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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
Wellmont Health System

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite
1021 W Oakland Avenue Suite 103

City or town, state or province, country, and ZIP or foreign postal code
Johnson City, TN 37604

F Name and address of principal officer:
Alan Levine
303 Med Tech Parkway Ste 300
Johnson City, TN 37604

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
62-1636465

E Telephone number
(423) 302-3374

G Gross receipts \$ 808,717,841

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

J Website: ▶ balladhealth.org

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

L Year of formation: 1996

M State of legal domicile: TN

Part I

Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a)34

4 Number of independent voting members of the governing body (Part VI, line 1b)40

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)54,424

6 Total number of volunteers (estimate if necessary)6123

7a Total unrelated business revenue from Part VIII, column (C), line 127a35,043

7b Net unrelated business taxable income from Form 990-T, line 397b

Revenue

8 Contributions and grants (Part VIII, line 1h)81,527,702

9 Program service revenue (Part VIII, line 2g)9650,849,665

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)10538,980

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)119,282,475

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)12662,198,822

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)13491,984

14 Benefits paid to or for members (Part IX, column (A), line 4)140

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)15237,878,980

16a Professional fundraising fees (Part IX, column (A), line 11e)16a0

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)17388,750,350

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)18627,121,314

19 Revenue less expenses. Subtract line 18 from line 121935,077,508

Expenses

20 Total assets (Part X, line 16)20425,394,041

21 Total liabilities (Part X, line 26)21231,989,568

22 Net assets or fund balances. Subtract line 21 from line 2022193,404,473

Net Assets or Fund Balances

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

Signature of officer

Lynn Krutak BH EVP & CFO

Type or print name and title

2022-05-09

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Honor those we serve by delivering the best possible care. Ballad Health is dedicated to improving the health of the 29-county Appalachian Highlands region.

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 \$ 593,160,268 including grants of \$ 11,054,278) (Revenue \$ 788,207,728)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 593,160,268

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 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 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes
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	306
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2020)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Alan Levine BH Pres/CEO	1.00 64.00	X		X				0	2,837,324	224,600
(2) Marvin Eichorn BH EVP/CAO	1.00 64.00	X		X				0	1,313,705	44,243
(3) Lynn Krutak BH EVP/CFO	1.00 64.00			X				0	1,107,634	99,395
(4) Eric Deaton BH EVP/COO	1.00 64.00	X		X				0	1,039,919	94,315
(5) Jon Taveau MD Staff Physician	40.00 0.00							990,744	0	35,135
(6) David Pryputniewicz MD Staff Physician	40.00 0.00							882,013	0	35,918
(7) Tim Belisle BH EVP/Gen Cnsl	1.00 64.00	X		X				0	779,407	86,025
(8) Lisa Smithgall Former Key Employee/CNE	0.00 55.00							0	619,140	70,249
(9) Linda White VP/Pres NW Mkt	39.30 5.70							591,267	0	56,460
(10) Elizabeth Jackson MD Staff Physician	39.90 0.10							539,864	0	34,630
(11) Stephanie Hart Staff Physician	40.00 0.00							481,479	0	36,125
(12) Andrew Kramer MD Staff Physician	40.00 0.00							470,201	0	41,824
(13) Chad Couch Pres/CEO NE Mkt (start	44.40 0.60							454,030	0	43,902
(14) Andrew Wampler CFO NW Mkt	44.80 0.20							0	403,405	63,378
(15) Greg Neal end 91620 Pres/CEO NE Mkt	44.80 0.20							431,391	0	30,881
(16) Mark Leonard VP, CEO Wise County	24.00 21.00							0	399,907	44,176
(17) Robert Bender CFO NE Mkt	36.00 9.00							299,074	0	43,033

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Rebecca Beck	45.00							285,703	0	35,931
VP/COO HVMC	0.00									
(19) Dale Clark	22.00							0	272,637	21,037
Interim VP, CEO Wise County	23.00									
(20) Stephen Sawyer	24.00							0	251,064	37,939
CFO NW Region	21.00									
(21) Robert Kennedy	22.00							0	229,614	32,809
AVP, COO Wise County	23.00									
(22) Chris Miller	45.00							223,282	0	30,559
VP/COO BRMC	0.00									
(23) Bobbie Murphy	45.00							218,479	0	24,155
VP/Pt Care Svcs BRMC	0.00									
(24) Theresa Trivette	45.00							185,374	0	15,761
VP/Pt Care Svcs HVMC	0.00									
(25) Tim Anderson	0.00							0	170,486	29,330
Former Key Employee/VP Pt Care Svcs	0.00									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,052,901	9,424,242	1,311,810

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 122
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.
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(A) Name and business address	(B) Description of services	(C) Compensation
American Anesthesiology of Tennessee PC PO Box 535575 Atlanta, GA 303535595	Anesthesiology Services	4,600,500
Bristol Anesthesia Services PC PO Box 7 Bristol, TN 37621	Anesthesiology Services	4,231,005
East Tennessee State University PO Box 70732 Johnson City, TN 37614	Med Supp/Gen Acad Svcs	3,995,932
AYA Healthcare Inc Department 3519 PO Box 123519 Dallas, TX 753123519	Healthcare Staffing Svcs	2,961,829
Trustaff Travel Nurses LLC PO Box 63-8231 Cincinnati, OH 452638231	Healthcare Staffing Svcs	1,327,001

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 56
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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	531,211					
	e Government grants (contributions)	1e	7,723,488					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	55					
	g Noncash contributions included in lines 1a - 1f:\$	1g						
	h Total. Add lines 1a-1f ▶			8,254,754				
Program Service Revenue			Business Code					
	2a CARES Act Revenue	900099	28,364,534	28,364,534				
	b Patient Revenue	900099	758,129,649	758,129,649				
	c Rent to Exempt Affiliates	900099	50,741	50,741				
	d Residency Program Revenue	900099	278,377	278,377				
	e Wellness Program Revenue	900099	409,369	409,369				
	f All other program service revenue.		10,584		10,584			
g Total. Add lines 2a-2f. ▶			787,243,254					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		55,760	-121,281		177,041		
	4 Income from investment of tax-exempt bond proceeds ▶		465			465		
	5 Royalties ▶		0					
	6a Gross rents	(i) Real	(ii) Personal					
		6a	3,838,043					
		b Less: rental expenses	6b					1,174,193
	c Rental income or (loss)	6c	2,663,850					
	d Net rental income or (loss) ▶		2,663,850					9,549
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a	33,449					1,122,457
		b Less: cost or other basis and sales expenses	7b					38,038
	c Gain or (loss)	7c	33,449	1,084,419				
	d Net gain or (loss) ▶		1,117,868	1,084,419				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a					
	b Less: direct expenses	8b						
	c Net income or (loss) from fundraising events ▶		0					
	9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b						
	c Net income or (loss) from gaming activities ▶		0					
	10a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory ▶		0						
Miscellaneous Revenue		Business Code						
11a Cafeteria/Vending	722514	2,081,690			2,081,690			
b Facility & Const Mgmt Rev	900099	208,327			208,327			
c Support Services	900099	5,301,933	5,301,933					
d All other revenue		577,709	1,336		576,373			
e Total. Add lines 11a-11d ▶		8,169,659						
12 Total revenue. See instructions ▶		807,505,610	793,499,077	35,043	5,716,736			

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	11,054,278	11,054,278		
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, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,606,120	490,316	3,115,804	
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	201,140,949	159,949,445	41,191,504	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,633,041	5,316,198	1,316,843	
9 Other employee benefits	28,092,562	16,082,285	12,010,277	
10 Payroll taxes	12,682,914	11,624,755	1,058,159	
11 Fees for services (non-employees):				
a Management	0			
b Legal	110,500	1,039	109,461	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	15,627	11,982	3,645	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	169,363,292	126,855,632	42,507,660	
12 Advertising and promotion	130,965	11,844	119,121	
13 Office expenses	5,383,805	5,178,299	205,506	
14 Information technology	11,230,855	8,756,812	2,474,043	
15 Royalties	0			
16 Occupancy	11,738,597	11,137,220	601,377	
17 Travel	377,396	287,763	89,633	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	4,901,801	4,596,238	305,563	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	44,569,840	42,997,168	1,572,672	
23 Insurance	2,071,305	2,005,320	65,985	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	167,357,726	167,357,726		
b Maintenance	17,175,936	16,959,015	216,921	
c Support Services	14,666,103		14,666,103	
d Taxes - UBIT	4,712		4,712	
e All other expenses	3,210,327	2,486,933	723,394	
25 Total functional expenses. Add lines 1 through 24e	715,518,651	593,160,268	122,358,383	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	60,394	1	309,109
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net	500,000	3	0
	4 Accounts receivable, net	71,306,024	4	94,462,169
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net	4,339,872	7	8,143,835
	8 Inventories for sale or use	12,936,422	8	14,757,439
	9 Prepaid expenses and deferred charges	13,910,495	9	12,740,235
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 999,475,896		
	b Less: accumulated depreciation	10b 720,949,048	277,289,250	10c 278,526,848
	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	37,626,739	14	37,626,739
	15 Other assets. See Part IV, line 11	7,424,845	15	30,371,290
16 Total assets. Add lines 1 through 15 (must equal line 33)	425,394,041	16	476,937,664	
Liabilities	17 Accounts payable and accrued expenses	66,051,375	17	91,475,867
	18 Grants payable		18	
	19 Deferred revenue		19	425
	20 Tax-exempt bond liabilities	67,824,638	20	82,834,655
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	6,560,843
	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	98,113,555	25	102,681,177
	26 Total liabilities. Add lines 17 through 25	231,989,568	26	283,552,967
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	193,372,725	27	193,375,705
	28 Net assets with donor restrictions	31,748	28	8,992
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	193,404,473	32	193,384,697
33 Total liabilities and net assets/fund balances	425,394,041	33	476,937,664	

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	807,505,610
2	Total expenses (must equal Part IX, column (A), line 25)	2	715,518,651
3	Revenue less expenses. Subtract line 2 from line 1	3	91,986,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	193,404,473
5	Net unrealized gains (losses) on investments	5	-95,555
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	-91,911,180
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	193,384,697

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 62-1636465
Name: Wellmont Health System

Form 990 (2020)

Form 990, Part III, Line 4a:

See Schedule O

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Wellmont Health System

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 instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

62-1636465

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2019 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 line 2 above, 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 lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 line 2a 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 lines 3a and 3b 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>If "Yes" or "No" 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			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Wellmont Health System	Employer identification number 62-1636465
--	--

Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B

Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		18,739
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			18,739
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1i - Other Activities Description	Wellmont Health System had lobbying expenses of \$18,739 which represents the portion of dues paid to various organizations, including Tennessee Hospital Association and Virginia Hospital and Healthcare Association, attributable to direct lobbying.

