Exempt Organization I	Business In	come Ta	x Return.	ΑI	OMB No 1545-0047
Form 990- (and proxy tax	under section	ı 6033(e))	77,004	,	2019
For calendar year 2019 or other tax year beginning				020	2019
Department of the Treasury				ı	Open to Public Inspection for
Internal Revenue Service Do not enter SSN numbers on this form as A Check box if Check box	of name changed and		zation is a 501(c)(3).		501(c)(3) Organizations Only apployer identification number
address changed	-	•		(E	mployees' trust, see structions)
B Exempt under section Print Mountain States He	Medical Co	nce enter·		1	52-0476282
X 501(c)(/3) or d/b/a Johnson City 408(e) 1220(e) Type 1021 W. Oakland Av	enue #103	0110027		F U	related business activity code
408(e) 220(e) Johnson City, TN 3				r (S	ee instructions)
529(a)				۱ ،	21500
C Book value of all assets at end of year F Group exemption number (See instruc	ctions) >				.21000
556, 120, 495. G Check organization type ► 2	501(c) corporat	ion 501	(c) trust 40	01(a) 1	trust Other trust
H Enter the number of the organization's unrelated trades or businesse			escribe the only (or	first)	unrelated
trade or business here ► Lab Outreach Income		-	lf o	nly on	e, complete Parts I-V
If more than one, describe the first in the blank space at the en		sentence, co	mplete Parts I an	d II, c	omplete 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 affili		aront cubcidi	any controlled are	n.2	► DVac VINa
If 'Yes,' enter the name and identifying number of the parent co		Jai ei it-Subsiui	ary controlled gro	up,	► Yes XNo
J The books are in care of Lynn Krutak	rporation	Т.	elephone number	► A2	3-302-3374
Part I Unrelated Trade or Business Income	(A)	Income	(B) Expense		(C) Net
1 a Gross receipts or sales 829,723.	1		, , , , , , , , , , , , , , , , , , ,		
b Less returns and allowances	1c	829,723.		<u> </u>	
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit Subtract line 2 from line 1c	3	829,723.			829,723.
4 a 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.5 Income (loss) from a partnership or an S corporation	4c			_	
(attach statement)	5 /	RE(CEIVED		
6 Rent income (Schedule C)	6	<u></u>		있	
7 Unrelated debt-financed income (Schedule E)	7/	8		Ő	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	MAY MAY	(2 3 2021	33	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			=	· · · · · · · · · · · · · · · · · · ·
10 Exploited exempt activity income (Schedule I)	10	OGI	<u>IFN. UI</u>		
11 Advertising income (Schedule J)	11				
12 Other income (See instructions, attach schedule)	12				
13 Total. Combine lines 3 through 12	12	000 700		•	000 700
Part II Deductions Not Taken Elsewhere (See Instru		829,723.	deductions) (0.	829,723.
directly connected with the unvelated business	s income.)	itations on	deddellons.) (Dead	ictions must be
14 Compensation of officers, directors, and trustees (Schedule K				14	
15 Salaries and wages				15	143,576.
16 Repairs and maintenance				16	32,126.
17 Bad debts				17	<u></u>
18 Interest (attach schedule) (see instructions)				18	
19 Taxes and licenses		11		19	
20 Depreciation (attach Form 4562)		20	12,223.		
21 Less depreciation claimed on Schedule A and elsewhere on re	eturn	21a		21b	12,223.
22 Depletion				22	
23 Contributions to deferred compensation plans 24 Employee beneat programs				23 24	25 004
25 Excess exempt expenses (Schedule I)				25	35,894.
26 Excess readership costs (Schedule J)				26	
27 Other deductions (attach schedule)		See S	Statement 1	27	395,483.
28 Total deductions. Add lines 14 through 27				28	619,302.
29 Unrelated business taxable income before net operating loss of			n line 13	29	210,421.
30 Deduction for net operating loss arising in tax years beginning on or after Janua	• •	ctions)		30	010 401
31 Ønrelated business taxable income Subtract line 30 from line	23			31	210, 421.
BAA For Paperwork Reduction Act Notice, see instructions.		TCC 400031 0410			Form 990-T (2019)

