

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
Mountain States Health Alliance
dba Johnson City Medical Center

Doing business as

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

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

D Employer identification number
62-0476282

E Telephone number
(423) 302-3774

G Gross receipts \$ 805,910,898

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 ▶

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: 1945 **M** State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Our mission: Honor those we serve by delivering the best possible care. Our vision: To build a legacy of superior health by listening to and caring for those we serve.		
	2 Check this box <input type="checkbox"/> 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)	4	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	0	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	7,822	
	6 Total number of volunteers (estimate if necessary)	581	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	1,032,196	
7b Net unrelated business taxable income from Form 990-T, line 39	370,705		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,375,070	2,903,981
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	739,728,327	792,669,397
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,668,201	-215,711
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,618,374	9,843,932
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	746,389,972	805,201,599
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,411,256	1,985,282
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	287,123,848	294,218,115
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	430,950,718	467,044,022
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	719,485,822	763,247,419	
19 Revenue less expenses. Subtract line 18 from line 12	26,904,150	41,954,180	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	545,631,938	556,120,495
	21 Total liabilities (Part X, line 26)	93,749,190	169,963,725
22 Net assets or fund balances. Subtract line 21 from line 20	451,882,748	386,156,770	

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

2021-05-14
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.

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:

Our mission: Honor those we serve by delivering the best possible care.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 619,398,069 including grants of \$ 1,985,282) (Revenue \$ 792,427,188)
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 ▶ 619,398,069

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	7,822		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			0
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (0), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (Yes), 16b (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.
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 59.00	X		X				0	2,155,621	214,799
(2) Marvin Eichorn BH EVP/CAO	1.00 59.00	X		X				0	1,097,890	42,535
(3) Lynn Krutak BH EVP/CFO	1.00 59.00			X				0	929,458	96,545
(4) Eric Deaton BH EVP/COO	1.00 59.00	X		X				0	780,843	86,618
(5) Tim Belisle BH EVP/Gen Cncl	1.00 59.00	X		X				0	691,954	87,755
(6) Edward Hickson VP, Pres SW Mkt	45.00 0.00							599,255	0	40,022
(7) Monty McLaurin Former CEO NW Mkt	0.00 40.00							0	571,962	61,493
(8) Morris Seligman MD Former EVP/CMO	0.00 0.00							0	567,374	2,291
(9) Mark Wilkinson VP Med Staff Svcs	45.00 0.00							487,811	0	41,222
(10) Matthew Loos VP/Chief Acad Offc	45.00 0.00							444,932	0	36,331
(11) Patricia Baise VP, CEO Behavioral Hlth	45.00 0.00							424,354	0	47,457
(12) Lemmie Taylor VP, CEO SE Mkt	45.00 0.00							336,993	0	49,324
(13) Kent Wright Physician	40.00 0.00							383,367	0	753
(14) Joshua McFall VP, CFO SW Mkt	42.30 2.70							327,232	0	40,390
(15) Lisa Carter VP Pediatric Svcs	45.00 0.00							307,734	0	40,218
(16) Kenneth Shafer VP, COO JCMC	45.00 0.00							297,258	0	27,341
(17) Dale Clark VP, COO Wise Co.	45.00 0.00							267,160	0	22,352

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) Morgan May VP, CNO JCMC	45.00 0.00							247,017	0	19,179
(19) Chase Wilson VP, CFO SE Mkt	45.00 0.00							159,900	0	31,130
(20) Dawn Trimble Former CEO Wash. Co.	0.00 0.00							151,778	0	788
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,434,791	6,795,102	988,543

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 ▶ 194

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Data Blue LLC 5300 Virginia Way Brentwood, TN 37027	IT Implementation Svcs	9,005,630
East Tennessee State University PO Box 70732 Johnson City, TN 37614	Med Supp/Gen Acad Svcs	7,158,130
Anesthesia & Pain Cnsltnts 1009 Lark St Ste 2 Johnson City, TN 37604	Anesthesiology Services	5,418,401
Impact Advisors LLC PO Box 379 Naperville, IL 605660379	IT Professional Adv Svcs	2,852,743
Tri Cities Regl Emerg Physicians PC PO Box 677979 Dallas, TX 75267	Emergency Phys. Services	2,049,748

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 ▶ 76

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, and Noncash contributions.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include CARES Act Revenue, Hospital Patient Revenue, Lab Outreach Income, P/S Ordinary Income, Wellness Programs Revenue, and All other program service revenue.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Net income from fundraising events, Net income from gaming activities, Net income from sales of inventory, and Miscellaneous Revenue.