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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 instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Wellmont Health System

Employer identification number
62-1636465

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

b If the organization elected, as permitted under FASB 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 FASB 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) 2020

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

Term endowment ▶

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

3a

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

(i)

Unrelated organizations

(ii)

Related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	107,181	15,911,738	16,018,919
b	Buildings		534,065,855	348,651,655
c	Leasehold improvements		8,784,283	3,757,169
d	Equipment		411,903,655	353,168,466
e	Other		28,703,184	15,371,758
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			278,526,848

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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) 2011 Interest Fund-AWUIL	7,563,637
(2) Due from Third Party Payors	2,258,906
(3) Intermediate Fixed Income	20,176,013
(4) Inv Fund Val - Intermediate Fixed Income	362,831
(5) LTD Asset-AWUIL Pt Acct	9,903
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	30,371,290

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	
(2) COVID-19 FICA Loan	3,936,086
(3) Defined Pension Payable-L/T	8,728,819
(4) Due to 3rd Parties	775,588
(5) Due to 3rd Parties-Medicare Adv'd Pmts	72,162,691
(6) Due to Affiliates	3,678,130
(7) Operating Lease Obligation L/T	8,465,642
(8) Operating Lease Obligation S/T	2,541,332
(9) Professional Liabilities & Other	2,392,889
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	102,681,177

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: 20011551
Software Version: 2020v4.0
EIN: 62-1636465
Name: Wellmont Health System

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	Wellmont Health System 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, 2021 and 2020. Tax returns for 2018 through 2020 are subject to examination by the Internal Revenue Service."

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
COVID-19 FICA Loan	3,936,086
Defined Pension Payable-L/T	8,728,819
Due to 3rd Parties	775,588
Due to 3rd Parties-Medicare Adv'd Pmts	72,162,691
Due to Affiliates	3,678,130
Operating Lease Obligation L/T	8,465,642
Operating Lease Obligation S/T	2,541,332
Professional Liabilities & Other	2,392,889

SCHEDULE H
(Form 990)

Department of the Treasury

Name of the organization
Wellmont Health System

Hospitals

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
62-1636465

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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)			8,030,774		8,030,774	1.120 %
b Medicaid (from Worksheet 3, column a)			79,545,751	57,300,617	22,245,134	3.110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			87,576,525	57,300,617	30,275,908	4.230 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			3,356,492	37,054	3,319,438	0.460 %
f Health professions education (from Worksheet 5)			14,431,763	6,918,808	7,512,955	1.050 %
g Subsidized health services (from Worksheet 6)			11,493,477	8,658,613	2,834,864	0.400 %
h Research (from Worksheet 7)			648,891	33,718	615,173	0.090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			10,917,033		10,917,033	1.530 %
j Total. Other Benefits			40,847,656	15,648,193	25,199,463	3.530 %
k Total. Add lines 7d and 7j			128,424,181	72,948,810	55,475,371	7.760 %

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			5,500		5,500	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			5,500		5,500	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	118,190,122	
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	43,730,345	
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	169,972,204
6 Enter Medicare allowable costs of care relating to payments on line 5	6	161,076,064
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	8,896,140
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 Rehab Hosp of Bristol LLC	Medical Services	25.000 %		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

6

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

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

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

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

A

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

123456

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>balladhealth.org/locations#hospitals</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

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

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

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	Financial assistance approval can apply to an assortment of patients such as those who have exhausted their TennCare/Medicaid benefits, those who qualified for TennCare/Medicaid after the date of service, deceased patients with no estate or assets, uninsured patients, and underinsured patients. While Ballard Health's qualifications for financial assistance is based on federal poverty guidelines, asset values may also be used to determine eligibility. Unique circumstances may be assessed on a case-by-case basis. Charity approval covers current or active patient balances when they are approved and there is no limitation or cap on the amount of charity that a patient may receive. Ballard Health hospitals do not stop approving financial assistance for patient accounts if a hospital's charity write-offs exceed the hospital's charity budget. All Ballard Health hospitals provide an uninsured discount; the current uninsured discount is 85%. 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 policy guidelines. Medicaid eligible patients will qualify for 100% financial assistance and not be required to complete the required documentation when: a) Medicaid eligibility requirements are met after the service is provided, b) non-covered charges occur on a Medicaid eligible encounter, or c) benefits have been exhausted. Deceased patients with no estate also qualify for 100% financial assistance. Financial assistance determinations may be retroactive for all outstanding balances. In addition, Ballard Health offers a number of programs with special discounts such as lactation consultation services; oncology treatment regimens; enrollment in various community programs, and prescription drugs filled post-discharge.
Part I, Line 7 - Explanation of Costing Methodology	The cost to charge ratio (worksheet 2 "ratio of patient care cost to charges") was used to calculate line 7a financial assistance (charity care) cost. WHS's cost accounting system was used to determine losses from TennCare and Medicaid reported on line 7b. Line 7e community health improvement includes costs that are taken directly from departmental operating reports or expenses specific to a community health event, with no additional overhead included in the cost. Line 7f health professions education is comprised of internships (primarily internal medicine residents, nursing, pharmacy, and therapy students) with schools and universities, allowing their health profession students to receive hands-on training in a hospital setting. WHS's Medicare-approved programs include medical residents, pharmacy and pastoral care. For these programs, Medicare-approved costs and Medicare reimbursement comes from filed Medicare cost reports. The Ballard Health Organizational Development Department (OD) maintains records for the non-Medicare programs. Only labor costs are included for WHS team members that provide training (no overhead is applied) and only a percentage of team members' time is attributed to actual training. For line 7g subsidized health care services, WHS's cost accounting system is used because WHS has established, standard costing reports for these services. There is an exception where WHS does not use the cost accounting system. The exception relates to low-dose CT scans for lung cancer. Patient charges for this screening were written-off as an administrative adjustment (not as charity). The cost to charge ratio was used to determine the cost of the free scans. WHS is careful to ensure no double counting of cost. Although there are other service lines within WHS hospitals that lose money, WHS does not report services that hospitals are required by state licensure to provide, routine services or ancillary services. Line 7h research represents WHS's expense allocation from Ballard Health for research. Line 7i cash and in-kind contributions includes cash disbursements and in-kind donations of medications to local nonprofit rescue squads and fire departments. In-kind donations of medications are based on actual cost for these items.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	<p>Self-pay balances include accounts after payments and contractual adjustments (discounts) have been applied from all third-party payers such as Medicare, TennCare, commercial insurers, and others - generally leaving the patient responsible for any remaining deductible and/or co-payment. Other self-pay accounts are from patients with no insurance or other third-party coverage. Under Ballad Health's system-wide self-pay policy, any patient who has no insurance and is ineligible for any government assistance program receives an 85% discount. Many self-pay patients will further qualify for financial assistance (sometimes referred to as charity care) if they provide the financial information needed to deem them eligible or upon determination of presumptive charity eligibility. After the normal collection process has indicated an account is uncollectible, WHS writes the account off to bad debt. The hospital's overall self-pay accounts receivable balance is evaluated on an ongoing basis to evaluate the age of accounts receivable, historical write-offs and recoveries and any unusual instances (such as local, regional or national economic conditions) which affect the collectability of receivables.</p>
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	<p>WHS's primary external collection agency historically estimated that approximately 37% of WHS's bad debt would have qualified for financial assistance if patients had provided a financial assistance application and required documentation. WHS has begun to score accounts using a presumptive eligibility tool. This tool utilizes various data points for a proprietary algorithm operated by an outside vendor to provide an individual's score which is then relied upon to assign presumptive charity eligibility. There are many instances of patients with large account balances and no health insurance coverage that WHS believes would qualify for financial assistance. Although patients are encouraged to apply for assistance, many will not do so. WHS would prefer for patients to submit completed financial assistance applications given that historical data clearly indicates that most uninsured patients and many underinsured patients will qualify for financial assistance under WHS's program. Without a completed application or approval through the presumptive charity eligibility review, these are recorded 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 include a footnote on page 17 that describes bad debt. WHS is included in the June 30, 2021 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 allowable costs are reported using WHS's filed Medicare cost report (C/R). The C/R uses a cost to charge ratio based on a step-down allocation methodology. WHS believes 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 the 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 Ballad Health hospitals comply with IRS 501(r) regulatory guidelines. Ballad Health's collection policy clearly states that all patients are treated equally - with dignity and respect. Ballad Health ensures that outside collection agencies adhere to Ballad Health billing and collection guidelines. The collection program includes communicating expected financial responsibility prior to service. WHS hospitals provide assistance to help underinsured and uninsured patients determine sources of payment for medical bills and to help patients determine eligibility for programs such as TennCare or Medicaid. After insurance benefit verification, WHS hospitals bill insurance carriers. If the insurance carrier denies payment of the service/procedure as non-covered or the patient has exceeded their maximum benefits, the service/procedure will qualify for the uninsured discount. Financial counselors are available to discuss financial assistance with patients and their families. WHS hospitals provided a number of payment options:- a pre-service discount may be offered- a discount in excess of established discounting rates may be granted for catastrophic high dollar accounts- WHS hospitals accept all non-contracted and out-of-network payers and will make attempts to work with these payers regarding appropriate reimbursement and billing to their members- as part of Ballad Health's commitments to the State of Tennessee and Commonwealth of Virginia to form Ballad Health, not-in-network discounts are applied per policies in place for WHS hospitals- 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 Ballad Health's financial assistance policy.</p>
Part VI, Line 2 - Needs Assessment	<p>Focusing on population health improvement and associated priority metrics allows Ballad Health to further engage the efforts of its hospitals in partnership with communities in our service areas. It has helped Ballad to better identify health disparities that appear across the individual communities and has helped Ballad to prioritize issues that are most important in each hospitals community. Engaging local community organizations expands partnerships so that organizations work together more to address community health needs. Ballad Health uses a comprehensive process to gather input for and continues to evolve its population health plan. Because our hospitals are located in a region with many chronic disease challenges and high levels of health-related social risks, Ballad Health's goal is to target population health issues to make lasting improvements. Ballad conducts ongoing interviews, focus groups and meetings with external groups, including the regional health departments, United Way agencies, chambers of commerce, schools and community organizations, the regional accountable care community leadership council, as well as internal groups such as our population health and community benefit committee of the Ballad Health board of directors, the Ballad Health population health clinical committee, social needs council, grant advisory committees and our hospital community boards in the creation and on-going implementation of its population health plan.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	<p>Consistent with the Ballad Health financial assistance policy, WHS communicates with and provides education to patients through various avenues regarding governmental assistance programs and hospital financial assistance. Various educational and application documents related to obtaining financial assistance are widely available at WHS hospitals 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 hospitals. The financial assistance policy and documents are available in emergency departments and admitting areas. WHS is also happy to mail all documents to patients and offers a plain language summary. All of the documents are available in English and Spanish. Financial assistance information is available during pre-registration, registration and/or during financial counseling. WHS offers governmental program eligibility representatives to assist patients in securing eligibility for TennCare or Medicaid, federal disability and other governmental assistance programs. Additionally, if a patient or community resident expresses an interest in the Affordable Care Act healthcare exchange, WHS representatives have the qualifications and experience to assist them through the entire process. 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. The 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>WHS serves the healthcare needs of 29 Appalachian counties in Tennessee, Southwest Virginia, Kentucky and North Carolina. All of the counties WHS serves are federally designated as medically underserved areas. Medically underserved areas are designated by the U.S. Department of Health and Human Services. Shortage areas are identified through analysis of physician to population ratios depending on whether an area is considered to have a high need. Criteria used to determine high need are poverty rates, the percentage of the population over age 65, infant mortality rates and fertility rates. Many rural residents must travel a greater distance to access different points of the health care delivery system. Due to the 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. While the WHS service area has generally unfavorable health statistics, there are far fewer primary care physicians per resident in some of the counties served than the Tennessee and Virginia state average. For example, in Wise County, VA the ratio of service area demand for primary care physicians is 92.6 while the actual supply of physicians is 56.9 (only meeting 52% of the demand). 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 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 health status of the population in WHS's service area is generally poor. A number of factors contribute to a unique and challenging environment that influence the overall health standing for counties included in the WHS service area. 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. Relative to obesity and physical activity levels, many of the counties have high levels of obesity combined with high levels of physical inactivity as shown below. The percentages of adult obesity: Hancock County, TN - 29%, Sullivan County, TN 33% and Wise County, VA - 40%. The adult obesity rate for U.S. top performers is 26% according to the University of Wisconsin Population Health Institute County Health Rankings. The percentages of physical inactivity: Hancock County, TN 23%, Sullivan County, TN 31% and Wise County, VA 35%. The physical inactivity rate for U.S. top performers is 19% according to the University of Wisconsin Population Health Institute County Health Rankings. WHS service area extends to some of the poorest rural counties in the region with a poverty rate higher than 30% in some areas. The County Health Rankings estimates county median household incomes are: Wise County, VA - \$38,000 compared to \$72,600 for the state of Virginia; and Hancock County, TN - \$30,700 and Sullivan County, TN - \$46,000 compared to \$52,400 for the state of Tennessee. The rate of children in poverty in some areas are considerably higher than 30% compared to 19% for the state of Tennessee. For example, the percentage of children living in poverty in Hancock County, TN - 41%, Sullivan County, TN 25% and Wise County, VA 33%.</p>

