenues regarding governmental assistance programs and hospital financial assistance. Various educational and application documents related to obtaining financial assistance are widely available at DCH and all documents are available on the Ballad Health website. Printed financial assistance educational materials are part of each registration packet and posters are displayed in highly visible areas of the hospital. Our financial assistance policy and documents are available in our Emergency Department and admitting areas. We are also happy to mail all documents to patients. We offer a plain language summary and all of our documents are available in English and Spanish. Financial assistance information is available during pre-registration, registration and/or during financial counseling. We offer governmental program eligibility representatives to assist patients in securing eligibility for Medicaid or TennCare, federal disability and other governmental assistance programs. Additionally, if a patient or community resident expresses an interest in the ACA-Healthcare exchange, our representatives have the qualifications and experience to assist them through the entire process. Our financial counselors offer financial assistance applications to patients who do not qualify for governmental assistance programs and are unable to pay for some or all of their healthcare. All patient billing statements have verbiage discussing financial assistance along with contact information. Our last letter to the patient displays the plain language summary. In all oral correspondences with a patient, if it is identified the patient cannot meet payment requirements on their account, financial assistance is discussed as an option. Applicants are notified of financial assistance determination in writing.</p>
Part VI, Line 4 - Community Information	<p>DCH is located in Clintwood, Dickenson County, which is in rural southwest Virginia. Southwest Virginia (SWVA) is located within the Appalachian Mountains, specifically the Blue Ridge mountain region. SWVA is considered rural and much different than the rest of the state. SWVA has been and remains a major coal mining region and has a high rate of uninsured adults. According to U.S. Census Bureau estimates, the Town of Clintwood has a population of 1,434, while Dickenson County's population is 14,782. The latest census bureau data estimates the median age of residents of Dickenson County is 44.3, which is older than the median age of 38.3 in Virginia. 21.3% of Dickenson County's residents are 65 or older compared to almost 15.5% for the state. While the overall population of Dickenson County is projected to remain relatively flat over the next five years, the 65+ age group is expected to grow significantly over the same five-year period. The aging population of the county presents opportunities for earlier identification and better management of health conditions that oftentimes affect elderly populations in rural areas. The bureau estimates Dickenson County's median household income at \$33,400 compared to \$72,577 for the state of Virginia. 31% of Dickenson County's children live in poverty compared to 14% statewide. Dickenson County is 100% rural compared with the statewide rural rate of 24.5%. This factor is a significant contributing factor in influencing health outcomes in a population. Many rural residents must travel a greater distance to access different points of the health care delivery system, however, due to geographic distance, sometimes extreme weather conditions, lack of public transportation and challenging roads, rural residents may be limited, and in some instances, even prohibited from accessing health care services. More than 50% of vehicle crash-related fatalities occur in rural areas, even though less than one-third of miles traveled in a vehicle occur there and there is an additional 22% risk of injury-related deaths in rural communities. Within our own county, injury deaths are more than double the statewide rate. And, while our area has generally unfavorable health statistics, there are far fewer primary care physicians per resident in our county than the state's average. Our county's ratio of population to primary care physicians is 3,740:1 compared to the state's average of 1,310:1. In other words, we have 185% more residents per physician than the overall state rate. Because of the severe primary care physician shortage in our area, DCH continues to operate a physician clinic despite financial loss. Recruiting physicians to rural areas is often challenging due to a myriad of factors, such as geography, economics, culture and education. Geographically, rural communities are often far removed from suburban and urban centers that provide access to education, cultural and economic opportunities. These limitations influence the relocation decision of the physician candidate and his/her spouse/children to locate to a rural area. A number of factors contribute to a unique and challenging environment that influence overall health standing in our county. According to the Robert Wood Johnson Foundation's county health rankings, 36% of the adults in DCH's home county are obese. Obesity increases the risk for many health conditions such as coronary heart disease, type 2 diabetes, hypertension, stroke, cancer, sleep apnea and respiratory problems, and osteoarthritis. Evidence indicates physical activity, independent of its effect on weight, has substantial benefits for health. Dickenson County's adult smoking rate is 33% higher than that of Virginia's average. According to the 2019 County Health Rankings, Dickenson County is ranked 117th out of 133 counties in Virginia for health outcomes and 116th (down from 112th in 2018) in health behaviors. As for social and economic factors, Dickenson County ranks 130th primarily due to high rates of children in poverty and above average unemployment rates.</p>