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	1,985,282	1,985,282		
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	3,253,005	277,231	2,975,774	
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	235,321,755	183,959,530	51,362,225	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,201,753	4,888,123	1,313,630	
9 Other employee benefits	34,406,726	19,320,933	15,085,793	
10 Payroll taxes	15,034,876	13,919,451	1,115,425	
11 Fees for services (non-employees):				
a Management	0			
b Legal	399,700	28,847	370,853	
c Accounting	3,363		3,363	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	144,579,491	123,012,189	21,567,302	
12 Advertising and promotion	546,993	50,393	496,600	
13 Office expenses	5,530,748	4,877,015	653,733	
14 Information technology	14,057,580	12,581,703	1,475,877	
15 Royalties	0			
16 Occupancy	11,051,097	10,155,419	895,678	
17 Travel	1,214,050	1,116,452	97,598	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	25,089,991	1,252,344	23,837,647	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	34,460,040	31,186,037	3,274,003	
23 Insurance	2,202,415	2,118,163	84,252	
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	183,575,864	183,575,864		
b Maintenance	20,366,129	19,605,308	760,821	
c Support Services	17,150,167		17,150,167	
d Dues & Subscriptions	1,965,334	636,725	1,328,609	
e All other expenses	4,851,060	4,851,060		
25 Total functional expenses. Add lines 1 through 24e	763,247,419	619,398,069	143,849,350	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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,269,056	1	81,098
	2 Savings and temporary cash investments		2	749,516
	3 Pledges and grants receivable, net	157,943	3	1,335,101
	4 Accounts receivable, net	104,889,743	4	92,012,798
	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	8,457,586	7	8,596,085
	8 Inventories for sale or use	18,917,882	8	17,748,851
	9 Prepaid expenses and deferred charges	2,684,840	9	7,436,490
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,026,930,890		
	b Less: accumulated depreciation	640,929,375		
		395,086,570	10c	386,001,515
	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	1,464,725	13	0
	14 Intangible assets	11,698,593	14	13,141,003
15 Other assets. See Part IV, line 11	5,000	15	29,018,038	
16 Total assets. Add lines 1 through 15 (must equal line 34)	545,631,938	16	556,120,495	
Liabilities	17 Accounts payable and accrued expenses	66,157,491	17	71,714,129
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	12,716,652	20	12,389,332
	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	
	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	14,875,047	25	85,860,264
	26 Total liabilities. Add lines 17 through 25	93,749,190	26	169,963,725
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	451,809,561	27	386,114,364
	28 Net assets with donor restrictions	73,187	28	42,406
	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	451,882,748	32	386,156,770	
33 Total liabilities and net assets/fund balances	545,631,938	33	556,120,495	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	805,201,599
2	Total expenses (must equal Part IX, column (A), line 25)	2	763,247,419
3	Revenue less expenses. Subtract line 2 from line 1	3	41,954,180
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	451,882,748
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-107,680,158
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	386,156,770

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 62-0476282

Name: Mountain States Health Alliance
dba Johnson City Medical Center

Form 990 (2019)

Form 990, Part III, Line 4a:

See Schedule O

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Mountain States Health Alliance
dba Johnson City Medical Center

Employer identification number
62-0476282

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 62-0476282

Name: Mountain States Health Alliance
dba Johnson City Medical Center

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

2019
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 Mountain States Health Alliance dba Johnson City Medical Center	Employer identification number 62-0476282
------------------------------------------------------------------------------------------------	----------------------------------------------

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? Yes No

4a Was a correction made? Yes 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? Yes 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? Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		31,144
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			31,144
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	MSHA had lobbying expenses of \$31,144 which represents the portion of dues paid to Tennessee Hospital Association, Children's Hospital Alliance of Tennessee and Virginia Hospital and Healthcare Association attributable to direct lobbying.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
Mountain States Health Alliance
dba Johnson City Medical Center

Employer identification number
62-0476282

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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		22,004,663		22,004,663
b Buildings		511,491,525	234,739,242	276,752,283
c Leasehold improvements		4,709,344	2,818,096	1,891,248
d Equipment		480,002,107	398,369,767	81,632,340
e Other		8,723,251	5,002,270	3,720,981
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				386,001,515

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Due From 3rd Party Payors	-8,968,029
(2) Due From Affiliates	37,981,067
(3) Long Term Compensation Investment	5,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	29,018,038

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 FICA Loan	2,811,867
(3) Due to 3rd Parties-Medicare Adv'd Pmts	74,187,926
(4) Due to 3rd Parties-Stimulus Reserve	682,880
(5) Due to 3rd Party Payors	-42,519
(6) Operating Lease Obligation L/T	2,949,826
(7) Operating Lease Obligation S/T	887,690
(8) Professional Liability-Reserve	4,382,594
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	85,860,264

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: 19009920
Software Version: 2019v5.0
EIN: 62-0476282
Name: Mountain States Health Alliance
dba Johnson City Medical Center

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	Mountain States Health Alliance 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, 2020. Tax returns for 2017 through 2019 are subject to examination by the Internal Revenue Service."

