Exempt Organization Business Income Tax Return OMB No. 1545-0687 Form 990-T (and proxy tax under section 6033(e)) 2018 For calendar year 2018 or other tax year beginning 7/01 ____, 2018, and ending 6/30 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number .(Employees' trust, see instructions.) Check box if name changed and see instructions.) Check box if address changed D Mountain States Health Alliance Exempt under section d7b7a Johnson City Medical Center; X 501(c)() 3) 408(e) 220(e) or 62-0476282 1021 W. Oakland Avenue #103 Unrelated business activity code (See instructions.) Johnson City, TN 37604 408A |]530(a) 529(a) 621500 C Book value of all assets at end of year F Group exemption number (See instructions.) G Check organization type..... ► X 501(c) corporation 501(c) trust]401(a) trust Other trust 545,631,938. H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here ►Lab Outreach Income If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... If 'Yes,' enter the name and identifying number of the parent corporation . . . The books are in care of Lynn Krutak Telephone number ► 423-302-3374 (C) Net Part 1 Unrelated Trade or Business Income (A) Income (B) Expenses 1 a Gross receipts or sales . . 1,230,990. b Less returns and allowances . . . 1c 1,230,990 2 Cost of goods sold (Schedule A, line 7)..... 2 3 Gross profit. Subtract line 2 from line 1c 3 230,990 1,230,990 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts..... 40 Income (loss) from a partnership or an S corporation 5 (attach statement)..... 107,444 107,444. 6 Unrelated debt-financed income (Schedule E)..... 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F). Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . 9 Exploited exempt activity income (Schedule I)...... 10 10 Advertising income (Schedule J)..... 11 Other income (See instructions; attach schedule).... See Statement 1 12 161,017 161,017. 13 13 Total. Combine lines 3 through 12..... 1,499,451 0. 499,451 Part It. Deductions Not Taken Elsewhere (See instructions for implations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule 15 Salaries and wages 15 289,790. Repairs and maintenance..... 16 83,117. 17 Interest (attach schedule) (see instructions)...... 18 Taxes and licenses..... 19 20 48,327. Depreciation (attach Form 4562) [21] 22b 56,828 23 Depletion 23 Contributions to deferred compensation plans..... 24 Employee benefit programs..... 72,447 26 Excess readership costs (Schedule J).

Other deductions (attach schedule)

See Statement 3 27 248 513,001 Total deductions. Add lines 14 through 28.... 29 063,510 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 435,941 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)................. 435,941