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Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	<p>Ballad Health leaders support and encourage all team members to volunteer time, money and skills to community service projects and charitable organizations. Senior leaders and board members set a positive example for WHS 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. WHS does not capture costs associated with team members that serve on other nonprofit boards or provide services to other nonprofits.</p> <p>Line 3 - Community Support</p> <p>Holston Valley Medical Center provided program support to the following organizations at a direct cost of \$5,500.</p> <p>Big Brothers/Big Sisters of East Tennessee \$4,500 The organization provides one-to-one mentoring relationships to support the critical social and emotional development needed to help build resilience and promote the mental health and well-being of children they serve in the community.</p> <p>Kingsport Chamber Foundation \$1,000 The Greenbelt, located in Kingsport, TN, provides over 18 miles of linear walking paths along creeks, rivers, communities and forest, and bike friendly paths throughout the city with easy access from many locations. The Kingsport Chamber Foundation held a Greenbelt cleanup day to pick up trash and debris located along the pathways.</p>
Part VI, Line 5 - Promotion of Community Health	<p>WHS is dedicated to operating efficiently so that waste is minimized. WHS's leadership remains mindful of managing limited resources so that adequate facilities and equipment are available for the care of their patients. Surplus funds are invested into improving treatment options for patients through new technologies, recruiting physicians and trained staff in shortage areas, and improving WHS facilities. Various checks and balances are established to ensure that expenditures for operating expenses and capital costs are reasonable and necessary.</p> <p>WHS has several hospitals with Medicare-approved health profession education programs. In addition, WHS hospitals serve as training sites for many types of health professions: nursing, pharmacy, psychology, lab, respiratory therapy, EMT, public health, etc. Students from several colleges, universities, and programs receive training and hands-on experience in WHS hospitals. WHS resources are devoted to health conferences for local health professionals and offer other programs focused on improving the health of residents. While WHS operates in a predominantly low-income, rural and isolated areas, WHS continues to offer services that operate at a loss because residents would otherwise need to leave their home town or county to receive needed care.</p> <p>Wellmont Health System merged with Mountain States Health Alliance in February 2018 to form Ballad Health healthcare system. WHS and Mountain States Health Alliance still exist as legal entities and continue to operate multiple hospitals. WHS's governing body is comprised of persons who reside in the organization's primary service areas. Physicians that request privileges who are qualified and credentialed are extended privileges by WHS.</p>

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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 62-1636465
Name: Wellmont Health System

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? 6		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	Holston Valley Medical Center 130 Ravine Road Kingsport, TN 37660 balladhealth.org/locations 0000000133	X	X		X			X			A
2	Bristol Regional Medical Ctr 1 Medical Park Boulevard Bristol, TN 37620 balladhealth.org/locations 0000000131	X	X		X			X		Mental Health	A
3	Lonesome Pine Hospital 1990 Holton Avenue Big Stone Gap, VA 24219 balladhealth.org/locations H 1915	X	X		X			X			A
4	Norton Community Hospital 100 15th Street NW Norton, VA 24273 balladhealth.org/locations H 1879	X	X		X			X			A
5	Hancock County Hospital 1519 Main Street Sneedville, TN 37869 balladhealth.org/locations 0000000165	X				X		X			A

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?

6

Name, address, primary website address, and state license number

Licensed hospital

General medical & surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility,

ER-24 hours

EFR-other

Other (Describe)

Facility reporting group

6

Mountain View Regional Hosp
310 3rd Street NE
Norton, VA 24273
balladhealth.org/locations
H 1930

X

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: A 1,2,3,4,5,6 - Part V, Section B, Line 3j	Facility/Group A includes the following facilities:Bristol Regional Medical Center, Holsto n Valley Medical Center, Hancock County Hospital, Lonesome Pine Hospital, Mountain View Re gional Hospital and Norton Community Hospital.To understand each communitys individual nee ds, Ballad Health conducted a Community Health Needs Assessment (CHNA) for each Ballad hos pital 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 resou rces within each community. Community members from each county met with Ballad representat ives to discuss current health priorities and identify potential solutions. During FY21, W HS hospitals were operating under the three-year Community Health Needs Assessment (CHNA) plans approved by its board of directors at the end of FY18. Priorities established for th e CHNAs were determined by the most significant health needs of the community. Ballad Heal th hospitals, including WHS hospitals, conducted their fifth CHNA this tax period with boa rd approval and publication occurring at the end of FY21. For FY21 CHNAs, Ballad Health ut ilized a mixed-methods approach for primary and secondary data collection to gather region al information to inform the 2021 community health needs assessments. The secondary data c ollection entailed the compilation of secondary data pertaining to agreed upon metrics and indicators from an array of verified sources. The primary data collection component invol ved both a key stakeholder survey and key stakeholder focus groups. Findings from both res earch methods were used to prioritize the needs of the community served by each Ballad Hea lth facility and determine priority focus areas for future improvement efforts. Analysis o f secondary data for Sullivan County, TN findings from the key stakeholder survey, and the perspectives of diverse key stakeholders led to the prioritization of community issues fo r Sullivan County. For Bristol Regional Medical Center and Holston Valley Medical Center, the three priority areas for future improvement efforts that were selected by key stakehol ders in Sullivan County, TN are substance abuse, Adverse Childhood Experiences (ACEs), an d housing. Analysis of secondary data for Hancock County,TN findings from the key stakehol der survey, and the perspectives of diverse key stakeholders led to the prioritization of community issues for Hancock County. For Hancock County Hospital, the three priority areas for future improvement efforts that were selected by key stakeholders in Hancock County, TN are education, mental health, and Adverse Childhood Experiences (ACEs).Analysis of seco ndary data for Wise County, VA, findings from the key stakeholder survey, and the perspect ives of diverse key stakeholders led to the prioritization of community issues for Wise Co unty. For Lonesome Pine Hospital, Mountain View Regional Hospital and Norton Community Hos pital, the three priority area

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

Form and Line Reference	Explanation
Facility: A 1,2,3,4,5,6 - Part V, Section B, Line 3j	s for future improvement efforts that were selected by key stakeholders in Wise County are substance abuse, chronic disease, and access to care.