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **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.**

Name of the organization
 Mountain States Health Alliance
 dba Johnson City Medical Center

Employer identification number
 62-0476282

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	Yes	
1b If "Yes," was it a written policy?	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>	Yes	
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>	Yes	
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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		No

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)			9,684,561		9,684,561	1.270 %
b Medicaid (from Worksheet 3, column a)			116,303,268	108,273,011	8,030,257	1.050 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			125,987,829	108,273,011	17,714,818	2.320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			4,031,639	618,454	3,413,185	0.450 %
f Health professions education (from Worksheet 5)			14,348,095	3,372,628	10,975,467	1.440 %
g Subsidized health services (from Worksheet 6)			10,504,381	8,722,315	1,782,066	0.230 %
h Research (from Worksheet 7)			293,977	32,489	261,488	0.030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,952,331		1,952,331	0.260 %
j Total. Other Benefits			31,130,423	12,745,886	18,384,537	2.410 %
k Total. Add lines 7d and 7j			157,118,252	121,018,897	36,099,355	4.730 %

Part III 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			500		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			500		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 53,507,924	
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 19,797,932	
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)	5 158,456,945
6 Enter Medicare allowable costs of care relating to payments on line 5	6 153,463,637
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 4,993,308
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	(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 Medl Spec of JC LLC	Medical Services	51.000 %		49.000 %
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?

7

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 123456

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

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 <u>225.0000</u> % and FPG family income limit for eligibility for discounted care of <u>450.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>balladhealth.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>balladhealth.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>balladhealth.org</u>		
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? 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)	19	No
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? 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)	21	Yes
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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

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 MSHA dba Ballard Health Hospice-Johnson City 509 Med Tech Parkway Suite 300 Johnson City, TN 37604	Licensed Hospice Agency
2 MSHA dba Ballard Health Homecare-Johnson City 509 Med Tech Parkway Suite 300 Johnson City, TN 37604	Licensed Home Health Agency
3 MSHA dba Ballard Health Homecare-Clintwood 312 Hospital Drive Suite A Clintwood, VA 24228	Licensed Home Health Agency
4 MSHA dba Ballard Health Homecare-Abingdon 312 Cummings Street Suite A Abingdon, VA 24210	Licensed Home Health Agency
5 MSHA dba Ballard Health Hospice-Abingdon 312 Cummings Street Suite B Abingdon, VA 24210	Licensed Hospice Agency
6 MSHA dba Ballard Health Homecare-Lebanon 116 Flannagan Avenue Lebanon, VA 24266	Licensed Home Health Agency
7 MSHA dba Ballard Health Hospice-Lebanon 116 Flannagan Avenue Lebanon, VA 24266	Licensed Hospice Agency
8 MSHA dba Ballard Health Hospice-Clintwood 312 Hospital Drive Clintwood, VA 24228	Licensed Hospice Agency
9	
10	

Part VI Supplemental Information

Provide the following information.

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

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Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	Financial assistance approval can apply to an assortment of patients such as those who have exhausted their 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% with the exception of critical access hospitals. The uninsured discount for Johnson County Community Hospital, a designated Critical Access Hospital, is 73%. 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.

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Form and Line Reference	Explanation
<p>Part I, Line 7 - Explanation of Costing Methodology</p>	<p>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. MSHA's cost accounting system was used to determine losses from TennCare and Medicaid reported on line 7b, with the exception of home health, a small physician clinic and UCH a cost to charge ratio was used for their data because these are smaller divisions not available in MSHA's cost accounting software. 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 get hands-on training in a hospital setting. MSHA's Medicare-approved programs include medical residents, pharmacy and pastoral care at JCMC and IPCH. 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. OD keeps records of the number of students receiving training at MSHA hospitals and the amount of hours the students spend at MSHA hospitals. Hours may differ based on the school and the type of program (RN, radiology, lab, etc.). The number of team members that provide training to students will also vary based on where the student is training. For example, an RN trainer on a medical floor may have 3 or 4 students under his/her direction, while an RN trainer in a specialty area such as ICU or the ER may be training one-on-one with a single student. Only labor costs are included for MSHA team members that provide training (i.e. no overhead is applied) and only a percentage of team members time is attributed to actual training. For line 7g subsidized health care services, MSHA's cost accounting system is used because MSHA has established, standard costing reports for these services. There are exceptions where MSHA does not use the cost accounting system. A small clinic inside JCCH, a federally designated critical access hospital, is subsidized by JCCH and the clinics departmental operating report is used to compute the clinics community benefit. The second exception is a palliative care program. For this program, the departments operating report is used. The third exception relates to low-dose CT scans for lung cancer. Patient charges for this screening event 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. The scans were performed in support of MSHA's cancer CHNA priority. MSHA is careful to ensure no double counting of cost. Although there are other service lines within MSHA hospitals that lose money, MSHA does not include these if they are required by state licensure to be provided. MSHA also does not include routine services or ancillary services. Line 7h research represents MSHA's expense allocation from Ballard Health for research. Line 7i cash and in-kind contributions include 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.</p>

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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, MSHA 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>

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Form and Line Reference	Explanation
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	<p>MSHA's primary external collection agency historically estimated that 37% of MSHAs bad debt would have qualified for financial assistance if patients had provided a financial assistance application and required documentation. Pursuant to the merger, MSHA 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 individuals score which is then relied upon to assign presumptive charity eligibility. There remain instances of patients with account balances and no identified health insurance coverage that MSHA believes would qualify for financial assistance. Although patients are encouraged to apply for assistance, many will not do so. MSHA would prefer for patients to submit completed financial assistance applications given that historical data clearly indicates that most uninsured patients and many underinsured will qualify for financial assistance under MSHA's program. Without a completed application or approval through the presumptive 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 13 that describes bad debt. MSHA is included in the June 30, 2020 audited financial statements of Ballad Health (attached).