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Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	DCH leaders support and encourage all team members to volunteer time, money and skills to community service projects and charitable organizations. Senior leaders and board members set a positive example for DCH team members, serving voluntarily on committees and boards of local service and nonprofit organizations. Some also serve as members and consultants on professional committees and task forces that affect regional development in healthcare and education. We do not capture costs associated with team members that serve on other nonprofit boards or provide services to other nonprofits. DCH, in collaboration with area health agencies and providers, may offer assistance with coordination, advocacy, or contribute supplies to support groups for their program activities that serve to assist special populations within our area. Most of these organizations work to improve the lives of community members that have limited, or no, financial resources.
Part VI, Line 5 - Promotion of Community Health	DCH is dedicated to operating efficiently so that waste is minimized. In most years, DCH does not enjoy net operating surpluses and relies on subsidization from Norton Community Hospital. Various checks and balances are established to ensure that expenditures for operating expenses and capital costs are reasonable and necessary. The majority of DCH's governing body is comprised of persons who reside in the organization's primary service area. Only two directors, Shane Hilton, and Monty McLaurin, employees of Ballad Health, live outside of the area. Physicians that request privileges who are qualified and credentialed are extended privileges by DCH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	<p>DCH is a federally designated critical access hospital operated under the direction of a 9-member board of directors primarily comprised of local community residents. The hospital operates 1 acute bed and a 10-bed behavioral health unit. DCH is owned by Norton Community hospital (NCH). DCH has a loan agreement with NCH that provides for NCH to assist in subsidizing DCH's operating expenses. DCH is one of the hospitals within the Ballard Health system. Ballard Health operates a family of 21 hospitals, including three tertiary care facilities, a dedicated children's hospital, community hospitals, three critical access hospitals, a behavioral health hospital, an addiction treatment facility, long-term care facilities, home care and hospice services, retail pharmacies, outpatient services and a comprehensive medical management corporation. DCH serves as the county's primary health service provider. Patients benefit from DCH's affiliation with a healthcare system where they can be efficiently moved along an integrated, comprehensive continuum of care as their health status dictates. If need be, patients can be moved to one of Ballard Health's tertiary care facilities providing advanced treatment options. DCH operates a 24-hour emergency department to treat patients in life-threatening situations. For any patient who needs a higher level of care than DCH can provide, air medical transportation is available through Med-Trans (Wings Air Rescue), based in Jenkins, Kentucky, or Ballard Health One Air Ambulance, based in Tennessee, and can quickly respond and have any patient transported to Norton Community hospital (7 minutes), Johnson City Medical Center (20 minutes) and other regional hospitals when minutes count. Hospitals in the Ballard Health system work closely with one another to share expertise and resources.</p>
Part VI, Line 7 - States Filing of Community Benefit Report	VA TN

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 77-0599553
Name: Dickenson Community Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Dickenson Community Hospital PO Box 1440 Clintwood, VA 24228 balladhealth.org/locations H 1918	X	X			X		X		Mental Health	