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

Form and Line Reference	Explanation
Facility: A 1,2,3,4,5,6 - Part V, Section B, Line 5	<p>The community health needs assessment process was guided by the Mobilizing for Action Through Planning and Partnerships (MAPP) model, with an understanding that aspects of the model may have to be adapted due to the purpose of the assessment for Ballard Health and constraints related to the COVID-19 pandemic. In coordination with the MAPP model, concepts from both Community-Based Participatory Research (CBPR) and the Arkansas Center for Health Improvement (ACHI) Community Health Assessment Community Health Assessment Toolkit were also utilized for the assessments. Following guidance from the MAPP model, a Key Stakeholder Survey was designed with the primary aim of identifying the most-pressing community issues. In aligning with principles of CBPR, the key stakeholder survey was designed to allow key stakeholders to frame community issues in their own words through the use of open-ended questions. In addition to the identification of community issues, the key stakeholder survey was also designed to discern why survey respondents believed the community issues they selected had the greatest effect on the overall health and wellbeing of their community. Questions related to ideas and suggestions for improvement efforts, gauging the success of efforts after the previous community health needs assessments, and community struggles related to the COVID-19 pandemic were also included in the survey. Independent focus groups were conducted for each Ballard Health facility in order to provide specific and unique information for each community being served. The MAPP model and questions from the key stakeholder survey were used to guide the development and construction of the focus groups. Because the key stakeholder survey primarily dealt with the identification of community issues, the focus groups were primarily designed to prioritize community issues identified through the key stakeholder survey and discuss actionable items around how to best address these community issues. Questions related to root causes of community issues, the current state of resources to address community issues, needed resources to initiate improvement efforts and be successful, and community struggles related to the COVID-19 pandemic were also included in the focus group facilitation guide. The key stakeholder focus groups were conducted virtually via WebEx and were one hour and thirty minutes in length. For Bristol Regional Medical Center and Holston Valley Medical Center, there were eighteen focus group participants. Similar to the key stakeholder survey representation, focus group participants represented an array of different sectors in Sullivan County, TN which included: the school system, businesses, government, the health care system, health departments, faith based organizations, and a diverse group of community based organizations. For stakeholders who were not able to attend the focus group in real-time, blank facilitation guide templates with questions concerning the three</p>

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

Form and Line Reference	Explanation
Facility: A 1,2,3,4,5,6 - Part V, Section B, Line 5	<p>priority areas identified by the focus group participants were sent to them immediately af ter the conclusion of the focus group. This allowed key stakeholders who were not able to attend the focus group in real-time to still provide input and the hospital to ensure the involvement of diverse stakeholders. For Hancock County Hospital there were seven focus gr oup participants. Similar to the key stakeholder survey representation, focus group partic ipants represented an array of different sectors in Hancock County, TN which included: the school system, businesses, government, the health care system, health departments, faith based organizations, and a diverse group of community based organizations. For stakeholder s who were not able to attend the focus group in real-time, blank facilitation guide templ ates with questions concerning the three priority areas identified by the focus group part icipants were sent to them immediately after the conclusion of the focus group. This allow ed key stakeholders who were not able to attend the focus group in real-time to still prov ide input and the hospital to ensure the involvement of diverse stakeholders. For Lonesome Pine Hospital, Mountain View Regional Hospital and Norton Community Hospital, there were fifeteen focus group participants. Similar to the key stakeholder survey representation, f ocus group participants represented an array of different sectors in Wise County, which in cluded: the school system, businesses, government, the health care system, health departme nts, faith based organizations, and a diverse group of community based organizations. For stakeholders who were not able to attend the focus group in real-time, blank facilitation guide templates with questions concerning the three priority areas identified by the focus group participants were sent to them immediately after the conclusion of the focus group. This allowed key stakeholders who were not able to attend the focus group in real-time to still provide input and the hospital to ensure the involvement of diverse stakeholders. A ctivities associated with the June 2021 assessment took place from summer of 2020 through the spring of 2021. The assessment activity including focus groups & surveys were used to develop the hospital implementation plan that was completed fall 2021.</p>

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

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

Form and Line Reference	Explanation
Facility: A 1,2,3,4,5,6 - Part V, Section B, Line 6a	Each hospital within Ballad Health completed a CHNA. WHS's CHNA was conducted with all Ballad Health hospitals to include: Bristol Regional Medical Center, Hancock County Hospital, Hawkins County Memorial Hospital, Greeneville Community Hospital, Holston Valley Medical Center, Johnson City Medical Center (includes Niswonger Children's Hospital and Woodridge Hospital), Franklin Woods Community Hospital, Indian Path Community Hospital, Lonesome Pine Hospital (including Mountain View campus), Johnson County Community Hospital, Johnston Memorial Hospital, Norton Community Hospital, Dickenson Community Hospital, Russell County Hospital, Smyth County Community Hospital, Sycamore Shoals Hospital, and Unicoi County Hospital.

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

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

Form and Line Reference	Explanation
Facility: A 1,2,3,4,5,6 - Part V, Section B, Line 11	<p>During the year, WHS will focus on its CHNA priorities as identified in its FY21 CHNA report. WHS's primary areas of focus included: substance abuse, Adverse Childhood Experiences (ACEs), and housing. Many additional community needs exist in our region. It is fiscally impossible for a hospital to address every health need in a community, which is why the CHNA process is used to identify and prioritize areas of focus. A thoughtful CHNA evaluates overall community health needs to determine which ones the hospital can best influence in a positive way. Consideration is given to other organizations in the hospital's geographic area that already offer services addressing specific health needs. In some cases, it is best to simply support an identified health need through a financial donation to another nonprofit organization skilled in certain areas: teen pregnancy, dental health, fighting homelessness, etc. Hospitals also lend support to other nonprofit organizations by serving on their boards, committees, and assisting with fundraising efforts. Ballad Health made financial contributions to other nonprofit organizations providing community services that support WHS hospital's CHNA. For example, Ballad Health contributed to: A Step Ahead Tri-Cities, Bristol's Promise, ETSU Pediatrics, Fahe Housing Collaborative, Frontier Health, Mom Power Families Free, Strongwell, Upper East Tennessee Human Development Agency, United Way of Southwest Virginia, YMCA, and YWCA.</p>

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Wellmont Health System

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
62-1636465

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

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

2

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

13

3

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

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

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

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 62-1636465
Name: Wellmont Health System

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bays Mountain Park Assoc 853 Bays Mountain Park Rd Kingsport, TN 37660	62-1042329	501c3	30,000	0			Annual gift contribution
Birthplace of Country Music PO Box 1927 Bristol, VA 24203	62-1580405	501c3	55,000	0			Event sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East TN State Univ Fndtn PO Box 70721 Johnson City, TN 37614	23-7092731	501c3	6,274,533	0			Rural health research
East TN State University PO Box 70732 Johnson City, TN 37614	62-6021046	501c3	4,546,167	0			Center Nursing Excellence

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Kingsport Family YMCA 1840 Meadowview Parkway Kingsport, TN 37660	58-1564232	501c3	10,000	0			After school programs support
Healing Hands Health Center 245 Midway Medical Park Bristol, TN 37620	62-1677000	501c3	15,000	0			Event sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kingsport Chamber Fndtn 400 Clinchfield St Ste 100 Kingsport, TN 37660	58-1453565	501c3	30,250	0			Sponsorship/Renovation Project
K-Play Sports Council Inc 400 Clinchfield St Ste 100 Kingsport, TN 37660	41-2045125	501c3	13,410	0			Program support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kpt Chamber Fnd Greenbelt 400 Clinchfield St Ste 100 Kingsport, TN 37660	62-0446834	501c3	15,500	0			Event sponsorship
Mtn Empire Comm College Fndtn 3441 Mountain Empire Road Big Stone Gap, VA 24219	54-1175620	501c3	6,600	0			Event sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Streamworks Inc 122 Pickens Road Kingsport, TN 37663	83-2552649	501c3	15,000	0			Program support
Univ VA College at Wise Alumn 1 College Avenue Wise, VA 24293	23-7039917	501c3	5,600	0			Event sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ VA College at Wise Fndtn 1 College Avenue Wise, VA 24293	54-1638774	501c3	8,335	0			Event sponsorship

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Wellmont Health System		Employer identification number 62-1636465

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" 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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a: Relevant information in regards to selections on 1a.	Unless expressly approved by the Ballad Health Executive Chair/President, first-class transportation is generally not permitted. The Executive Chair/President may utilize first class travel for flights of a long duration. The Vice Chair/Lead Independent Director of the Board of Directors reviews and determines approval for expense reimbursement requests made by the Executive Chair/President. Charter flights must be approved in advance by the Executive Chair/President and are limited to business trips that can be justified based on financial savings, essential time savings and meeting logistics. On an annual basis, the Internal Audit Department of Ballad Health validates all charter travel was for valid business purposes and in compliance with the Ballad Health senior executive travel and business reimbursement policy.