Unrelated business taxable income. Subtract line 31 from line 30

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

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Forn	n 990-T (2018) Mountain States Health Alliance	62-0476282	Page 2
Pai	rt III Total Unrelated Business Taxable Income		
-83	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	. 1 38	435,941.
34	Amounts paid for disallowed fringes	34	
35			
20	instructions).	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	435,941.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	3. 1 -1	1,000.
•	enter the smaller of zero or line 36	[]. 38	434,941.
Pai	rtIV Tax Computation		
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	. F 39	91,338.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
	on line 38 from: Tax rate schedule or Schedule D (Form 1041)	. ► 40	
41	Proxy tax, See instructions.	. > 41	
42	Proxy tax. See instructions. Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	48	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	7. 4	91,338.
Par	rt X/ Tax and Payments	 '- 	•
	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	- F T	
	b Other credits (see instructions)		
•	c General business credit. Attach Form 3800 (see instructions)(
•	d Credit for prior year minimum tax (attach Form 8801 or 8827)		
•	e Total credits. Add lines 45a through 45d	45 e	0.
46	Subtract line 45e from line 44	46	91,338.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach schedule)	<i>A</i>	
48	Total tax. Add lines 46 and 47 (see instructions)		91,338.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, colymn (k), line 2	49	
50 a	a Payments: A 2017 overpayment credited to 2018	85.	
	b 2018 estimated tax payments 135,0	00.	
	c Tax deposited with Form 8868		
	d Foreign organizations: Tax paid or withheld at source (see instructions)	\	
	e Backup withholding (see instructions) 50 e		
	f Credit for small employer health insurance premiums (attach Form 8941)		
ć	g Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ► 50 g		
51	Total payments. Add lines 50a through 50g		<u>174,285.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		
, 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	Ø - 54	82,947.
755	Enter the amount of line 54 you want: Credited to 2019 estimated tax > 82,947. Refund	ed► 55	0.
Par	<u> </u>		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author		Yes No
	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Fil	CEN Form 114,	
	Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here		. X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfero	to, a foreign trust?	X
	If 'Yes,' see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	١.	
	Onder penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	best of my knowledge an as any knowledge	
Sig	Π \/, \/, \/, \/, \/, \/, \/, \/, \/, \/,	May the IRS discus	S this return with
Her	Signature of officer Date Title	the preparer showi	Yes No
_			1.63
Paid	d Print/Type preparers name Preparers signature Date Check		
Pre	Non-Paid Preparer self-emp		
pare		N -	
Use			
Onl			
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Schedule A — Cost of Good	is Sold. Enter method	of inve	entory valuatio	n P	•						
1 Inventory at beginning of year	at beginning of year					ry at	end of year	6	′		
2 Purchases	2		ŀ	7	Cost of	f good	ls sold. Subtract				
3 Cost of labor	3				line 6 f	rom lii	ne 5. Enter here	<u></u>			
4 a Additional section 263A costs (attach	schedule)				and in	Part I,	line 2	_7_		17	N
				_	D - 41 -		-ft 053A ('t			Yes	No
b Other costs (attach sch)	4 b						of section 263A (wite Juced or acquired fo			<u> </u>	
5 Total. Add lines 1 through 4b			to the	organi	zation?			_ X			
Schedule C - Rent Income	(From Real Proper	ty and	l Personal I	Pro	perty	Leas	sed With Real Pr	ope	rty) (see ır	nstruct	ions)
1 Description of property											
(1)											
(2)											
(3)											
(4)											
	2 Rent received or accri	ued					3(a) Doduction	s diro	othy copped	tod wil	
(a) From personal prope (if the percentage of rent for property is more than 10% more than 50%)	ear and personal property the income i						ns directly connected with in columns 2(a) and 2(b) itach schedule)				
(1)	•				,						
(2)											
(3)											
(4)								-			
Total	Total			_							
(c) Total income. Add totals of column and on page 1, Part I, line 6,							(b) Total deductions. E here and on page 1, Part I, line 6, column (B).	t .			
Schedule E - Unrelated De			instructions)				!			-	
1 Description of debt-			2 Gross inco			3 De	ductions directly con debt-finan	nnect	ed with or a property	illocab	le to
1 Description of desc	manded property		financed property			depr	(a) Straight line eciation (attach sch)		(b) Other deductions (attach schedule)		
(1)											
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)				7 Gross income ortable (column 2 x column 6)		8 Allocable dedu (column 6 x tot columns 3(a) and		of			
(1)					- 8						
(2)					ક્ષ			┸			
(3)					윊		· · · · · · · · · · · · · · · · · · ·				
(4)					<u>ક</u>			_			
Totals					.	Enter Part	here and on page 1 I, line 7, column (A)	I,Ent Pai	er here and t I, line 7, i	l on pa column	ige 1, i (B).
Total dividends-received deductio						I	<u> </u>	-			
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Page 3

Form 990-T (2018) Mountain States Health Alliance

			Exer	npt Cor	trolled O	rgar	nizations						
1 Name of controlled organization		2 Employer Identification number		Net unrelated income (loss) see instructions)		4	Total of spec payments ma		5 Part of that is inc the con organiz gross ii	cluded trolling ation's	in (leductions directly connected with come in column 5	
(1)	<u> </u>					\perp							
(2)	ļ					╀						· · · · · · · · · · · · · · · · · · ·	
(3)	ļ					\bot							
(4)	ل					J_,							
Nonexempt Controlled Organiz			T =				40.5		0.11		44.5		
inc		et unrelated come (loss) instructions)	9		f specifie nts made		10 Part of included ii organizatio	n the c	ontrolling		connecte	ctions directly d with income olumn 10	
(1)			1			ヿ							
(2)			1			\neg				1			
(3)													
(4)							•						
Totals							Add columns here and on p 8, co	s 5 and page 1 lumn (, Part I, line		e and on i	s 6 and 11. Enter page 1, Part I, line llumn (B).	
Schedule G - Investmen	nt Inco	me of a Se	ctio	5010	c)(7), (9)), o	r (17) Orga	nizati	on (see ins	truction	ns)		
1 Description of income	I		2 Amount of Income		3 De directly		eductions y connected n schedule)		4 Set-asides (attach schedule		5 Tota set-a	tal deductions and -asides (column 3 plus column 4)	
(1)											İ		
(1) (2) (3)					İ					,			
(3)													
(4)				-,		_	 						
TotalsSchedule I — Exploited I	▶	Enter here an Part I, line 9,	colui	nn (A).	1 -	n A	dvortising	ncon	10 (can inst	ruotion	Part I, I	ere and on page 1 ine 9, column (B).	
Schedule 1 - Exploited t	zemp	2 Gross			ses directly	•	let income (loss)		s income from		penses	3.5	
1 Description of exploited activity		unrelate business income fro trade or business	d conne s prod om of un r busines		ected with fooduction of a unrelated 2		from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.		activity that is not unrelated business income		itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)					·							1	
(2)		- 								-			
(3)		1										Ī .	
(4)													
		Enter here on page Part I, line column (a	1, on p 10, Part I,		here and page 1, 1, line 10, 1mn (B).		• • • • • • • • • • • • • • • • • • • •			• •		Enter here and on page 1, Part II, line 26.	
Schedule J — Advertisin		me (see inch	uotio			J						J.,	
Part I Income From Pe					ncolida	tod	Pacie				· · · ·		
Part I income From Fe	riouica	2 Gross				_	dvertising gain or	E C	roulation	6 Doo	dorchia	7 Evene condecable	
1 Name of periodical		advertisir income	vertising adv		3 Direct advertising costs		iss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7.		rculation scome	6 Readership costs		7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).	
(1)						{						4	
(2)		-				ſ						-	
(4)		1			·	1.	•					1	
(4)						Ť							
Totals (carry to Part II, line (5)) · ·												
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Total. Enter here and on page 1, Part II, line 14