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Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	<p>Excluding Medicare losses reported in Part I subsidized health, the Part III Medicare gain is reported using MSHA's filed Medicare cost report (C/R). The C/R uses a cost to charge ratio based on a step-down allocation methodology. MSHA 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 our aging population in spite of the fact it may be economically injurious.</p>

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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. MSHA 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, MSHA 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. MSHA hospitals provide 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- MSHA 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 MSHA hospitals.- payment arrangements are available as 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>

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Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	<p>Focusing on 25 active population health index measures allows Ballad Health to further engage the efforts of its hospitals in partnership with communities in Ballad Health's service areas. It has helped to better identify health disparities that appear across the individual communities and has helped to prioritize issues that are most important in each hospital's community. Engaging local community organizations will expand partnerships so that organizations work together more to address community health needs. Ballad Health uses a comprehensive process to gather input for and continue to evolve the Ballad Health population health plan. The executive steering team, aided by national experts with experience in large-scale population health improvement, help guide this evolution. Because Ballad Health's hospitals are located in a region with many chronic disease challenges, the goal is to target population health issues to make lasting improvements. Ballad Health conducted approximately 150 interviews and held 40 meetings with external groups, including the regional health departments, United Way agencies, chambers of commerce, schools and community organizations, the regional accountable care community steering committee, as well as internal groups such as the population health and social responsibility committee of the Ballad Health board of directors, the Ballad Health population health clinical committee, and hospital community boards in the creation and ongoing implementation of its population health plan.</p>

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Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	<p>Consistent with the Ballad Health financial assistance policy, MSHA 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 MSHA 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. Financial assistance policy and documents are available in emergency departments and admitting areas. MSHA 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. MSHA 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, MSHA 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>

Form and Line Reference	Explanation
Part VI, Line 4 - Community Information	<p>MSHA serves the healthcare needs of 29 Appalachian counties in Tennessee, Southwest Virginia, Kentucky, and North Carolina. All of the counties MSHA serves are federally designated as medically underserved areas. MSHAs largest hospital, Johnson City Medical Center, is a tertiary referral center and level one trauma center. All of MSHAs wholly owned hospitals are located in federally designated 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 percent of the population over age 65, infant mortality rates and fertility rates. MSHA operates 2 critical access hospitals: wholly-owned Johnson County Community Hospital in Tennessee and majority-owned Dickenson County Community Hospital in Virginia. Many rural residents must travel a greater distance to access different points of the health care delivery system. Due to geographic distance, sometimes extreme weather conditions, lack of public transportation and challenging roads, rural residents may be limited, and in some instances, even prohibited from accessing health care services. Within the counties in MSHAs service area, unintentional injury deaths are much higher than the statewide rates. For example, in Tennessee Unicoi County's rate is 33% higher and Johnson County's rate is almost 3 times as high as the state rate. In Virginia, Russell County's rate is more than three times higher than the statewide rate. A CDC (Centers for Disease Control and Prevention) study demonstrated there is a significant gap in health between rural and urban Americans. The CDC noted that demographic, environmental, economic, and social factors may put rural residents at higher risk of death. Residents in rural areas tend to be older and sicker than their urban counterparts. They have higher rates of cigarette smoking, high blood pressure and obesity. Rural residents also report less leisure-time physical activity and lower seatbelt use. They have higher rates of poverty, less access to healthcare, and are less likely to have health insurance. The CDC study found that unintentional injury deaths were significantly higher in rural areas, partly due to a greater risk of motor vehicle crashes and opioid overdoses. The CDC believes the gaps in health between rural and urban can be addressed by:-Screening patients for high blood pressure-Increasing cancer prevention and early detection-Encouraging physical activity and healthy eating-Promoting smoking cessation - cigarette smoking is the leading cause of preventable disease death in the U.S.-Promoting motor vehicle safety-Engaging providers in safer prescribing of opioids for pain and educating citizens on the risks of opioids</p> <p>And, while the MSHA service area has generally unfavorable health statistics, there are far fewer primary care physicians per resident in some of the counties served than the states average. For example, in Carter County, the ratio of population to primary care physicians is 82% higher than the states average and Unicoi's ratio is 111% higher. Both of these counties are more than double the ratio of U.S. top performers according to the University of Wisconsin Population Health Institute County Health Rankings. 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 MSHA'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 MSHA 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 served by MSHA have high levels of obesity combined with high levels of physical inactivity as shown below. The percentages of adult obesity: Johnson County 30%, Unicoi County 27%, Carter County 38%, Sullivan County 33% and Russell County 33%. 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: Carter County 30%, Sullivan County 31%, Unicoi County 22%, Johnson County 26%, and R</p>