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 62-1636465
Name: Wellmont Health System

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Alan Levine BH Pres/CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,105,435	1,577,573	154,316	203,351	21,249	3,061,924	122,199
1Andrew Kramer MD Staff Physician	(i)	424,144	45,268	789	16,872	24,952	512,025	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
2Andrew Wampler CFO NW Mkt	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	294,460	86,532	22,413	38,776	24,602	466,783	15,324
3Bobbie Murphy VP/Pt Care Svcs BRMC	(i)	164,341	48,972	5,166	-----	24,155	242,634	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
4Chad Couch Pres/CEO NE Mkt (start	(i)	344,971	93,654	15,405	17,832	26,070	497,932	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
5Chris Miller VP/COO BRMC	(i)	178,911	40,113	4,258	11,501	19,058	253,841	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
6Dale Clark Interim VP, CEO Wise County	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	210,305	50,734	11,598	11,812	9,225	293,674	-----
7David Pryputniewicz MD Staff Physician	(i)	431,978	150,500	299,535	16,800	19,118	917,931	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
8Elizabeth Jackson MD Staff Physician	(i)	492,575	45,268	2,021	17,034	17,596	574,494	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
9Eric Deaton BH EVP/COO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	577,023	447,591	15,305	73,799	20,516	1,134,234	-----
10Greg Neal end 91620 Pres/CEO NE Mkt	(i)	247,457	-----	183,934	10,129	20,752	462,272	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
11Jon Taveau MD Staff Physician	(i)	457,012	500	533,232	16,800	18,335	1,025,879	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
12Linda White VP/Pres NW Mkt	(i)	386,764	202,398	2,105	33,388	23,072	647,727	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
13Lisa Smithgall Former Key Employee/CNE	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	344,915	262,405	11,820	52,096	18,153	689,389	-----
14Lynn Krutak BH EVP/CFO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	606,603	494,254	6,777	79,271	20,124	1,207,029	-----
15Mark Leonard VP, CEO Wise County	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	222,086	89,273	88,548	21,786	22,390	444,083	-----
16Marvin Eichorn BH EVP/CAO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	701,564	576,630	35,511	17,300	26,943	1,357,948	-----
17Rebecca Beck VP/COO HVMC	(i)	221,006	63,645	1,052	16,788	19,143	321,634	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
18Robert Bender CFO NE Mkt	(i)	231,149	66,699	1,226	18,436	24,597	342,107	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
19Robert Kennedy AVP, COO Wise County	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	183,035	46,188	391	13,968	18,841	262,423	-----

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Stephanie Hart Staff Physician	(i)	399,466	81,818	195	16,992	19,133	517,604	
	(ii)	-----	-----	-----	-----	-----	-----	-----
1Stephen Sawyer CFO NW Region	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	185,063	47,692	18,309	12,490	25,449	289,003	
2Theresa Trivette VP/Pt Care Svcs HVMC	(i)	168,357		17,017		15,761	201,135	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3Tim Anderson Former Key Employee/VP Pt Care Svcs	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	139,792	26,569	4,125	10,632	18,698	199,816	
4Tim Belisle BH EVP/Gen Cnsl	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	418,179	345,978	15,250	60,679	25,346	865,432	

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Wellmont Health System

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
62-1636465

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Sullvn Cty Hlth EDL&HS 06	62-1256662	865293AF1	09-01-2016	180,420,000	Construction at HVMC		X		X		X
B Sullvn Cty Hlth EDL & HSG	62-1256662	865293AH7	04-20-2016	73,240,000	Refund 2006A Bond		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			10,620,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	180,420,000		73,240,000					
4	Gross proceeds in reserve funds	18,977,995							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	180,420,000		73,240,000					
12	Other unspent proceeds								
13	Year of substantial completion	2011		2011					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X	X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b Name of provider	MA Mutual Life							
c Term of GIC	2980.00 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part VI	Schedule K - Date Rebate Computation Performed Sullivan County TN Health EDL & HSG 06C 10/31/2016Schedule K, Part I and Part IIThe primary beneficiary of the two listed issues was Wellmont Health System, a Tennessee non-profit corporation. Wellmont Health System joined with other hospital entities to become part of a larger non-profit health system known as Ballad Health. Wellmont Health System has remained an operating subsidiary of Ballad Health. When Form 990, Schedule K was completed for Wellmont Health System for the prior tax year ending June 30, 2020, the party that completed that schedule was not aware that the two listed bond issues were amended in 2016 and were likely reissued for federal tax purposes on the dates shown as the issue date. At that time, Form 8038 was filed in connection with each reissuance. As a result, on the attached Schedule K, the listed information relates to the two bond issues as of the respective reissue dates, which were deemed refundings, and not the original issue date of each issue as was the case for the prior Schedule K. Schedule K, Part II, Lines 10-12The uses of proceeds listed in Part II, Line 11 does not equal the total gross proceeds of the issue listed in Part II, Line 3 and 4 because amounts in the original reserve fund created in 2006 would be considered transferred proceeds of the 2006 issue but were not sale proceeds of the reissuance bonds in 2016.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Wellmont Health System	Employer identification number 62-1636465
--	--

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Jacob R Krutak	Family Member	38,530	See Part V		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part V Supplemental Information	(1) Jacob Krutak, Surgical Tech II at Bristol Regional Medical Center, is a family member of Lynn Krutak, EVP and CFO of Ballad Health.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Wellmont Health System

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection****Employer identification number**

62-1636465

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4: Description of Significant Changes to Organizational Documents	In February 2021, an Articles of Merger was completed between Norton Community Hospital (NCH) and Wellmont Health System (WHS). On February 28, 2021, NCH merged with WHS (surviving entity) which is owned by Ballad Health.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	The Ballard Health Tax Department prepares and reviews the Form 990. During preparation other functional areas within the organization provide information and support to complete an accurate return. The return is reviewed by the organization's EVP/CFO and is provided in electronic form to all members of the Board of Directors prior to being filed with the IRS.

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>

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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.

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Alternative Investment Income - Not on Books = -\$14910

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Intercompany Transfers - NCH/NCPS = -\$3085310

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Intercompany Transfers - WHS = -\$115236362

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	NCH Eliminations - Not on Books = \$1266472

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	NCH Transfer to WHS = \$17658324

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	NCPS Income - 07/20 - 02/21 = -\$64301

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	NCPS transfer to WHS = \$875954

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Pension Plan Adjustment - NCH = \$501100

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Pension Plan Adjustment - WHS = \$6210610

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Temporarily Restricted Grants - NCH = \$8992

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Temporarily Restricted Grants - WHS = -\$31749

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Return Reference	Explanation
2019 NOVEL CORONAVIRUS (COVID-19) PUBLIC HEALTH EMERGENCY	<p>The United States Secretary of Health and Human Services declared a Public Health Emergency (PHE) on January 31, 2020 due to confirmed cases of the 2019 Novel Coronavirus (COVID-19). On March 10, 2020 Ballard Health executed its disaster plan in response to the COVID-19 pandemic. This included the activation of its Corporate Emergency Operations Command (CEOC) to coordinate efforts across the system and around the region to rapidly plan for, and execute, ongoing response to the issues resulting from the COVID-19 pandemic. The policy es tablishing the CEOC is established and authorized by the Board of Directors, and follows g uidelines established by the Federal Emergency Management Agency (FEMA) and the CDC. CEOC is led by an incident commander appointed by the Chief Executive Officer in this instance the Chief Operating Officer. The CEOC is composed of key leaders overseeing essential func tions of the health system, including logistics, supply chain, communications, operations, finance, government relations and clinical services. The CEOC acts as the clearinghouse f or all organizational planning and decision-making related to the event, and continues its responsibilities under the oversight of, and until discontinued by, the Chief Executive O fficer. The Chief Executive Officer, who also serves as Chair of the Board of Directors, k eeps the Board of Directors apprised of issues on an ongoing basis and ensures compliance with the Boards delegations of authority pursuant to Ballard Healths policies. During fiscal year 2021, CEOC continued to manage activities related to the PHE which included frequent communications to internal parties, news media, and the public. These communications incl uded providing data related to the prevalence of the virus in the community, hospital capa city and constraints, and other timely information related to the progression of the pande mic. Upon release of vaccines, communications and efforts progressed to include the distri bution of vaccination to eligible individuals. This was through newly established Ballard H ealth vaccination centers, outpatient clinics, supporting community partners, and other mo bile outreach efforts. Ballard Health administered almost 88,000 vaccine doses through thes e efforts during the fiscal year starting with the delivery of the first dose in the servi ce region on December 15, 2020. The system also discharged over 6,500 patients diagnosed w ith COVID-19 and referred an additional 1,600 patients from Emergency Departments into the Safe at Home program. Through the Safe at Home program and other measures, the healthcare system focused on delivery of care to patients in the most convenient and appropriate env ironment for their condition. These measures reduced hospital stays for patients in need o f monitoring while conserving hospital beds for patients in need. Ballard Health also focus ed on supporting patients recovering from COVID-19 through the Center for Post-COVID Care and other COVID-19 support gro</p>

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Return Reference	Explanation
2019 NOVEL CORONAVIRUS (COVID-19) PUBLIC HEALTH EMERGENCY	ups. This innovative approach creates an access point to comprehensive clinical care for those struggling with post-COVID symptoms. Through the Center for Post-COVID Care, Ballad Health provides a full spectrum of services, including care navigation and care management. The health system also fosters research and learning opportunities and collaborates with other leading institutions to understand post-COVID care and increase awareness to healthcare providers, patients and community members of this Long COVID condition.

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Return Reference	Explanation
Form 990, Part VI, Line 15a - Compensation Process for Top Official	<p>The executive compensation committee serves as the compensation oversight committee of Ballard Health's Board of Directors. The executive compensation committee is comprised of members who are determined to be independent and whom are not reliant upon any business relationship with Ballard Health for income or compensation. The compensation plan for Alan Levine, Ballard Health's Chairman, President and CEO, was reviewed and approved by the executive compensation committee and then by the Ballard Health Board of Directors in accordance with the Board's compensation policy and practice. The Board of Directors relies upon the advice of an independent and experienced compensation consultant with knowledge about pay practices for comparable positions within the industry, and who has access to broad data, studies and surveys in order to ensure the compensation falls within competitive and appropriate ranges for the position.</p>

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Return Reference	Explanation
Form 990, Part VI, Line 15b - Compensation Process for Officers	<p>On an annual basis, Ballad Health's Human Resources (H/R) Department evaluates compensation for all executives at a position level of Assistant Vice President and above. H/R's evaluation is based on market data obtained from independent third-party consultants for positions with similar responsibilities at similarly situated organizations. Based on this comparable data, Ballad Health's CEO evaluates the data and, if appropriate, makes necessary adjustments. Any adjustments to Senior Vice Presidents or above are reviewed by the Board of Directors Executive Compensation Committee. In addition, Ballad Health offers an incentive plan to executives based on targeted achievement metrics categorized by; Quality, Service and Safety; Access to Care; Financial Stewardship, and any other metrics approved from time to time by the Board of Directors.</p>

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HANCOCK COUNTY, TN: HANCOCK COUNTY (HCH)	Federally designated Critical Access Hospital serving residents of Northeast Tennessee Hospital built through a partnership between Wellmont Health System and the Hancock County Commission Services include inpatient/outpatient acute care, emergency care, radiology, laboratory, respiratory therapy and physical therapy services Recognized in 2020 by Beckers Hospital Review as 67 Critical Access Hospitals to Know