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

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

Form and Line Reference	Explanation
Facility Dickenson Community Hospital - Part V, Section B, Line 3j	During FY19, DCH was operating under the CHNA approved by its board of directors at the end of FY18. Priorities established for their CHNA were determined by the most significant health needs of the community. MSHA hospitals, including DCH, conducted their fourth CHNA this tax reporting period with board approval and publication occurring during FY19. For the FY18 CHNA, Ballad Health and its hospitals and entities agreed to focus on an index of 25 active population health index measures (plus an additional 31 measures for monitoring). The population health index itself is based on the focus areas outlined in the previous FY15 CHNA and align with national health improvement efforts, such as Healthy People 2020. MSHA's affiliates, Wellmont Health System and its hospitals, focused on the same population health index measures determined by Ballad Health, our health system's parent, when completing their individual FY19 CHNA's. To understand each community's individual needs, Ballad Health conducted a community health needs assessment (CHNA) for each Ballad hospital to profile the health of the residents within its service area. Throughout the CHNA process, high priority was given to determining the health disparities and available resources within each community. Community members from each county met with Ballad representatives to discuss current health priorities and identify potential solutions. The Dickenson County CHNA community members evaluated measures that make up DCH's population health index and a few additional measures related to access to health screenings. The Dickenson County group's members completed a survey relative to what health priorities should be a focus for their specific community over the next three years. After all the details and data collection was complete and interviews with various focus groups were complete, the Dickenson County representatives identified three top focus areas -Smoking-Physical Activity/Obesity-Substance Abuse.
Facility Dickenson Community Hospital - Part V, Section B, Line 5	As part of the FY18 CHNA process, MSHA hospitals conducted localized community focus groups with organization representatives such as those from local health departments, school systems, health clinics, emergency services, businesses, and philanthropic boards. The individuals in DCH's community were selected for participation by the hospital's CEO. The DCH focus group members were represented by Virginia Department of Health, Health Wagon of Southwestern Virginia, Mountain States Health Alliance Government Relations, Dickenson County Department of Social Services, Lenowisco Health District, Dickenson Medical Associates, Dickenson County Behavioral Health Services, Dickenson County Public Schools, Dickenson Community Board and Dickenson Community Foundation Board. Low income, minority and medically underserved populations were represented by Virginia Department of Health, Lenowisco Health District and Health Wagon of Southwestern Virginia. Also, between the foundation board and the community board, there are a number of individuals that sit on these boards that represent low income, minority populations, and medically underserved. Activities associated with the June 2018 assessment took place from fall of 2017 through the spring of 2018. Community members from Dickenson County met with Ballad Health and DCH representatives to discuss health priorities and identify potential solutions. Community members were made aware of the 25 measures that make up Ballad Health's population health index plus 3 additional measures related to access to health screening. Participants then completed a survey to indicate their opinion on what health priorities should be a focus for their community.

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

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

Form and Line Reference	Explanation
Facility Dickenson Community Hospital - Part V, Section B, Line 6a	Each hospital within Mountain States Health Alliance completed a CHNA. DCH's CHNA was conducted with all MSHA hospitals to include Johnson City Medical Center (includes Niswonger Children's Hospital and Woodridge Hospital), Franklin Woods Community Hospital, Indian Path Community Hospital, Johnson County Community Hospital, Johnston Memorial Hospital, Norton Community Hospital, Dickenson Community Hospital, Russell County Medical Center, Smyth County Community Hospital, Sycamore Shoals Hospital, and Unicoi County Hospital.
Facility Dickenson Community Hospital - Part V, Section B, Line 11	During the year, DCH continued to focus on its CHNA priorities as identified in its FY18 CHNA report. DCH's primary areas of focus included diabetes, obesity, mental health and substance abuse. Many additional community needs exist in our region. It is fiscally impossible for a hospital to address every health need in a community, which is why the CHNA process is used to identify and prioritize areas of focus. A thoughtful CHNA evaluates overall community health needs to determine which ones the hospital can best influence in a positive way. Consideration is given to other organizations in the hospital's geographic area that already offer services addressing specific health needs. In some cases, it is best to simply support an identified health need through a financial donation to another nonprofit organization skilled in certain areas: teen pregnancy, dental health, fighting homelessness, etc. DCH also lends support to other nonprofit organizations by serving on their boards, committees, and assisting with fundraising efforts. DCH reached out to the Dickenson County School System in partnership for education on diabetes. DCH became a member of the school system's Wellness Committee. DCH coordinated with Clintwood Elementary School for implementation of The Morning Mile, and worked to engage the other county elementary schools in the same program. The Morning Mile program is focused on encouraging elementary and middle school students to get some exercise before classes begin. Exercising before school provides numerous benefits for students such as increased oxygen flow to the brain, reduced stress and improvement in mood. DCH presented education materials to physicians, community groups, nursing homes and assisted living facilities regarding need and benefits of treatment of psychiatric issues in the community. DCH worked with the Dickenson County Sheriff's Department for pill round-up program for out-of-date medications and to assist with proper needle disposal. DCH became a pilot site for the Virginia Rural Health Association High Risk Patient Education Program (HRPEP) for substance abuse. The HRPEP targets rural communities in Virginia for preventative intervention regarding prescription opioids through a training and education program. The HRPEP training provided to entities such as DCH includes curriculum training to identify high-risk patients, provide training to high-risk patients and their families, provide medication assistance, refer patients to pain management clinics when appropriate, and provide public education about risks and how to respond to opioid overdose. DCH will select staff members to receive the HRPEP training. DCH provided medications and supplies to area rescue squads this year.