Form and Line Reference	Explanation
Part VI, Line 4 - Community Information	<p>ussell County 38%. The physical inactivity rate for U.S. top performers is 19% according to the University of Wisconsin Population Health Institute County Health Rankings. MSHA's service area extends to some of the poorest rural counties in the region with a poverty rate of almost 30% in some areas. The census bureau estimates county median household incomes are: Johnson County - \$36,004; Carter County - \$38,092 and Unicoi County - \$41,890, all below the State of Tennessee median household income of \$56,071. Some of the most well-off counties in MSHA'S service area still have a median household income lower than state and national averages. For instance, Washington County's median household income is 16% below the State of Tennessee and Sullivan County's is 20% below the state. Children in poverty in some areas is approximately 30%. For example, the percentage of children living in poverty in Johnson County is 36%, Carter County is 28%, Unicoi County is 22% and Russell County is 23%. The latest census bureau data estimates the median age of residents of Unicoi County is 46.5, Johnson County is 46.0, and Carter County is 45.4, all significantly older than the median age of 39.0 in Tennessee. All of MSHA's communities have a large elderly population, far exceeding that of the country. Persons 65 years and older in the counties MSHA's hospitals are located in range from 17.9% to 23.3% compared to 16.5% for the U.S.</p>

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Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	<p>MSHA 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 MSHA 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. MSHA does not capture costs associated with team members that serve on other nonprofit boards or provide services to other nonprofits. MSHA, in collaboration with area health agencies and providers, may offer assistance with coordination, advocacy, or contribute supplies to support groups for their program activities that serve to assist special populations within the area. Most of these organizations work to improve the lives of community members that have limited, or no, financial resources.</p>

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Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	<p>MSHA is dedicated to operating efficiently so that waste is minimized. MSHA's leadership remains mindful of managing limited resources so that adequate facilities and equipment are available for the care of patients. Surplus funds are invested into improving treatment options for patients through new technologies, recruiting physicians and trained staff in shortage areas, and improving MSHA facilities. Various checks and balances are established to ensure that expenditures for operating expenses and capital costs are reasonable and necessary. MSHA has several hospitals with Medicare-approved health profession education programs. In addition, MSHA hospitals serve as training sites for many types of health professions: nursing, pharmacy, psychology, lab, respiratory therapy, EMT, public health, etc. Students from numerous colleges, universities, and programs receive training and experience in MSHA hospitals. MSHA resources are devoted to health conferences for local health professionals, operate two health resources centers conveniently located in a shopping mall and a wellness center; provide for media coverage to educate residents on health issues; offer events to the public that combine fun activities with health education; and many other programs focused on improving the health of area residents. While MSHA operates hospitals in predominantly low-income, rural and isolated areas, MSHA continues to offer services that operate at a loss because residents would otherwise need to leave their hometown or county to receive needed care. Mountain States merged with Wellmont Health System in February 2018 to form Ballad Health healthcare system. Mountain States and Wellmont still exist as legal entities and continue to operate multiple hospitals. MSHA'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 MSHA.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Part VI, Line 6 - Affiliated Health Care System</p>	<p>Mountain States merger with Wellmont 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 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 MSHA's hospitals, there were many projects, programs, and collaborative efforts that took place during the year. Some examples include: An integrated technology platform bringing all MSHA hospitals and points of service together as an integrated system was implemented. Opioid prescribing reduction across all MSHA hospitals. MSHA hospitals shared successful achievements from value optimization team projects. MSHA provides care to people in 29 counties in Tennessee, Virginia, Kentucky and North Carolina. Each hospital is fully accredited by The Joint Commission, with the exception of JCCH. JCCH receives certification through the State of Tennessee since it is a critical access hospital. MSHA, based in Johnson City, Tennessee includes 7 wholly-owned hospitals. In addition to its wholly-owned hospitals, MSHA has majority ownership in 4 hospitals located in Southwest Virginia, each of which file separate returns. In addition to acute care hospitals, the system includes such services as: primary/specialty physician practices, emergency departments, occupational medicine, rehabilitation, outreach laboratory, mental health, neonatal intensive care, a NACHARI-affiliated children's hospital, renal dialysis, St. Jude's Oncology, inpatient/outpatient surgery, skilled nursing, long-term care, home health, and more. With these additional facilities and services, MSHA extends a highly effective health care delivery system. Since the system is both horizontally and vertically integrated, patients can be efficiently moved along an integrated, comprehensive continuum of care as their health status dictates. MSHA's flagship facility, Johnson City Medical Center is at the core of the system offering full-service tertiary care. In addition to MSHA hospitals, MSHA is the sole member of Blue Ridge Medical Management Corporation (BRMMC). MSHA extends an integrated healthcare delivery system through BRMMC to include multiple primary and specialty care patient access centers and numerous outpatient care sites, including urgent care centers, occupational medicine services, a same day surgery center and rehabilitation. MSHA partners with East Tennessee State University to operate Overmountain Recovery, an opioid addiction recovery facility located in Gray, Tennessee. MSHA is the sole member of Integrated Solutions Health Network, LLC. (ISHN). ISHN operates Anewcare Collaborative, the region's first accountable care organization, bringing together community health care providers to provide better outcomes and improved patient satisfaction at a lower cost. MSHA county-specific operations are governed by a community board of directors. County boards report to a system level board of directors. All boards are primarily composed of local community residents. Hospitals in the Ballad Health system work closely with one another to share expertise and resources.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 Certificate of Public Advantage (COPA) in Tennessee and a Cooperative Agreement (CA) in Virginia 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: 19009920
Software Version: 2019v5.0
EIN: 62-0476282
Name: Mountain States Health Alliance
 dba Johnson City Medical Center