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IMPROVING ACCESS TO HEALTHCARE SERVICES	<p>RE-IMAGINE RURAL HEALTHCARE - Since 2010, more than 136 rural hospitals have closed in the United States, according to the North Carolina Rural Health Research Program. Compared to other states, Tennessee ranks worst in the nation, with 16 rural hospital closures since 2005. In the region served by Ballard Health, however, it is a different story. Every community in the region with a hospital prior to the merger creating Ballard Health continues to be served by a hospital. In fact, in the middle of the pandemic, Ballard Health opened the countrys newest rural hospital. In July 2021, Ballard Health followed through on its promise to the residents of Lee County, Virginia, and reopened Lee County Community Hospital in Pennington Gap. REOPENING HOSPITAL IN LEE COUNTY, VA - Ballard Health took significant strides towards reopening Lee County Community Hospital as a Critical Access Hospital despite impacts of the COVID-19 pandemic. During renovations of the hospital, Ballard Health staffed a new urgent care center to provide residents in the area with immediate access to care. All preparation work and renovations were completed during fiscal year 2021 in order to meet the July 1, 2021 grand reopening date. This 10-bed modern medical facility will serve the community in rural Southwest Virginia and Southeast Kentucky. GREENE COUNTY, TN CONSOLIDATION AND NEW SERVICES - During the 2018 fiscal year, the two hospitals in Greene County, Laughlin Memorial and Takoma Regional, saw combined operating losses of \$11 million, with cumulative two-year losses totaling nearly \$25 million. As competing hospitals in the community, both hospitals were failing financially. With Ballard Healths creation, both hospitals were consolidated into one, with the Laughlin Memorial campus being renamed Greeneville Community Hospital. Ballard Health continues to identify ways to reduce unnecessary administrative and overhead cost, improve quality, eliminate unnecessary duplication of high-cost services, and seek better supply pricing all of which further reduced the overall cost of care for patients in the Appalachian Highlands. Ballard Health has utilized the savings it has created and invested them into a population health infrastructure, Epic electronic medical record platform, provider recruitment, academics and training. STRONG Futures - In early 2021, Ballard Health announced a major investment into serving the specialized needs of pregnant women, babies and families who suffer from the pain of addiction. Ballard Health STRONG Futures is housed in the former Takoma Regional Hospital in Greeneville and provides residential and other care for pregnant women and mothers who suffer from addiction or need other behavioral health services. The program provides a range of residential and intensive outpatient behavioral health services that help ensure the strongest-possible new beginnings for women and their children. The program is unique in that children may live with the mother during treatment.</p>

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IMPROVING ACCESS TO HEALTHCARE SERVICES	<p>nt. Programs for financial stability, educational classes and fathers are also offered.STR ONG Futures serves community members in Carter, Cocke, Greene, Hamblen, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington counties. The STRONG Futures program has served 1 47 families, impacting over 800 individuals.EXPANDED ACCESS TO RURAL COMMUNITIES In additi on to opening new hospitals in rural communities, Ballard Health has focused on expansion o f access to other healthcare services. Ballard Health opened a new urgent care center in Ba nner Elk, North Carolina. This center provides convenient access to residents who previous ly were required to travel excessive distances for care. This clinic also serves as a conv enient resource for students, faculty, and staff of a nearby college. CREATED SINGLE COORD INATED REGIONAL TRAUMA SYSTEM - One of the most significant ways Ballard Health has been ab le to comply with the provisions of the Certificate of Public Advantage and Cooperative Ag reement, which required avoidance of duplication of services where appropriate, was the co nsolidation of the two Level I trauma centers operating in the region and the subsequent c reation of a coordinated regional trauma system. In approving this move in advance, the St ate of Tennessee relied upon the evidence published in multiple respected studies which fo und higher volume trauma centers lead to improved outcomes. The move toward a single coord inated trauma system followed the guidance of the American College of Surgeons (ACS), whic h verifies trauma centers. The Tennessee Department of Health, after conducting a rigorous review of the trauma program at Johnson City Medical Center, issued its Level I Trauma Ce nter Reverification Site Visit Report. The report found the hospital has demonstrated an o utstanding commitment to care for the injured patient. Further, the survey resulted in zer o deficiencies, a first for trauma care in the region. CONSOLIDATED REGIONAL PERINATAL CEN TER - Tennessee law requires a regionalized system of care for high-risk newborns. The res ult of this law is a policy in Tennessee that recognizes five regional perinatal centers. Niswonger Childrens Hospital at Johnson City Medical Center is the designated center for r egional perinatal care for the Appalachian Highlands. Prior to the merger, perinatal care in the Appalachian Highlands did not meet the goals of the state, with two NICUs that were not coordinated and shared volumes. Ballard Health immediately took steps to correct this after the merger, leading to a more sustainable and coordinated system of care for neonate s, while also reducing the costs associated with maintaining two lower-volume units. After this consolidation, Ballard Health partnered with ETSUs Quillen College of Medicine, which provides ongoing expert neonatology coverage for the hospital, ensuring Ballard Health has neonatology provider coverage 24 hours per day. With more than 25 pediatric specialists t o provide support for the Peri</p>

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IMPROVING ACCESS TO HEALTHCARE SERVICES	<p>natal Center, this is the first time every newborn in the region has access to such highly specialized care. EXPANDED ACCESS TO PEDIATRIC SPECIALTIES - With financial support from Ballard Health and the State of Tennessee, the ETSU Quillen College of Medicine was able to successfully recruit pediatric surgeons to support the Niswonger Childrens Hospital. Our partners at ETSUs Quillen College of Medicine also provide 24/7 neonatology coverage for the NICU. Ballard Health now proudly meets the highest standards for regional perinatal care, something that was not thought possible prior to the merger creating Ballard Health. PARTNERSHIP WITH ETSU TO CREATE FELLOWSHIP PROGRAM IN ADDICTION MEDICINE - Ballard Health and East Tennessee State University formed a partnership to create a new fellowship program in addiction medicine. As part of its commitment to expand education and training in the region, Ballard Health will fund any unreimbursed costs of the fellowship program which, over a 10-year period, could cost more than \$2.5 million. ESTABLISHMENT OF CENTER FOR RURAL HEALTH RESEARCH Tennessee Governor Bill Lee announced the creation of a new Center for Rural Health Research that will be housed at the College of Public Health at East Tennessee State University. In addition to state funding, Ballard Health has committed to contributing more than \$15 million during the next 10 years to the Center. The goal of the Center will be to work with Ballard Health, local healthcare delivery partners, national experts and the leadership of ETSU Health to identify new mechanisms to improve health in rural and nonurban communities. Specific emphasis will be placed on strategies that disrupt inter-generational cycles of behaviors that contribute to poor health outcomes, which ultimately can affect college and career-readiness. RECRUITMENT OF NEW PHYSICIANS TO RURAL SOUTHWEST VIRGINIA - Ballard Health provided the necessary resources to recruit new specialists to serve our region, many of whom were recruited to private practices not owned by Ballard Health. The addition of specialists is helping to improve access to care in rural communities. For instance, Wise County, in Virginia, now benefits from an orthopedist, a cardiologist and several other physicians and providers. Wythe County, in Virginia, a community not served by a Ballard Health hospital, benefits from a cardiologist recruited by Ballard Health. Throughout the region, new physicians and advanced practitioners, recruited and funded by Ballard Health, are serving the region from trauma care to pediatrics, from Wythe County, Virginia to Hancock County, Tennessee. CREATION OF APPALACHIAN HIGHLANDS CARE NETWORK Unveiled a major, coordinated effort to increase healthcare access for low-income uninsured people, aiming to reduce health disparity and inequity. The new Appalachian Highlands Care Network is designed to bridge gaps, improve health and reduce avoidable healthcare cost and utilization. The program includes all Ballard</p>

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Return Reference	Explanation
IMPROVING ACCESS TO HEALTHCARE SERVICES (Cont'd)	LAUNCH OF NISWONGER CHILDRENS NETWORK Unveiled philanthropic investment of nearly \$60 million into a comprehensive, regional system of care for children, families and the future of the Appalachian Highlands. The Niswonger Childrens Network is a regional system of healthcare and community services marking a new phase in high standards of care and well-being for children, regardless of where they live, across Northeast Tennessee and Southwest Virginia.

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IMPROVING HEALTHCARE QUALITY	<p>QUALITY METRICS - Ballard Health continues to make headway in its aim of being a zero-harm, top-decile health system by improving the quality of care delivered to patients by reducing hospital-acquired infection rates and improving other key indicators related to quality care. The State of Tennessee established a scoring system in the COPA to measure key indicators related to quality care and compares those scores to a baseline figure established prior to the merger. In 2021, seven of our quality measures performed among the top decile in the country, the most in the health systems history. Those metrics included in-hospital fall with hip fracture rate, post-operative sepsis rate and perioperative hemorrhage or hematoma rate, among others. These quality metrics were achieved during a time when COVID-19 had a terrible impact on hospital operations, while associated infections and complications have deteriorated nationally.</p> <p>FOCUS ON QUALITY - Ballard Health launched a series of initiatives, including the work of the Clinical Council, implementation of systemwide tiered safety huddles and bold and ambitious initiatives like 30 in 90 reducing infections by 30% over 90 days that target hospital-acquired infections like <i>Clostridioides difficile</i> (C. diff), Catheter-associated Urinary Tract Infections (CAUTI), surgical site infections and others. Not only did Ballard Health achieve its goal of reducing the number of C. diff cases by 30% within 90 days, the reduction in C. diff cases has continued as Ballard Health has now reduced C. diff cases by 70% since the programs inception. As part of Ballard Health's systemwide initiative to improve safety and reduce harm, Ballard Health has continued its tiered-safety huddle program throughout the pandemic, which continues to grow in popularity among frontline caregivers. Any issues identified during those huddles are elevated to hospital leadership. If hospital leadership cannot resolve the issue, the issue is further elevated to the market level and then to the corporate level. Using this approach, Ballard Health can improve outcomes and enhance safety by rapidly deploying resources to support and solve safety issues as they arise.</p> <p>PARTICIPATION IN THE MEDICAID TRANSFORMATION PROJECT - Ballard Health and a group of the nation's leading health systems joined forces to identify ways to better care for some of the nation's most vulnerable populations. The project is a national effort to transform healthcare and address social determinants of health for the nearly 75 million Americans who rely on Medicaid. The work focused on four key areas of opportunity: behavioral health, child and maternal health, substance use disorder and avoidable emergency department visits.</p> <p>PARTICIPATION IN THE HIGH-VALUE CARE COLLABORATIVE - Ballard Health was chosen for a national initiative, The High-Value Care Collaborative, a partnership of the American Hospital Association, the American Board of Internal Medicine Foundations Choosing Wisely campaign</p>

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IMPROVING HEALTHCARE QUALITY	, and the Costs of Care organization. The High-Value Care Collaborative brings together participants to improve efficiency, decrease cost and improve quality in healthcare. During the past year, Ballard Health and other participants in the program adopted strategies to reduce unnecessary cost and deliver evidence-based care that has been demonstrated to reduce the burden on patients.