,	')		
Form	n 990-T (2019) Mountain States Health Alliance	62-0476282	Page 2
Par	rt III ITotal Unrelated Business Taxable Income		
32	frotal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	412,894.
33	Amounts paid for disallowed fringes	38	
34	Charitable contributions (see instructions for limitation rules) Statement	1 7	41,189.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line the sum of lines 32 and 33.	34 from 35	371,705.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)	△ 36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	C_{2} $\frac{37}{37}$ $\frac{37}{37}$	371,705.
38 39	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	7 38 39	1,000. 370,705.
Par	rt IV Tax Computation		,
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	<u> </u>	77,848.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	` [_]	
	on line 39 from Tax rate schedule or Schedule D (Form 1041)	► 41 ·	
	Proxy tax. See instructions	► 42	<u> </u>
43	Alternative minimum tax (trusts only) Yax on Noncompliant Facility Income. See instructions	43	
'		45	77,848.
Par	3	1 45	17,040.
	a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	Other credits (see instructions) 46b		
c	General business credit Attach Form 3800 (see instructions) 46 c		
	d Credit for prior year minimum tax (attach Form 8801 or 8827).		
	e Total credits. Add lines 46a through 46d	46 e	0.
	Subtract line 46e from line 45. Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	47	77,848.
40	Other (attach schedule).	. \ 48	
49	Total tax. Add lines 47 and 48 (see instructions)	1 49	77,848.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	, 0 201
51 a	> 0/A:	,947.	
	, , , , , , , , , , , , , , , , , , , ,	,000.	
c	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions) 51e		
	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439		
9	Form 4136 Other Total 51 g		
52	Total payments. Add lines 51a through 51g	52	182,947.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	▶ □ 53	102, 547.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	\U► 55	105,099.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ► 30,099. Refu	ınded ► 56	75,000.
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	ns)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other au	•	Yes No
	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file	FinCEN Form 114,	
	Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here		- X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transf	eror to, a foreign trust	? X
	If 'Yes,' see instructions for other forms the organization may have to file	•	
_59		the best of my knowledge ar	
Sigi	Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to belief, it is not correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	er has any knowledge May the IRS discu	
Her	e BH EVP/CFO Title Title	the preparer show	n below (see
			∫Yes ∐No
Paid	Print/Type preparer's name Preparer's signature Date Che	ck II If PTIN	
Pre	Non-Paid Preparer self	employed	
pare	er Firm's name Firm's name	r's EINi	onnon on
Use Onl			
BAA		ne no	n 990-T (2019)
DAA	TEEA0202L 02/21/20	⊢∩rr	u aau-1 (7019)

Schedule A - Cost of Good	ds Sold. Enter	method of inve	entory valuati	on ►					-		
1 Inventory at beginning of year	ar	1		6 Inv	vento	ry at e	end of year	6			
2 Purchases	<u></u>	2		7 Cc	st of	good	s sold. Subtract		-		
3 Cost of labor		3	-	lın	e 6 fr	om lii	ne 5 Enter here				
4 a Additional section 263A costs (attack	h schedule)			an	id in F	art I,	line 2	7			
		4 a								Yes	No
b Other costs (attach sch)		4 b					of section 263A (wit luced or acquired fo			l	
5 Total. Add lines 1 through 4	ь Г	5					zation?	1 1630	ne) apply		Х
Schedule C - Rent Income	(From Real	Property and	d Personal	Prop	erty	Leas	ed With Real P	rope	rty) (see ır	struct	ions)
1 Description of property											
(1)	-										
(2)	_										
(3)							_				
(4)	_									•	
	2 Rent received	or accrued									
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal	(if the perce property ex	eal and perso entage of rent ceeds 50% or l on profit or i	t for pe	rsona rent i	al	3(a) Deduction the income ir (att	ı colur	ctly connec nns 2(a) ar chedule)	ted with	ih)
(1)											
(2)											
(3)											
(4)											
Total	T	otal									
(c) Total income. Add totals of col here and on page 1, Part I, line 6,		2(b) Enter ►					(b) Total deductions if here and on page 1, Par I, line 6, column (B)	Enter t ►			
Schedule E — Unrelated De	ebt-Financed	Income (see	instructions)								
1 Description of debt	-financed proper	tv	2 Gross inco			3 De	ductions directly co debt-finar			illocab	le to
. 2000, p. 101, 01, 000,	manaa propo	9	financed p				(a) Straight line eciation (attach sch		b) Other de (attach sc		
(1)											
(2)							<u> </u>				
(3)								1			
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju or allocable to property (atta	debt-financed	6 Colui divide colum	d by			7 Gross income ortable (column 2 x column 6)	(Allocable d (column 6 x lumns 3(a)	total	of
(1)					%						
(2)					8						
(3)					%						
(4)					%						
						Enter Part	here and on page 1, line 7, column (A)	I, Ente	er here and t I, line 7, o	on pa	ige 1,
Totals					▶		` '				. ,
Total dividends-received deduction	ons included in a	rolumn 8			l		······································	-			
BAA			EA0203L 09/19/1	19					Form 9	90-T	20191