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Page 5 62-0476282 Form 990-T (2018) Mountain States Health Alliance Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 tlirough 7. 2 Gross 3 Direct 5 Circulation 6 Readership 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4). advertising advertising income costs 1 Name of periodical income costs (1) (2) (3) (4) Totals from Part I..... Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part II, line 27. on page 1, Part I, line 11. column (A) column (B). Totals, Part II (lines 1 - 5)..... Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to unrelated business 3 Percent of time devoted 1 Name 2 Title to business 왕 윊

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MOUNTAIN STATES HEALTH	IALLIANCE			
62-0476282	FED	ERAL STATEMENTS .		
FYE: 6/30/2019				
STATEMENT 1 - FORM 990-T	, Part I, Line 5, PARTNERSH	IIP INCOME		
PremierHealthcare Alliance, L.I	P. Income (Loss) from Partner	ship K-1	\$	107,444 107,444
STATEMENT 2 - FORM 990-T	, Part I, Line 12, OTHER INC	OME		
Equipment Rental Inc.			\$	161,017
			\$	161,017
STATEMENT 3 - FORM 990-T TAX YEAR	, Part II, Line 20, CHARITAB CONTRIBUTION AMT.	LE CONTRIBUTIONS USED IN PRIOR YEARS		AVAILABLE .
FY14	\$ 591,851	\$ -	\$	591,851
FY15 FY16	\$ 883,301 \$ 876,038 \$ 995,784 \$ 1,122,097	\$ \$	\$ \$	883,30 ⁻ 876,038
FY17	\$ 995,784	\$, -	\$	995,784
FY18	\$ 1,122,097	\$ -	\$	1,122,097
FY19	\$ 902,281	\$ -	\$	902,281
			\$	5,371,352
	TOTAL TO FORM-990-T, I	PAGE 1, LINE 20		48,327
	TOTAL TO FORM-990-T, I		\$	
	CONTRIBUTIONS CARRY	FORWARD TO FY19	\$	
DESCRIPTION	CONTRIBUTIONS CARRY	FORWARD TO FY19		3,877,220
DESCRIPTION SUPPLIES	CONTRIBUTIONS CARRY	FORWARD TO FY19	\$	3,877,220 AMOUNT 1,745 228,426
DESCRIPTION SUPPLIES LAB SUPPLIES OTHER LAB EXPENSES	CONTRIBUTIONS CARRY	FORWARD TO FY19	\$	3,877,220 AMOUNT 1,745 228,426 2,048
STATEMENT 4 - FORM 990-T DESCRIPTION SUPPLIES LAB SUPPLIES OTHER LAB EXPENSES MEDICAL STAFF SERVICES	CONTRIBUTIONS CARRY	FORWARD TO FY19	\$	3,877,220 AMOUNT 1,745 228,426 2,048 26,418
DESCRIPTION SUPPLIES LAB SUPPLIES OTHER LAB EXPENSES MEDICAL STAFF SERVICES PLANT OPS AND IT	CONTRIBUTIONS CARRY	FORWARD TO FY19	\$	3,877,220 AMOUNT 1,745 228,426 2,048 26,418 25,799
DESCRIPTION SUPPLIES LAB SUPPLIES OTHER LAB EXPENSES	CONTRIBUTIONS CARRY	FORWARD TO FY19	\$	3,877,220 AMOUNT 1,745 228,426 2,048 26,418