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

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

Form and Line Reference	Explanation
Facility Dickenson Community Hospital - Part V, Section B, Line 13h	Ballad Healths financial assistance policy allows for some exceptions to strictly adhering to federal poverty guidelines when awarding financial assistance Unique circumstances may be weighed and assessed for financial assistance consideration on a case-by-case basis Also, there are some services where financial assistance may be provided outside of federal poverty guidelines These are noted in Ballad Healths financial assistance policy

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
Dickenson Community Hospital

Employer identification number

77-0599553

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

No

Yes

No

No

No

No

No

No

No

No

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

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

[illegible]

Part III **Supplemental Information**

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493191014120
SCHEDULE O (Form 990 or 990-EZ)	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 <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization Dickenson Community Hospital		Employer identification number 77-0599553	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	<p>OTHER PROGRAM SERVICES 4 Dickenson Community Hospital (DCH) is a federally designated critical access hospital. Federal critical access hospital designation requires that a hospital be small and located in a rural area and located more than a 35-mile drive from another hospital or more than a 15-mile drive from another hospital in an area with mountainous terrain or only secondary roads, and be state-designated as a necessary provider of health care services to residents in the area. DCH is the only hospital located in Dickenson County, with the next nearest hospitals located a 45-minute drive away. DCH is a wholly-owned subsidiary of Norton Community Hospital (NCH). NCH has two members: Mountain States Health Alliance (50.1%) and Community Healthcare Foundation (49.9%). In February 2018, Mountain States Health Alliance (MSHA) and Wellmont Health System (WHS) merged to form Ballad Health, a tax-exempt entity and parent company of MSHA and WHS. Ballad operates 3,162 licensed beds in 21 hospitals, an outpatient addiction treatment facility, long-term care facilities, home care and hospice services, retail pharmacies, outpatient services and a comprehensive medical management corporation. During FY19, we experienced 7,153 visits to our ER, 26,032 outpatient visits an increase of 11% over FY18, and 261 inpatient admissions.</p> <p>PROMOTE COMMUNITY HEALTH Dickenson Community Hospital continues to subsidize a rural physician clinic to provide some relief of the physician shortage in our area. Our FY19 subsidy was just over \$196,000. The primary care physician ratio in our county (number of residents to 1 primary care physician) is 185% higher than the overall state ratio. Recruiting physicians to a rural county such as ours is often challenging due to a myriad of factors, such as geography, economics, culture and education. Geographically, rural communities are often far removed from suburban and urban centers that provide access to educational, cultural and economic opportunities. These limitations influence the relocation decision of the physician candidate and his/her spouse/children to locate to a rural area. The Association of American Medical Colleges (AAMC) issued a press release dated April 11, 2018 stating that the United States could see a shortage of up to 120,000 physicians by 2030. The U.S. population is estimated to grow by nearly 11%, with those over age 65 increasing 50% by 2030. Much of the increased demand comes from a growing, aging population. The aging population will also affect physician supply since one-third of all currently active doctors will be older than 65 in the next decade and likely to retire. The AAMC points out that data conducted in 2017 indicated that an additional 31,600 physicians would have been needed if underserved populations utilized the same health care services as insured individuals. The data looked at people in non-metropolitan areas and people without insurance compared to people living in metropolitan areas. F</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	<p>Furthermore, the study indicated nearly half of the shortage was in the South. DCH spent \$3,723 during FY19 to recruit and retain physicians. DCH recruitment efforts are based on documented community need. DCH is located in a MUA (medically underserved area), as designated by the U.S. Health Resources & Services Administration (HRSA). MUA designation indicates an area as having too few primary care providers, having a high infant mortality, a high poverty rate or a high elderly population. As the sixth leading cause of death in the United States, Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks. According to the National Institute on Aging, the number of people diagnosed is increasing each year. Alzheimer's is one of the many conditions treated at our Green Oak behavioral health unit, which focuses on senior citizens and the elderly. Green Oak is the only inpatient behavioral health unit in Southwest Virginia specifically for older adults. The unit, in conjunction with our outpatient Senior Life Solutions program, treats