Form 990-T (2019) Mountain											47628	
Schedule F - Interest, Ani	nuiti							Orga	<u>nizations</u>	(see in	struction	ns)
		1	Exen	npt Cor	trolled O	rgar	nizations					
1 Name of controlled organization	ıde	Employer ntification number	11	ncome	related (loss) uctions)	4	Total of spec payments ma	ıfıed ide	5 Part of that is in the cor organia gross	cluded itrolling zation's	in in	Deductions directly connected with acome in column 5
(1)				· · · · · ·		+						
(2)						+						
(3)								-				
(4)						Ť						
Nonexempt Controlled Organizati	ons					•			.			
7 Taxable Income	inc	et unrelated come (loss) instructions)			f specifie nts made		10 Part of included ii organizatio	n the d	controlling		connect	uctions directly ed with income column 10
(1)												
(2)	_											
(3)												
(4)												
Totals							Add columns here and on p 8, co		, Part I, line		e and on	ns 6 and 11 Enter page 1, Part I, line olumn (B)
Schedule G - Investment	Inco	me of a Sec	ction	5016	c)(7), (9)). c	r (17) Orga	nizati	on (see ins	structio	ns)	
1 Description of income		2 Amount o			3 dire	Dec	ductions connected schedule)		4 Set-aside ttach schedi	s	5 Tot set-	tal deductions and asides (column 3 blus column 4)
(1)					(<u> </u>			<u> </u>	
(2)								<u> </u>			 	•
(2) (3) (4)	- 1	-			_						 	<u> </u>
(4)											ĺ	
Totals	•	Enter here and Part I, line 9,										nere and on page 1 line 9, column (B)
Schedule I – Exploited Exe	emp	t Activity In	com	e. Otl	her Tha	n A	dvertisina	Incor	ne (see ins	truction	12) T	
1 Description of exploited acti		2 Gross unrelated business income fro trade or business	d s m	3 Exper conne pro of u		from or I 2 m	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	5 Gros activi unrela	s income from ity that is not ated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						 						
(2)						1						
(3)	_											
(4)												
Totals		Enter here on page Part I, line column (/	1, 10,	on p Part l	here and page 1, , line 10, mn (B)							Enter here and on page 1, Part II, line 25
Schedule J - Advertising	nco	me (see instr	uctio	15)		1	·					
Part I Income From Perio					nsolida	tec	Racic					
Tarti medile Homi ene	Juice	2 Gross	u 011		Direct	_	Advertising gain or	5.0	rculation	€ Do	dership	7 Excess readership
1 Name of periodical	_	advertisin income	g	adve	ertising osts	(10	col 3) If a gain, compute cols 5 through 7		ncome		osts	costs (col 6 minus col 5, but not more than col 4)
(1)						4				-		
(2)		-				-						\dashv
(3)		-				┨			-			\dashv
(4)		 				+						
Totals (carry to Part II, line (5))		•										
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Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2019)

Tom 330 T (2013) Mountain 3					02-04/0202	
Part II Income From Period 7 on a line-by-line basis)	icals Reported	on a Separate I	Basis (For each	periodical listed in	n Part II, fill in col	lumns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	•					
	Enter here an on page 1, Part I, line 11 column (A)	on page 1,		rys, mys, ne mys.	C COMMING CO.	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	, ,				
Schedule K - Compensation	of Officers, Di	rectors, and Tr	ustees (see insti	ructions)		
· 1 Name			2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ated business
					%	
					%	
•••					0,	