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2018

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No 179

Identifying number

Mountain States Health Alliance d/b/a Johnson City Medical Center; 62-0476282 Business or activity to which this form relates Form 990-T Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Part I 1,000,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions)...... 2 Threshold cost of section 179 property before reduction in limitation (see instructions)....... 3 2,500,000 Δ Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions. 6 (C) Elected cost (b) Cost (business use only) (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. R q 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562...... 10 Business income limitation, Enter the smaller of business income (not less than zero) or line 5. See instrs. . 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property, See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year. See instructions...... Property subject to section 168(f)(1) election..... 15 16 Other depreciation (including ACRS)..... 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2018..... 56,828 Section B — Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (e) (g) Depreciation Classification of property (business/investment use only — see instructions) Recovery period deduction 19 a 3-year property **b** 5-year property.... c 7-year property..... d 10-year property. . . . e 15-year property.... f 20-year property... S/L 25 yrs g 25-year property. . MM S/L h Residential rental 27.5 yrs 27.5 vrs MM S/L property... 39 vrs MM S/L i Nonresidential real MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L S/L 12 yrs S/L MM c 30-year..... 30 yrs $\overline{40}$ yrs MM S/L d 40-year..... Part IV Summary (See instructions.) Listed property. Enter amount from line 28...... 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 22 56,828. For assets shown above and placed in service during the current year, enter

	Form 4562 (2018) Mountain States Health Alliance 62-0476282 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment,											Page 2				
<u>[Fā</u>	or amuse	ement.)		·			•		·	•					n, recre	auon,
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.																
Section A — Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles.) 24 a Do you have evidence to support the business/investment use claimed?																
24	a Do you have evident				_		Yes	<u>_U</u>					ce written		Yes	∐ No
	(a) (b) (c) Type of property (list vehicles first) Date placed in service use percentage				l) it or basis	(busin	(e) Basis for depreciation (business/investment use only)			rery od	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost	
25	Special depreci											25],	
26	Property used r	more than 50%	in a qualified	busines	s use:	,			····				,			
			ļ			-	-		<u> </u>				 		_	
		. 				 							 			
27	Property used 5	0% or less in a	qualified bu	siness us	e:								<u> </u>			
						ļ									- ı	
28	Add amounts in	column (h) lir	es 25 throug	h 27 Ent	er here a	and on I	ine 21	nage	<u> </u>			1 28			_	
29	Add amounts in		_										·	. 29		
				Section												
to ye	plete this section to our employees, fi	for vehicles used rst answer the	d by a sole pro questions in	prietor, pa Section C	to see	other 'm	ore than eet an	15% exce	owner,' o ption to	or relate comple	ed per eting	son. If this se	you prov	ided ver those v	icles rehicles.	,
30	Total business/during the year		es driven	(Veh	a) icle 1	(l Vehi	b) cle 2	\	(c) /ehicle 3	,	(d Vehic			e) icle 5	(f) Vehicle 6	
	commuting mile	es)		_												
31 32	31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven															
33	Total miles driv	en during the y	ear. Add													
	mics oo unoeg.			Yes	No	Yes	No	Ye	s No) Y	es	No	Yes	No	Yes	No
34	Was the vehicle during off-duty															
35	Was the vehicle than 5% owner	used primarily or related pers	by a more on?													
36 	Is another vehic personal use?						<u> </u>			_				<u> </u>		
	wer these question	ns to determin			. •								-	who are	n't more	than
37	Do you maintair by your employe	a written polic	y statement	that prohi	bits all p	ersonal	use of	vehic	cles, ınc	luding (comn	nuting,			Yes	No
38	Do you maintair employees? See	a written polic	v statement	that prohi	bits pers	onal us	e of vet	ncles	s, except	comm	nutino	. by yo	our			
	Do you treat all	use of vehicles	by employee	es as pers	sonal use	e?										
40	Do you provide m vehicles, and re	tain the inform	ation received	17			• • • • • • •	• • • •		• • • • • •	• • • • •	• • • • •				
41 —	Note: If your an	swer to 37, 38,	39, 40, or 41	ualified a	don't co	mplete	nstratio Section	n uso B fo	r the cov	nstruct /ered v	ions. ehicl	es.		· · · · · ·		
Par	t VI Amorti			1	/b\		(6)		1	(4)		T	<u>/^\</u>		(6)	-
	(a) (b) (c) (d) (e) Description of costs Date amortization begins amount section period or percentage									(f) Amortization for this year						
42	Amortization of	costs that begi	ns during you	ır 2018 ta	x year (s	see inst	ructions):								
				<u> </u>								ļ				
43	Amortization of	costs that her	an hefore voi	r 2018 ta	x vear								43	<u> </u>		
44	Total. Add amo												44			
						Z0812L 07								Fo	rm 4562	2 (2018)