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? <u>7</u>		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	Johnson City Medical Center 400 N State of Franklin Rd Johnson City, TN 37604 balladhealth.org 00000121	X	X	X	X		X	X		Mental Health	A
2	Indian Path Community Hospital 2000 Brookside Drive Kingsport, TN 37660 balladhealth.org 00000134	X	X		X			X			A
3	Franklin Woods Comm Hospital 300 Med Tech Parkway Johnson City, TN 37604 balladhealth.org 00000123	X	X		X			X			A
4	Sycamore Shoals Hospital 1501 W Elk Avenue Elizabethton, TN 37643 balladhealth.org 00000012	X	X					X			A
5	Russell County Hospital 58 Carroll Street Lebanon, VA 24266 balladhealth.org H 1892	X	X					X			A

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>7</u>											
Name, address, primary website address, and state license number											
6	Johnson County Comm Hospital 16901 S Shady Street Mountain City, TN 37683 balladhealth.org 00000039	X				X		X			A
7	Unicoi County Hospital 100 Greenway Circle Erwin, TN 37650 balladhealth.org 00000119	X	X					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 1,2,3,4,5,6,7 - Part V, Section B, Line 3j	<p>Facility/Group A includes the following facilities: Johnson City Medical Center, Indian Pat h Community Hospital, Franklin Woods Community Hospital, Sycamore Shoals Hospital, Russell County Hospital, Johnson County Community Hospital and Unicoi County Hospital During FY20 , MSHA hospitals were operating under the three-year community health needs assessments (C HNAs) plans approved by the board of directors at the end of FY18. Priorities established for the CHNAs were determined by the most significant health needs of each community. For the FY18 CHNAs, Ballard Health, the health system's parent, and its hospitals and entities agreed to focus on an index of 25 active population health index measures (plus an additio nal 31 measures for monitoring). The population health index itself is based on the focus areas outlined in the previous (FY15 for MSHAs hospitals) CHNAs and align with national he alth improvement efforts, such as Healthy People 2020. MSHA's affiliates, Wellmont Health System and its hospitals, focused on the same population health index measures determined by Ballard Health when completing their individual FY19 CHNA's.To understand each community s individual needs, Ballard Health conducted a CHNA for each hospital to profile the health of the residents within its service area. Throughout the CHNA process, high priority was given to determining the health disparities and available resources within each community. Community members from each county met with Ballard Health representatives to discuss curr ent health priorities and identify potential solutions.The CHNA community members for each facility evaluated measures that make up Ballard Healths population health index and a few additional measures related to access to health screenings. The groups members completed a survey relative to what health priorities should be a focus for their specific community over the next three years. Johnson City Medical Centers (JCMC) CHNA was conducted with Fr anklin Woods Community Hospital (FWCH). FWCH is located in the same service area as JCMC s o the two hospitals community demographics and health needs are the same. JCMC includes Ni swonger Childrens Hospital and Woodridge Hospital, a behavioral health facility. After all the details and data collection was complete and interviews with various focus groups wer e complete, the Washington County representatives identified their top focus areas. Four k ey priorities were identified:-Smoking-Substance abuse and mental health-Obesity-Early int ervention: vaccinations, screenings, third-grade reading level for third-graders, and diab etes counselingAfter all the details and data collection was complete, the Indian Path Com munity Hospital community board voted to approve their selected priorities. Four key prior ities were identified:- Smoking- Substance abuse and mental health- Obesity- Early interve ntion: vaccinations and third-grade reading level for third-gradersAfter all the details a nd data collection was complet</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 1,2,3,4,5,6,7 - Part V, Section B, Line 3j	<p>e, the Sycamore Shoals Hospital community board voted to approve their selected priorities .Four key priorities were identified:- Smoking- Substance abuse and mental health- Obesity - Early intervention vaccinations, screenings and diabetes counselingAfter all the details and data collection was complete, the Russell County Hospital community board voted to ap prove their selected prioritiesFour key priorities were identified:- Smoking- Physical act ivity/obesity- Screenings for diabetes and cancer- Substance abuseAfter all the details an d data collection was complete, the Johnson County Community Hospital community board vote d to approve their selected priorities. Three key priorities were identified:- Smoking- Su bstance abuse/mental health- ObesityAfter all the details and data collection was complete , the Unicoi County Hospital community board voted to approve their selected priorities. F our key priorities were identified:- Obesity- Behavioral/mental health- Smoking- Early int ervention; screening rates (mammography, colorectal cancer and lung cancer) and third-grad e reading level for third-graders</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