TEEA0204 L 09/19/19

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning 7/01, 2019, and ending 6/30, 20 20.
Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization Mountain States Health Alliance d/b/a Johnson City Medical Center; Employer identification number 62-0476282

Unrelated Business Activity Code (see instructions) ▶ 900099

Describe the unrelated trade or business > Premier Healthcare Alliance. I.P. K-1 IIRT

Par	Unrelated Trade or Business Income		(A) Income	(8) Expenses	(C) Net
1a	Gross receipts or sales				-
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
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	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	104,920.		104,920
6	Rent income (Schedule C)	6	101/320.		104, 520
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F).	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10	t		- <u> </u>
11	Advertising income (Schedule J)	11	-		
12	Other income (See instructions, attach schedule)	12	-		
13	Total. Combine lines 3 through 12	13	104,920.		104,920

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	-
15	Salaries and wages	15	<u> </u>
16	Repairs and maintenance.	16	
17	Bad debts ·	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	104,920.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	104,920.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Schedule A – Cost of Goods	Sold. Enter method of inv	entory valuation ►						
1 Inventory at beginning of year	1	6 Invent	ory at e	end of year	6			
2 Purchases	2	7 Cost o	f good	s sold. Subtract				
3 Cost of labor	3			ne 5 Enter here				
4 a Additional section 263A costs (attach so	chedule)	and in	Part I,	line 2	7		T	
	4 a						Yes	No
b Other costs (attach sch)	4 b			of section 263A (wi luced or acquired fo				
5 Total. Add lines 1 through 4b	5			zation?		iio, appi,		Х
Schedule C – Rent Income (F	rom Real Property an	d Personal Property	Leas	sed With Real P	rope	rty) (see	nstruct	ions)
1 Description of property								
(1)						•		
(2)								
(3)								
(4)								_
2	Rent received or accrued			24-> D - 4 - 4 -		- 11		
(a) From personal propert (if the percentage of rent for pe property is more than 10% bu more than 50%)	ersonal (if the perc it not property ex	eal and personal propert entage of rent for person ceeds 50% or if the rent d on profit or income)	íal	3(a) Deduction the income i (at	n colur			
(1)								
(2)								
(3)			<u> </u>					
(4)								
Total	Total		•					
(c) Total income. Add totals of columnere and on page 1, Part I, line 6, co			·	(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	Enter rt			
Schedule E — Unrelated Debt	t-Financed Income (see	instructions)						
1 Description of debt-fir	nanced property	2 Gross income from or allocable to debt-	3 De	ductions directly co	nnecto nced p	ed with or a	allocab ee St	le to
. Bossiphon of dost in	ancou proporty	financed property		(a) Straight line eciation (attach sch	7 ((b) Other de (attach so	eductio	ns
(1)								
(2)	•			-				
(3)								
(4)	<u> </u>							
acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of r allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	repo	7 Gross income ortable (column 2 x column 6)	(Allocable o (column 6 : lumns 3(a)	x total	of
(1)		%						
(2)		%						
(3)		8						
(4)		%						
			Enter Part	here and on page I, line 7, column (A	1, Ento) Par	er here and t I, line 7,	l on pa columr	ige 1, 1 (B)
Totals		•						
Total dividends-received deductions	s included in column 8			".	-			
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Schedule F — Interest, A		ies, Royalu	<u> </u>		trolled Or			Jiya	IIIZAUUIIS	(See III	Structions	·)
1 Name of controlled organization	ıde	Employer entification number	"	Net uni ncome e instri		•	4 Total of speci payments ma			cluded	in c	eductions directly onnected with ome in column 5
(1)						T						
(2)						Τ						
(3)						T						
(4)				·								
Nonexempt Controlled Organiz	ations								***			
7 Taxable Income	ın	let unrelated come (loss) e instructions)			f specified nts made	d	10 Part of included in organizatio	n the d	controlling		connected	tions directly d with income blumn 10
(1)												
(2)												
(3)									.			 -
(4)												
Totals.							Add columns here and on p 8, co		, Part I, line		and on p	6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmer	nt Inco	me of a Se	ction	5016	c)(7), (9). (or (17) Orga	nizati	on (see ins	struction	ns)	
1 Description of income		2 Amount			3 dire	De ctly	ductions connected schedule)		4 Set-asides 5 Total de (attach schedule) set-aside		al deductions and sides (column 3 us column 4)	
(1)					(-	
(2)												
(3)		-										
(4)				-								
Totals	•	Enter here ar Part I, line 9,					pp 11104.11 nt				Enter he Part I, li	re and on page 1 ne 9, column (B)
Schedule I – Exploited E	xemp	t Activity I	ncom	e. Otl	her Tha	n A	dvertisina	ncor	ne (see ins	truction	s)	
1 Description of exploited a		2 Gross unrelate busines income fr trade o busines	s ed ss om er	3 Expension connection of u	ises directly ected with duction nrelated ess income	4 I fro or 2 r	Net income (loss) om unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	5 Gros activ	s income from ity that is not ated business income	6 Exp	penses stable to simn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		+				-						
(2)						-	•					
(3)		- 										
(4)												
Totals		Enter here on page Part I, line column	: 1, e IV,	on p	here and page 1, I, line 10, mn (B)		•	η	1 1 1111			Enter here and on page 1, Part II, fine 25
Schedule J – Advertisin	a Inco	me (see inst	ructio	ne)		L						<u> </u>
Part I Income From Pe					ncolida	tor	1 Bacic				 -	
Part Income From Fe	nouic	2 Gross			Direct	_		E 0		CDaa	4	75
1 Name of periodical	l	advertisi income	ng	adve	ertising osts	(1)	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						Γ						
(2)						1						4
(3)						1						-
(4)						\vdash			_			
Totals (carry to Part II, line (5))	<u> </u>										<u>L</u>
RΔΔ				TE	EAN2N4 I	00/10	9/19				F	orm 990-T (2019)