patients over the age of 55, and some over the age of 45 (on a case-by-case basis), keeping families that would normally have to travel for these services close to home. Green Oak is a 10-bed inpatient unit. During FY19, there were 235 admissions. The population in our region is aging and with the next closest inpatient behavioral facility about two hours away, Green Oak provides care close to home for patients from Southwest Virginia and Southeastern Kentucky. Senior Life Solutions, our outpatient behavioral health program, allows seniors access to behavioral health services without having to travel outside of the area. 21% of our residents are 65 years of age or older and with mountainous terrain especially dangerous in winter months, residents needing behavioral health services previously had to leave the area or do without needed care. Similar to our Green Oak inpatient unit, the benefit of this outpatient program extends benefit to patients' families and friends since they often provide transportation for seniors to medical care appointments. Despite incurring a significant operating loss to provide our Senior Life Solutions program, DCH and NCH recognizes the need in our service area for these valuable services. Another essential service we provide despite financial loss is our wound care program. Wound care patients often have multiple health issues and many times travel is very difficult for them. These hardships often caused patients the inability to access necessary care. Patients served at DCH include those with diabetic ulcers, venous stasis ulcers, arterial ulcers, non-healing traumatic and surgical wounds and other chronic wound conditions. Mountain States Health Alliance (Mountain States) is one of only 29 organizations in the country participating in the Centers for Medicare & Medicaid Service.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	<p>s (CMS) new initiative, Accountable Health Communities Model (referred to as AHC Program), aimed at improving the health of eligible Medicare and Medicaid beneficiaries. The AHC Program is designed to integrate care for health-related social needs into usual care by implementing systematic screening, referral, and patient navigation services for needs such as food insecurity, housing instability, safety, transportation needs, and utility assistance. Mountain States serves as the Bridge Organization for the AHC Program locally, leading a collaborative of multiple organizations and clinical delivery sites to bring needed services to beneficiaries residing in Southwest Virginia. Full implementation of the AHC Program was achieved during FY19. There are nine full-time team members for the program, whose positions are financed by federal funds, (six Navigators, one Lead Navigator, one Screening and Referral Specialist, and one Program Manager), while two part-time Navigator positions remain open. Fifty-two locations serve as clinical delivery sites in Southwest Virginia and Northeast Tennessee and have processes in place to identify health-related social needs. Patients that screen positive for health-related social needs are given a Community Referral Summary, which contains contact and program information for relevant resources that assist with the needs identified by the screening. Since formal go-live of the AHC Program on November 17, 2018 through June 30, 2019 there have been 61,705 offered screenings, 35,544 answered screenings, 9,050 needs identified, 5,030 Community Referral Summaries given to patients, and 2,142 navigated patients. The stats provided are inclusive of the Ballad Health Virginia hospitals plus three Tennessee hospitals located close to Southwest Virginia. Mountain States also created an internally-produced data system for the screening, referral, and navigation services in lieu of using the CMS AHC Data System. This data system improved operational efficiency by at least five-fold over the CMS Data System. Patient Navigators have been re-deployed from five Virginia Community Services Boards in our service area to hospital emergency departments and primary care offices. This allows the Navigators to establish initial contact with a patient and complete a personal interview and action plan related to the health-related social needs identified by the patient. Laptops and cell phones were purchased for the Navigators to have the ability to work at the clinical delivery sites and from other locations, as needed.</p> <p>OTHER PROGRAM SERVICES 5 Ballad Health embarked on a campaign near the end of fiscal year 2018 to reduce hospital-acquired C diff by 30% in 90 days. This was a bold undertaking by Ballad Health's new Clinical Council and our Infection Prevention Department. C diff is a significant threat to hospital patients everywhere. It is our duty as caregivers to protect our patients from harm all of the time, so preventing C diff.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The corporation is organized as a Virginia non-stock, nonprofit corporation. Dickenson Community Hospital IS A 100% owned subsidiary of Norton Community Hospital, Inc.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The board of directors of Norton Community Hospital annually elect members to the board of directors for Dickenson Community Hospital A requirement of at least (1) member is to be from Dickenson County Industrial Development Authority Norton community hospital is the sole member of Dickenson Community Hospital