<p>Facility: A 1,2,3,4,5,6,7 - Part V, Section B, Line 5</p>	<p>Activities associated with the June 2018 assessments took place from the fall of 2017 through the spring of 2018. Ballard Health conducted localized community focus groups with organization representatives such as those from local health departments, school systems, health clinics, emergency services, businesses, and philanthropic boards. The individuals in each community were selected for participation by the hospital's CEO. These assessments were used to develop the hospital implementation plans that were followed in FY19 and FY20. Washington County, Tennessee: (Johnson City Medical Center and Franklin Woods Community Hospital) JCMC includes Woodridge Hospital, its behavioral health facility, and Niswonger Children's Hospital. The JCMC/FWCH focus group members were represented by Washington County Health Department, Johnson City Mayor's Office, East Tennessee State University (ETSU) Community Health Center, Ballard Health employees, members of the Washington County Foundation Board, members of the Washington County Community Board, and members of the Washington County Medical Executive Committee. Low-income, minority and medically underserved populations were represented by Washington County Health Department and ETSU Community Health Center. ETSU Community Health Center is an interdisciplinary facility for the delivery of primary health care services and education of ETSU College of Nursing students. The Health Center provides health care to the uninsured, underinsured, TennCare enrollees, a growing Hispanic population and medically indigent individuals. Sullivan County, Tennessee (Indian Path Community Hospital) IPCHs focus group members were represented by Sullivan County Department of Education, Healthy Kingsport, Health Resources Center Kingsport, Sullivan County Health Department, Kingsport Board of Mayor & Aldermen, Kingsport Chamber of Commerce, United Way, Girls Inc., members of IPCH Foundation Board, and members of IPCH Community Board. The Health Resources Center, Sullivan County Health Department, United Way of Kingsport, and Girls Inc. of Kingsport represented low-income, minority and medically underserved populations. Also, between the foundation board and the community board, there are a number of individuals that sit on each of these boards that represent low-income, minority populations, and medically underserved. Carter County, Tennessee (Sycamore Shoals Hospital) SSHs focus group members were represented by Signature Healthcare, Carter County Health Department, Carter County EMS, SSH team members, Primary Care (a medical practice), members of the SSH Foundation Board, and members of the SSH Community Board. Low-income, minority and medically underserved populations were represented by Carter County Health Department. Also, between the foundation board and the community board, there are a number of individuals that sit on each of these boards that represent low-income, minority populations, and medically underserved. Russell County, Virginia</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 1,2,3,4,5,6,7 - Part V, Section B, Line 5	<p>inia (Russell County Hospital)RCHs focus group members were represented by Virginia Cooper ative Extension, Russell County Health Coalition, Cumberland Mountain Community Services, Russell County Health Department Cumberland Plateau, RCH Foundation Board, United Way of S outhwest Virginia, Appalachian Agency Senior Citizens, and RCH Community Board. Low-income , minority populations and medically underserved were represented by Cumberland Plateau He alth Department, United Way of Southwest Virginia, and Russell County Health Coalition. Al so, between the foundation board and the community board, there are a number of individual s that sit on each of these boards that represent low income, minority populations, and me dically underserved.Johnson County, Tennessee (Johnson County Community Hospital)JCCHs foc us group members were represented by Johnson County Health Department, Johnson County Emer gency Medical Services, East Tennessee State Universitys Mountain City Extended Hours Clin ic, JCCH team members, members of JCCH Foundation Board, and members of JCCH Community Boa rd. Johnson County Health Department and the ETSU after hours clinic represented low incom e, medically underserved and minority populations. Johnson Countys MUA (medically underser ved area) is 100% according to the U.S. Department of Health & Human Services Health Resou rces & Services Administration. Also, between the foundation board and the community board , there are a number of individuals that sit on each of these boards that represent low in come, minority populations, and medically underserved.Unicoi County, Tennessee (Unicoi Cou nty Hospital)UCHs focus group members were represented by Unicoi County Department of Educ ation, Unicoi County Chamber of Commerce, Unicoi County Health Department, Town of Erwin, Telamon Head Start, YMCA, UCH team members, and the UCH Community Board. Unicoi County Hea lth Department, YMCA of Erwin, and Telamon Head Start represented low-income, minority and medically underserved populations. Also, between the foundation board and the community b oard, there are a number of individuals that sit on each of these boards that represent lo w income, minority populations, and medically underserved.</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 1,2,3,4,5,6,7 - Part V, Section B, Line 6a	Each hospital within Mountain States Health Alliance completed a CHNA. Johnson City Medical Center (includes Niswonger Children's Hospital and Woodridge Hospital), Franklin Woods Community Hospital, Indian Path Community Hospital, Johnson County Community Hospital, Johnston Memorial Hospital, Norton Community Hospital, Dickenson Community Hospital, Russell County Hospital, Smyth County Community Hospital, Sycamore Shoals Hospital, and Unicoi County Hospital.