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Form **990-T** (2019)

Form 990-T (2019) Mountain States Health Alliance 62-0476282 Page

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(2)						
(4)						
Fotals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)			·	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1− 5)		n	1			
Schedule K $-$ Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devote to business	ed to unrela	ation attributable ated business
•					ૄ	
					ૄ	
					ે	
					ે	
Total. Enter here and on nage 1. Part II	line 14	+			•	

TEEA0204 L 09/19/19

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2019 or other tax year beginning 7/01, 2019, and ending 6/30

► Go to www irs.gov/Form990T for instructions and the latest information.

▶ 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

Mountain States Health Alliance

Open to Public Inspection for 501(c)(3) Organizations Only

147,706.

147,706.

	d/b/a Johnson City Medical Cente	r;		62-04/6282	
	related Business Activity Code (see instructions)► 900099				
De	escribe the unrelated trade or business > Medical Equipme	ent	Rental		
Part	1 Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	l			
b	Less returns and allowances c Balance ▶	1c		i	
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			-
5	Income (loss) from a partnership or an S corporation				_ -
	(attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F).	8			
9	Investment income of a section 501(c)(7), (9), or (17)			1	

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147,706

147,706

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income)

						_
14	Compensation of officers, directors, and trustees (Schedule K)				14	-
15	Salaries and wages				15	
16	Repairs and maintenance				16	23,579.
17	Bad debts				17	· · · · · · · · · · · · · · · · · · ·
18	Interest (attach schedule) (see instructions)				18	-
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)	2	20	26,507.		Ţ-
21	Less depreciation claimed on Schedule A and elsewhere on return	2	1a	•	21b	26,507.
22	Depletion	_		-	22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)	See	St	atement 6	27	67.
28	Total deductions. Add lines 14 through 27				28	50,153.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28	from lı	ne 13	}	29	97,553.
30	Deduction for net operating loss arising in tax years beginning on or a	after .	Jani	ary 1, 2018 (see		•
	instructions)				30	
31	Unrelated business taxable income Subtract line 30 from line 29				31	97,553.