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IMPROVING THE COMMUNITY'S HEALTH STATUS	<p>ACCOUNTABLE CARE COMMUNITY ACHIEVEMENTS - To help address the broader needs of the community at large, Ballad Health has convened the nations largest accountable care community (ACC), spanning two states with more than 300 participating organizations in 21 counties throughout the Appalachian Highlands. Through five months of regional focus groups and stakeholder meetings, the ACC selected four priority areas to influence through its work: substance abuse, tobacco use, overweight and obesity, childhood trauma and resiliency. The ACC leadership council has agreed that the most impactful way to address the four priority areas is by focusing on interventions that benefit children and families. To reflect this commitment toward youth, the group chose the name STRONG (Striving Toward Resilience and Opportunity for the Next Generation) Accountable Care Community and is organizing activities into four categories: STRONG Starts (conception through kindergarten), STRONG Youth (kindergarten through 12 years old), STRONG Teens (13 to 18 years old) and STRONG Families (adults and caregivers). In May, Ballad Health announced it would invest \$2 million in 21 regional, community-based organizations to support strategies aimed at improving childrens health outcomes in the region, including providing social support services and navigation for women suffering from addiction, preventing food insecurity, parenting and resiliency training and keeping youth from dropping out of school. The work these community organizations are doing will help ensure that children and families reach their full potential. Ballad Health and the regions STRONG Accountable Care Community unveiled a new partnership and coordinated care network with Unite Us that will enhance community members health and well-being. The partnership, announced in June, will join Ballad Health with the Unite Tennessee and Unite Virginia networks. These networks connect people with unmet health and social service needs, such as housing, food, transportation and employment. Within Ballad Health, specially trained staff now conduct health related social needs screenings for gaps in care, such as food and housing insecurity, transportation challenges or other obstacles. The Unite Us technology helps staff connect families with community organizations committed to resolving those issues. The network, however, is not dependent on Ballad Health. Participating organizations also now use the system to refer clients to each other even if the people theyre referring arent Ballad Health patients.</p> <p>CREATION OF NEW BALLAD HEALTH BEHAVIORAL SERVICES DIVISION - To achieve success in a value-based healthcare environment and to achieve the goals for improved access to behavioral services for the region, Ballad Health created the Behavioral Health Services Division.</p> <p>CREATION OF THE BALLAD HEALTH INNOVATION CENTER - Ballad Health created The Innovation Center to serve as a hub for development of partnerships and collaborations that can b</p>

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IMPROVING THE COMMUNITY'S HEALTH STATUS	<p>ring to market life-saving initiatives and other technologies and services that can improve the human condition. COMMUNITY RESOURCES - Ballard Health parish nurses work with individual congregations to help people in religious communities improve their health, prevent illness and injury and ease suffering associated with any health crisis. The parish nurse acts as counselor, educator and healthcare provider by identifying needs of the congregation, coordinating health screenings, providing educational programs, supplying health literature and referring congregants to supportive health services where appropriate. Also, the parish nurse maintains an active visitation program to parishioners who are homebound, hospitalized or in nursing homes. Currently, there are dozens of churches in Northeast Tennessee and Southwest Virginia that are serviced by the Ballard Health parish nurse program. Ballard Healths Nurse Connect is a toll-free line that connects community members with experienced nurses around the clock. The nurses provide expert medical advice anytime, day or night, make referrals to a primary care provider with a location and hours convenient to the community member and referrals to a physician specialist when they need advanced local medical care. They also provide health information and resources, including health screenings and immunizations, and make referrals to urgent care clinics to see a doctor near the community member the same day. Ballard Healths Marsh Regional Blood Center supplies the blood needs of 25 medical facilities, all regional cancer centers, and local rescue aircraft across the Appalachian Highlands. This is accomplished through our collection facilities in Kingsport, Johnson City, Bristol, and mobile blood drives.</p> <p>CHARITABLE CONTRIBUTIONS - From its inception in February of 2018, Ballard Health made significant contributions to the community it serves totaling over \$27 million to date in direct contributions and other community health improvement initiatives. A few examples from fiscal year 2021 include: contribution towards Center for Rural Health and Research Fund, contribution towards Strong BRAIN Institute, support for Milligan Universitys Addiction Counseling Program, support towards a Medical / Legal Partnership to improve access to health care and patient health.</p>

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INVESTMENTS	<p>COMMON ELECTRONIC HEALTH RECORD - Ballard Health continued building on prior progress around a common electronic medical record. An implementation plan was developed to include infrastructure enhancements to support the expansion. This investment of over \$200 million will allow patient information to be shared immediately at the point of service regardless of where a patient enters the Ballard Health system, providing clinical staff with information to better manage patients in the emergency room, clinics, acute and post-acute settings. In the midst of, and despite the global health pandemic, on October 1, Ballard Health successfully completed the acute care phase of the transition. This new common platform will provide patients and their doctors with new options for access, care and security of patient records unprecedented in Ballard Health's service area. This concluded a multi-year effort to transition to a single patient record platform. With this accomplishment, Ballard Health expects to optimize its connectivity to consumers, improving the patient experience dramatically. Ballard Health's conversion to a single technology platform, is just the first of many steps the system is taking as part of its digital transformation journey. Last year, Ballard Health launched an app for patients, giving them direct access to new services, including real-time scheduling, digital access to health information, price transparency and better coordination between providers, regardless of their location. More than 150,000 Ballard Health patients use the Ballard Health app, with thousands joining each month.</p> <p>CHARITY CARE CONTRIBUTIONS - For 2021, Ballard Health provided more than \$80 million in free care, cost that is not reimbursed by any payer nor recovered from the patient who qualifies for charity assistance. Following the merger, Ballard Health increased the threshold for patients to qualify for charity care from 200% of the federal poverty level to 225% of the federal poverty level and provides significant discounts for people up to 450% of the federal poverty level.</p> <p>ACCOUNTABLE CARE ORGANIZATION SAVINGS - Ballard Health was among the first health systems to implement and successfully demonstrate that value-based care led to reduced costs through its Accountable Care Organization (ACO), AnewCare Collaborative. Value-based care means payments for healthcare are based on the quality of care provided and in the reduction of the total cost of care. Since the United States Centers for Medicare and Medicaid Services established the shared savings program six years ago, AnewCare has been one of only 18 ACOs in the nation to generate savings for taxpayers each year saving taxpayers more than \$60 million since inception.</p> <p>MEDICAL EDUCATION - Ballard Health continues to offer free Certified Nursing Assistant (CNA) classes, which are open to the public. The CNA courses are approved and regulated by either the Tennessee State Board of Nursing or the Virginia Board of Nursing. The tr</p>

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INVESTMENTS	<p>aining opportunity can lead to career opportunities for those who complete the program. Ballard Health offers the course free of charge and participants who successfully complete the course meet criteria to sit for the state certification examination. The program includes classroom sessions followed by clinical experience. Clinical hours are conducted at various Ballard Health facilities. RESEARCH the Ballard Health research department serves as the central source of oversight for multi-specialty research. In addition to providing full spectrum support for research studies at Ballard Health, the department also provides oversight for studies generated externally. Teaching and continuing education play a large role at Ballard Health and research staff participate in conferences/webinars and conduct a monthly research orientation sessions. The research department has participated in several large-scale, multi-center trials with a high subject retention rate and sponsor/monitoring rating. Oversight services include administrative, legal, regulatory support, internal service arrangement and financial management. The department maintains reportable metrics and financial reports on a quarterly basis. The focus for principal investigators is mostly in therapeutic areas such as oncology, neuro/trauma/ortho, pharmacology, endocrinology, pediatrics, and cardiology. A variety of studies include different designs that may include, but are not limited to, pharmaceutical/investigational trials, retrospective medical chart reviews and registry studies. The research department is dedicated to: providing consistent oversight and management of clinical research performed at all Ballard Health facilities, ensuring regulatory compliance and fiscal responsibility, and creating a research culture across Ballard Health facilities</p>

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OTHER NOTABLE EVENTS AND AWARDS	<p>Recognized by Forbes Magazine as being a top employer for diversity and inclusion ranked 29th in the entire nation and fifth among employers in the Healthcare and Social industry. Earned the College of Healthcare Information Management Executives (CHIME) Digital Health Most Wired recognition. Ballard Health provided support to build the Miracle League Field at Brickyard Park in Kingsport, TN that provides opportunities for children and adults with both mental and physical disabilities to play baseball on a safe, smooth, cushioned field. It is the only field of its kind in Northeast Tennessee. Received its Accreditation/Department of Distinction from the International Association for Healthcare Security & Safety (IAHSS). Partnered with East Tennessee State University (ETSU) to launch Strong BRAIN Institute to study adverse childhood experiences. The Strong BRAIN (Building Resilience through Adverse Childhood Events -Informed Networking) Institute facilitates the development and dissemination of evidence-based practices that prevent, reduce or mitigate the negative effects of Adverse Childhood Events (ACEs) on health and health disparities. The Institute will also work to inform the citizenry and workforce in the Appalachian Highlands on the importance of being trauma informed. Established through a five-year gift from Ballard Health to ETSU, the Strong BRAIN Institute will be guided by an advisory board comprised of ETSU experts, Ballard Health experts and community members. Recognized by Harvard University and UnitedHealthcare as one of four healthcare organizations leading the way towards a 3D model for value-based care. Partnered with Mayo Clinic, in response to the COVID-19 Pandemic, to conduct research into convalescent plasma as an experimental treatment.</p>