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	The CFO reviewed the Form 990 with the board of directors prior to filing the return with the IRS The return was made available to each board member in an electronic format prior to the review

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	<p>Ballad Health has a conflict of interest policy for all members of the Board of Directors, the Executive Chair/President, Executive Vice Presidents, Senior Vice Presidents, and Vice Presidents, and applies to all Ballad Health organizations. All persons covered by this policy are required to complete a conflict of interest disclosure form on an annual basis. Should a conflict arise, it is the responsibility of the conflicted individual to update his or her disclosure immediately. All meetings of the board or board committees have a standing agenda item first on the agenda titled Conflicts of Interest. If a member of the board or board committee has a conflict of interest involving any issue on the board agenda, he or she must declare the conflict of interest during the period allotted for disclosure. If any issue arises during a meeting in which the board member has a conflict of interest, he or she must immediately declare the conflict. While each member of the board or board committee is responsible for disclosing conflicts of interest, it is also the responsibility of any board member aware of a conflict which has not been disclosed to ensure the board is made aware. The presiding officer of a board or board committee meeting may ask a conflicted member to excuse themselves from the meeting during the discussion related to the issue with which the conflict of interest applies. Under no circumstances shall a member vote on a matter that gives rise to a potential conflict.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Governing documents and conflict of interest policy are made available upon request to the appropriate parties requesting them Financial statements are made available upon request to appropriate parties requesting them, and they are made available to those parties who own indebtedness of the company on a quarterly basis

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in Temp Restricted Net Assets = \$5000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Elimination of Intercompany Receivables/Payables = \$164441

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Pension Liability Adjustment = \$10556

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part V, Line 2A W-2 Employees	Dickenson Community Hospital (DCH) team members are paid by Norton Community Hospital, DCH's sole member, except for the CEO and CFO who are paid by Ballad Health. The CEO and CFO salary and benefit costs are allocated between NCH and DCH. Norton Community Hospital bills DCH for its share of salary and benefits and the expense is recorded on DCHS books. There were three DCH team members that received reportable compensation in excess of \$100,000.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Line 15B - Compensation Process for Officers or Key Employees	Similar to DCH/NCH's CEO, DCH's CFO receives compensation that complies with salary policy of Ballad Health. His pay is set at a market percentile specific to his position as CFO of DCH and NCH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII - Related Organizations	Director compensation Dickenson Community Hospitals board members, Shane Hilton and Monty McLaurin, receive compensation for services provided to related organizations and do not receive compensation for services as a DCH board member

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Dickenson Community Hospital

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

Employer identification number
77-0599553

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Emmaus Comm Hlth PLLC 6070 HWY 11E Piney Flats, TN 37686 20-0577483	Medical Services	TN	NA					No			No	
(2) Medl Spec of JC LLC 2528 Wesley Street Suite 2 Johnson City, TN 37601 27-2199037	Medical Services	TN	NA					No			No	
(3) ETn AmbSrg Cntr 701 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-1787537	Medical Services	TN	NA					No			No	
(4) GreenevillePhySvc LLC 1905 American Way Kingsport, TN 37660 45-5070419	Medical Services	TN	NA					No			No	