BAA For Paperwork Reduction Act Notice, see instructions.

organization (Schedule G)

Advertising income (Schedule J)

Total. Combine lines 3 through 12

Exploited exempt activity income (Schedule I)

Other income (See instructions, attach schedule) Stmt 5

10

11

12

13

Schedule M (Form 990-T) 2019

Schedule A — Cost of Good	ds Sold. Ente	r method of inve	entory valuation	ր ▶						
1 Inventory at beginning of year	ar	1		5 Inve	ntory a	at end of year	6			
2 Purchases.		2		7 Cost	of go	ods sold. Subtract				llocable to e St 4 ductions redule)
3 Cost of labor		3				line 5 Enter here				
4 a Additional section 263A costs (attacl	h schedule)			ano	ın Par	t I, line 2			1	
		4 a							Yes	No_
b Other costs (attach sch)	ļ	4 b				es of section 263A (wi roduced or acquired fo				
5 Total. Add lines 1 through 4	b	5				nization?	, 103c	ic, apply		Х
Schedule C — Rent Income	(From Real	Property and	Personal F	roper	ty Le	ased With Real P	rope	rty) (see ır	nstruct	ions)
1 Description of property						-				
(1)										
(2)			-							
(3)										
(4)										
	2 Rent receive					3(a) Deduction	s dire	ctly connec	ted wil	th
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal	(if the perce property ex-	eal and person entage of rent ceeds 50% or i on profit or in	for perso f the rea	onal	the income in	n colu			
(1)			-							
(2)										
(3)										
(4)										
Total	ŀ	Total								
(c) Total income. Add totals of col here and on page 1, Part I, line 6,		2(b) Enter				(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	Enter rt ►			
Schedule E — Unrelated De	ebt-Financed	Income (see	instructions)			•				
1 Description of debt	-financed prope	ertv	2 Gross incor or allocable		3	Deductions directly co debt-final	nnect	ed with or a	allocab ee St	le to
		. ,	financed pr		de	(a) Straight line preciation (attach sch		(b) Other de (attach sc		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Column 4 divided by re column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable de (column 6 x columns 3(a)		of	
(1)					%					
(2)					%					
(3)					8					
(4)	<u> </u>				용					
					En Pa	ter here and on page irt I, line 7, column (A	1, Ent	er here and	l on pa	ige 1,
Totals					•	, , , , , , , , , , , , , , , , , , , ,		,		
Totals Total dividends-received deduction	nns included in	column 8					-			
BAA	ons moluded III		EA0203L 09/19/19			**		Form 9	990-T (2019)
									(

Schedule F – Interest, A				ontrolled O					,		<u>′</u>
organization iden		nployer fication mber	3 Net unrelated income (loss) (see instructions)		4	4 Total of specific payments made		fied 5 Part of c that is inci the contr organiza gross in		in c	eductions directly onnected with ome in column 5
(1)									- "		
(2)					1						
(3)					1						
(4)					1						
Nonexempt Controlled Organiz	ations					 -					
7 Taxable Income 8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made		d	10 Part of column 9 that included in the controll organization's gross included.			olling connected		tions directly d with income olumn 10	
(1)											
(2)											
(3)					1	·					
(4)											
Totals.						Add columns here and on p 8, co		, Part I, line		e and on p	6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmer	it Incom	e of a Sec	tion 501	(c)(7), (9)), o	r (17) Orga	nizati	On (see ins	tructio	ns)	
1 Description of income		2 Amount o		3 dire	Ded	luctions connected schedule)		4 Set-asides ttach schedu	S	5 Tota set-a	l deductions and sides (column 3 us column 4)
(1)											
(2)				1							
(3)				1.						<u> </u>	
(4)											
Totals		inter here and art I, line 9, o									re and on page 1 ne 9, column (B).
Schedule I – Exploited E	vemnt /	Activity Inc	come O	ther Tha	ın Δ	dvertising	Incor	ne (see inch	ruction)c)	
1 Description of exploited a		2 Gross unrelated business income froi trade or business	3 Exp cor p of bus	enses directly nected with roduction unrelated ness income	4 N fron or b 2 m	let income (loss) n unrelated trade pusiness (column linus column 3) a gain, compute mns 5 through 7	5 Gros activ	s income from ity that is not ated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	-				+						 -
(2)					+						 -
(3)		_	_								
(4)			\dashv		+						
Totals	•	Enter here on page Part I, line column (A	I, or 10, Par	r here and page 1, t I, line 10, lumn (B)	1						Enter here and on page 1, Part II, line 25
Schedule J – Advertisin		A (coo :====	ictions)		<u> </u>						
Part I Income From Pe				opcolida	. to d	Pasis					
Part I Income From Pe	riodicais	2 Gross		Direct			<u> </u>				125
1 Name of periodical		advertising		vertising costs	(lo	dvertising gain or iss) (col 2 minus ol 3) If a gain, compute cols 5 through 7		irculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)											
(2)]						_
(3)	Ţ				1						1
(4)					\perp				_		
Totals (carry to Part II, line (5))) -										
RAA				TEE 40204 I	20410						orm 990-T (2019)