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Part III, Line 4a Program Service Accomplishments	<p>Ballad Health (BH) is an integrated community health improvement organization serving 29 counties of the Appalachian Highlands in Northeast Tennessee, Southwest Virginia, Northwest North Carolina and Southeast Kentucky. Our system of 21 hospitals, including a dedicated childrens hospital, post-acute care and behavioral health services, and a large multi-specialty group physician practice works closely with an active independent medical community and community stakeholders to improve the health and well-being of more than 1 million people. By leading in the adoption of value-based payments, addressing health-related social needs, funding clinical and health systems research and committing to long-term investments in strong children and families in our region, Ballad Health is striving to become a national model for rural health and healthcare. Ballad Health is a tax-exempt entity and the parent corporation of both Mountain States Health Alliance (MSHA) and Wellmont Health System (WHS). The two healthcare systems came together on February 1, 2018 as a result of a merger approved by both Tennessee and Virginia Departments of Health. Ballad Health operates under a Certificate of Public Advantage (COPA) in Tennessee and a Cooperative Agreement (CA) in Virginia. Pursuant to the COPA and CA, MSHA and WHS are required to fulfill the obligations, commitments and covenants set forth in the COPA. Such obligations include that Ballad Health shall meet, over the ten-year period beginning July 1, 2018, established minimum spending criteria on initiatives for expanded access to healthcare services, health research and graduate medical education, population health improvement, and a region-wide health information exchange. The full text of the COPA can be found on the Tennessee Department of Health's website, while the CA can be found on the Virginia Department of Health's website. Form 990 for Wellmont Health System (WHS) includes five wholly-owned hospitals while two wholly-owned hospitals, Takoma Regional Hospital d/b/a Greeneville Community Hospital in Greeneville, Tennessee and Hawkins County Memorial Hospital in Rogersville, Tennessee file separate returns. In addition to the acute care hospitals, WHS wholly owns or has ownership interest in a nursing home, an assisted living facility, physician practice organizations, ambulatory surgery centers and other health care businesses. Specific to the hospitals included in this Form 990, services were provided to: 34,324 inpatients 451,446 outpatient visits 109,934 emergency visits 1,240 deliveries 19,643 surgeries</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SULLIVAN COUNTY, TN: BRISTOL REGIONAL MEDICAL CENTER (BRMC)	348-bed tertiary hospital Centers of Excellence include Wellmont CVA Heart Institute, J.D. and Lorraine Nicewonder Cancer Center, primary stroke center, cardiac care, diabetes treatment center, emergency department, inpatient/outpatient hospice care, neuroscience services, occupational health, outpatient services, rehabilitation services and womens health Pediatric ER Level II trauma center High Performing Hospital for 2020-2021 by U.S. News and World Report for Heart Attack, Heart Failure, Kidney Failure, Stroke, and Chronic Obstructive Pulmonary Disease (COPD) First hospital in the Southeast to offer Cyber Knife radiosurgery for the treatment of cancer and other tumors Augmented robotics program to provide advanced oncology care and less invasive surgical options which reduce recovery time and patient pain

990 Schedule O, Supplemental Information

Return Reference	Explanation
SULLIVAN COUNTY, TN: HOLSTON VALLEY MEDICAL CENTER (HVMC)	505-bed tertiary hospital Centers of Excellence include Wellmont CVA Heart Institute, Christine LaGuardia Phillips Cancer Center, diabetes treatment center, neuroscience services, outpatient services, rehabilitation services and womens health Named one of the nations 50 top cardiovascular hospitals by IBM Watson Health and only hospital in Tennessee to achieve this honor

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
WISE COUNTY, VA: MOUNTAIN VIEW REGIONAL HOSPITAL (MVRH)	Mountain View skilled/long-term care unit is a 44-bed dual-certified unit specializing in long-term care and skilled care

990 Schedule O, Supplemental Information

Return Reference	Explanation
WISE COUNTY, VA: NORTON COMMUNITY HOSPITAL (NCH)	129-bed acute care hospital Services include general acute medical/primary care, surgical, pulmonology, urology, obstetrics, emergency, radiology and laboratory

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Wellmont Health System

Employer identification number
62-1636465

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Wellmont Health Management Services 1905 American Way Kingsport, TN 37660 62-1825259	Healthcare	TN			WHS
(2) Norton Community Physician Services LLC 96 15th Street NW Norton, VA 24273 26-0868690	Medical Services	VA	-4,516	4,812,479	WHS

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Greeneville Physician Services LLC 1905 American Way Kingsport, TN 37660 45-5070419	Medical Services	TN	NA					No			No	
(2) Rehabilitation Hospital of Bristol LLC 103 North Street Bristol, VA 24201 20-5612001	Medical Services	VA	N/A	Related	-121,281			No			No	25.000 %
(3) East Tennessee Ambulatory Surgery Center 701 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-1787537	Medical Services	TN	N/A					No			No	
(4) Emmaus Community Healthcare PLLC 6419 Bristol Hwy Piney Flats, TN 37686 20-0577483	Medical Services	TN	N/A					No			No	
(5) Medical Specialists of Johnson City LLC 2528 Wesley Street Suite 2 Johnson City, TN 37601 27-2199037	Medical Services	TN	N/A					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 Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l No

1m Yes

1n No

1o Yes

1p Yes

1q Yes

1r No

1s No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Wellmont Medical Associates	j	893,534	FMV
(2)Wellmont Medical Associates	p	77,726	Cost

Schedule R (Form 990) 2020

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: 20011551
Software Version: 2020v4.0
EIN: 62-1636465
Name: Wellmont Health System

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
851 Locust Street Rogersville, TN 37857 62-1816368	Hospital	TN	501c3	3	WHS	Yes	
1420 Tusculum Boulevard Greeneville, TN 37745 51-0603966	Hospital	TN	501c3	3	WHS	Yes	
1905 American Way Kingsport, TN 37660 26-3557623	Medical Services	TN	501c3	10	WHS	Yes	
1905 American Way Kingsport, TN 37660 27-0898372	Medical Services	TN	501c3	7	WHS	Yes	
1019 West Oakland Ave Suite 2 Johnson City, TN 37604 58-1594191	Fundraiser	TN	501c3	7	Ballad Health	Yes	
2000 Greenway Street Kingsport, TN 37660 62-1308216	Assisted Living	TN	501c3	10	WHS	Yes	
2421 North John B Dennis Highway Kingsport, TN 37660 58-1859039	Nursing Home	TN	501c3	10	WHS	Yes	
1905 American Way Kingsport, TN 37660 86-1103148	Healthcare	TN	501c3	12a	WHS	Yes	
1905 American Way Kingsport, TN 37660 27-3777167	Medical Services	TN	501c3	3	WHS	Yes	
303 Med Tech Parkway Suite 220 Johnson City, TN 37604 62-0476282	Hospital System	TN	501c3	3	Ballad Health		No
400 N State of Franklin Road Johnson City, TN 37604 58-1418345	Supporting Organization	TN	501c3	12a	MSHA		No
245 Medical Park Drive Marion, VA 24354 54-0794913	Hospital	VA	501c3	3	MSHA		No
100 15th Street NW Norton, VA 24273 54-0566029	Hospital	VA	501c3	3	WHS		No
312 Hospital Drive Clintwood, VA 24228 77-0599553	Hospital	VA	501c3	3	WHS		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

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
Wellmont Inc 1905 American Way Kingsport, TN 37660 62-1320035	Medical Services	TN	WHS	C		-89,964,012	100.000 %	Yes	
Wellmont Collections Inc 2004 American Way Suite 211 Kingsport, TN 37660 62-1325938	Business Services	TN	WHS	C	76,720		100.000 %		No
Medical Mall Pharmacy Inc 1905 American Way Kingsport, TN 37660 62-1565006	Medical Services	TN	WHS	C			100.000 %		No
Wellmont Physician Services 1905 American Way Kingsport, TN 37660 62-1567353	Medical Services	TN	WHS	C			100.000 %		No
WPS Providers Inc 1905 American Way Kingsport, TN 37660 20-5564642	Medical Services	TN	WHS	C			100.000 %		No
Wellmont Health Services Inc 1905 American Way Kingsport, TN 37660 62-1254373	Medical Services	TN	WHS	C	-67,599	2,934,412	100.000 %		No
Blue Ridge Medical Management Corp 1905 American Way Kingsport, TN 37660 62-1490616	Medical Services	TN	MSHA	C					No
Mediserve Medical Equipment 1905 American Way Kingsport, TN 37660 62-1212286	Durable Medical Equipment	TN	BRMMC	C					No
Mountain States Properties 1905 American Way Kingsport, TN 37660 62-1845895	Property Management	TN	BRMMC	C					No
Mountain States Physician Grp 1905 American Way Kingsport, TN 37660 62-1700412	Medical Services	TN	BRMMC	C					No
Community Home Care Inc 1490 Park Avenue NW Suite B Norton, VA 24273 54-1453810	Durable Medical Equipment	VA	WHS	C	1,078,596	2,002,862			No
Wilson Pharmacy Inc PO Box 5289 Johnson City, TN 37604 62-0329587	Pharmacy	TN	BRMMC	C					No
Crestpoint Health Insurance Company 509 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-0381170	Insurance	TN	ISHN	C					No
Nolichuckey Management Svcs Inc 1420 tusculum Boulevard Greeneville, TN 37745 62-1776681	Medical Services	TN	TRH	C					No
Ballad Ventures LLC 400 N State of Franklin Road Johnson City, TN 37604 84-4214681	Investments	TN	Ballad	C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Wellmont Insurance Co SPC LTD PO Box 30600 Grand Cayman KY1-1203 CJ 98-1195624	Insurance	CJ	WHS	C	191,815	30,861,187	100.000 %	Yes	