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

See Additional Data Table

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

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

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

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 77-0599553
Name: Dickenson Community Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
303 Med Tech Parkway Suite 220 Johnson City, TN 37604 62-0476282	Hospital System	TN	501C3	3	BALLAD		No
400 N State of Franklin Road Johnson City, TN 37604 58-1418345	Supporting Organization	TN	501C3	12a	MSHA		No
245 Medical Park Drive Marion, VA 24354 54-0794913	Hospital	VA	501C3	3	MSHA		No
100 15th Street NW Norton, VA 24273 54-0566029	Hospital	VA	501C3	3	NA		No
16000 Johnston Memorial Drive Abingdon, VA 24211 54-0544705	Hospital	VA	501C3	3	NA		No
16000 Johnston Memorial Drive Abingdon, VA 24211 20-5485346	Medical Services	VA	501C3	12a	JMH		No
303 Med Tech Parkway Suite 220 Johnson City, TN 37604 61-1771290	Supporting Organization	TN	501C3	12b	NA		No
203 Gray Commons Circle Gray, TN 37615 81-5475903	Opioid Treatment	TN	501C3	3	MSHA		No
1905 American Way Kingsport, TN 37660 62-1636465	Hospital System	TN	501C3	3	BALLAD		No
851 Locust Street Rogersville, TN 37857 62-1816368	Hospital	TN	501C3	3	WHS		No
1420 Tusculum Boulevard Greeneville, TN 37745 51-0603966	Hospital	TN	501C3	3	WHS		No
1905 American Way Kingsport, TN 37660 26-3557623	Medical Services	TN	501C3	10	WHS		No
1905 American Way Kingsport, TN 37660 27-0898372	Medical Services	TN	501C3	7	WHS		No
1019 West Oakland Ave Suite 2 Johnson City, TN 37604 58-1594191	Fundraiser	TN	501C3	7	BALLAD		No
2000 Greenway Street Kingsport, TN 37660 62-1308216	Assisted Living	TN	501C3	10	WHS		No
2421 N John B Dennis Hwy Kingsport, TN 37660 58-1859039	Nursing Home	TN	501C3	10	WHS		No
1905 American Way Kingsport, TN 37660 86-1103148	Healthcare	TN	501C3	12a	WHS		No
1905 American Way Kingsport, TN 37660 27-3777167	Medical Services	TN	501C3	3	WHS		No
1420 Tusculum Boulevard Greeneville, TN 37745 62-0701119	Hospital	TN	501C3	3	MSHA		No
1420 Tusculum Boulevard Greeneville, TN 37745 58-2105493	Fundraiser	TN	501C3	12a	MSHA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Blue Ridge Medical Management Corp 1905 American Way Kingsport, TN 37660 62-1490616	Medical Services	TN	MSHA	C					No
(1) Mediserve Medical Equipment 1905 American Way Kingsport, TN 37660 62-1212286	Durable Medical Equipment	TN	BRMMC	C					No
(2) Mountain States Properties 1905 American Way Kingsport, TN 37660 62-1845895	Property Management	TN	BRMMC	C					No
(3) Mountain States Physician Grp 1905 American Way Kingsport, TN 37660 62-1700412	Medical Services	TN	BRMMC	C					No
(4) Community Home Care Inc 1490 Park Avenue NW Suite B Norton, VA 24273 54-1453810	Durable Medical Equipment	VA	NCH	C					No
(5) Wilson Pharmacy Inc PO Box 5289 Johnson City, TN 37604 62-0329587	Pharmacy	TN	BRMMC	C					No
(6) Crestpoint Health Insurance Company 509 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-0381170	Insurance	TN	ISHN	C					No
(7) Wellmont Inc 1905 American Way Kingsport, TN 37660 62-1320035	Medical Services	TN	NA	C					No
(8) Wellmont Collections Inc 2004 American Way Suite 101 Kingsport, TN 37660 62-1325938	Business Services	TN	NA	C					No
(9) Medical Mall Pharmacy Inc 1905 American Way Kingsport, TN 37660 62-1565006	Medical Services	TN	NA	C					No
(10) Wellmont Physician Services 1905 American Way Kingsport, TN 37660 62-1567353	Medical Services	TN	NA	C					No
(11) WPS Providers Inc 1905 American Way Kingsport, TN 37660 20-5564642	Medical Services	TN	NA	C					No
(12) Wellmont Health Services Inc 1905 American Way Kingsport, TN 37660 62-1254373	Medical Services	TN	NA	C					No
(13) Nolichuckey Management Svcs Inc 1420 Tusculum Boulevard Greeneville, TN 37745 62-1776681	Medical Services	TN	NA	C					No
(14) Wellmont Insurance Co SPC LTD P O Box 30600 Grand Cayman KY1-1203 CJ 98-1195624	Insurance	CJ	NA	C					No