BAA

Form **990-T** (2019)

Form 990-T (2019) Mountain States Health Alliance 62-0476282 Page
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

/ on a line-by-line basis)						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)			,			
(4)						
Totals from Part I	-					
,	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)		n de i i cer	glither majores a common	on page 1,
Totals, Part II (lines 1-5)	•					
Schedule K — Compensation of	f Officers, Dire	ctors, and Tri	istees (see instr	uctions)	-	
1 Name			2 Title	3 Percent time devote to busines	ed to unre	sation attributable lated business
					%	
					ુ	
					ું ર	
					00	
Total. Enter here and on page 1, Part	II, line 14	•		•	>	

TEEA0204 L 09/19/19

019	Federal Statements Mountain States Health Alliance		F		
ient MSHA	d/b/a Johnson City Medical Center;			62-047628	
05/21 Statement 1 Form 990-T, Part II, Line 27 Other Deductions				12 13P	
Lab Supplies Medical Staff Services Other Expenses Other Lab Expenses Supplies			\$	200,075. 12,859. 179,354. 1,893. 1,302.	
Supplies		Total	\$	395,483.	
Statement 2 Form 990-T, Part III, Line 34 Charitable Contributions					
Charitable Contributions Income Percent Limit	Allowed Charitable Contributions	3,877,220. 41,189.	\$	41,189.	
Statement 5 Schedule M, Part I, Line 12 Other Income					
Medical Equipment Rent		Total	\$ \$	147,706. 147,706.	
Statement 6 Schedule M, Part II, Line 27 Other Deductions					
Insurance	•	Total	\$	67 67.	

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Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545 0172

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Mountain States Health Alliance

Attachment Sequence No 179

Identifying number

62-0476282 d/b/a Johnson City Medical Center; Business or activity to which this form relates Form 990-T **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions). 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions (b) Cost (business use only) (c) Elected cost 6 (a) Description of property 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instrs Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 13 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year See instructions 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) 17 38,730. 17 MACRS deductions for assets placed in service in tax years beginning before 2019 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here • Section B — Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and (C) Basis for depreciation (d) (g) Depreciation (business/investment use Recovery period year placed in service deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L q 25-year property 27.5 yrs MM S/L h Residential rental 27.5 yrs MM S/L property 39 yrs i Nonresidential real MM S/L MM S/L property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year 30 yrs MM S/L c 30-year d 40-year 40 yrs MM S/L | Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 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 38,730. the appropriate lines of your return. Partnerships and S corporations — see instructions. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2019) 62-0476282 Page 2 Mountain States Health Alliance Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement) 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? No 24b If 'Yes,' is the evidence written? Yes No Yes (d) (e) **(f)** (h) (i) Elected (a) (c) (b) (g) Basis for depreciation Method/ Depreciation Type of property Cost or Recoven Date placed in service Business investment other basis Convention deduction section 179 (business/investment period (list vehicles first) use percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use. See instructions Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) Vehicle 4 (f) Vehicle 6 (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (e) Vehicle 5 Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year Add 33 lines 30 through 32 Yes Yes No Yes Yes Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for 36 personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles Part VI | Amortization **(f)** Amortization (b) (d) Code (c) (e) (a) Amortizable Amortization Date amortization Description of costs amount section period or for this year begins percentage Amortization of costs that begins during your 2019 tax year (see instructions) Amortization of costs that began before your 2019 tax year 43 Total. Add amounts in column (f) See the instructions for where to report 44