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 1,2,3,4,5,6,7 - Part V, Section B, Line 11	<p>During the FY20 time period between July 2019-June 2020, MSHA hospitals continued to focus on the three-year CHNA priorities as identified in their FY18 CHNA report. Many additional community needs exist in the regions MSHA serves. 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. MSHA leaders also lend support to other nonprofit organizations by serving on their boards, committees, and assisting with fundraising efforts. How MSHA is Addressing the Significant Needs Identified in our Most Recent CHNA's: All MSHA hospitals have been diligent in their goal to ensure appropriate prescribing of opioids and a reduction in opioids in our region. The result is a significant reduction in prescribing rates. MSHA Health Resources Centers (Johnson City Medical Center and Indian Path Community Hospital) provide numerous health screenings throughout the year and a wide range of free health education classes, most of which target health need priorities identified in the hospitals' CHNAs. For example, many classes and activities focus on healthy eating, obesity, heart health and diabetes. MSHA hospitals offer numerous support groups for various chronic conditions throughout the year. MSHA hospitals provide diabetes education and support to the community through support groups. Meetings offer participants the opportunity to learn more about how to manage their condition through lifestyle medication, diet and exercise. MSHA hospitals provide smoking cessation counseling to patients that have been admitted as an inpatient, seen in the emergency department or in ambulatory surgery. Patient education is provided through several avenues including in-hospital education, a toll-free number for information and additional counseling, and written material given to patients. The hospitals also provide community education on smoking cessation through events and local schools. The CHNA continues to encourage programmatic investments made by its hospitals. An example includes offering free low-dose CT lung screenings which detect cancer earlier at Indian Path Community Hospital and Sycamore Shoals Hospital. Supporting MSHA's CHNA, a focus on cancer rates within the community led to MSHA's cancer navigator program which continues to provide support for patients needing assistance, such as transportation to doctor visits and treatments as well as prescription needs. Free medications</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 1,2,3,4,5,6,7 - Part V, Section B, Line 11	<p>were provided to some low-income patients at the time of their discharge from several MSH A hospitals. JCMCs Niswonger Childrens Hospital launched Families Thrive last year. This program is part of the neonatal abstinence syndrome (NAS) program for babies who are exposed to addictive substances before birth. The program provided counseling for addiction recovery, tools for parenting skills and connections to other community services that can assist families after the baby leaves the hospital. The goal is to provide addicted mothers with treatment plans for narcotic recovery if they are not in a program already. JCMC operates a CDU (clinical decision unit). The CDU is an extension of the emergency department specifically designed to serve patients needing behavioral health care. Some of these patients may be transitioned to inpatient psychiatric care while others will be discharged to outpatient service once stabilized. JCMC also provided free lab services to a nonprofit clinic that provides primary health care services and engages in many outreach contacts each year to individuals on the street, in shelters and in farm worker camps. MSHA's Parish Nurse program offers health education within places of worship. The nurses also conduct health screenings to detect health issues that need attention. Niswonger Childrens Hospital provides many activities throughout the year to engage children and their families in physical activities. Examples include hosting a race in the fall and organizing a childrens physical activity event at a local festival. In addition, the hospital supports Morning Mile, a partnership with local elementary and middle schools to offer exercise in the mornings before classes begin. Many MSHA hospitals have now implemented the Morning Mile program in local schools. Indian Path Community Hospital is very active in the community. One example of that is the much-anticipated annual 9-day Fun Fest Festival in Kingsport. Every year, Indian Path is very involved in the festival, offering many activities for children that involve physical activity. Over 1,000 children participated in Indian Path's Fun Fest activities this year. To better manage certain heart disease patients, Indian Path Community Hospital employs disease managers and operates a transitional care clinic. Both programs facilitate care for patients that may lack the necessary resources to properly treat their conditions. Sycamore Shoals Hospital provided an RN to work with and role model professional behaviors and life skills to young women in the community that are in recovery from drug and/or alcohol abuse. The RN worked with the participants on health, wellness, career opportunities, and hygiene. The programs goal is to assist the women in re-entering society as drug/alcohol free citizens and to boost their self-confidence. Sycamore Shoals Hospitals lab department provided free lab testing for two local nonprofit organizations. One nonprofit serves two rural impoverished counties.</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 1,2,3,4,5,6,7 - Part V, Section B, Line 11	<p>ies in East Tennessee by providing food, health screenings, a dental clinic, and other essential services. The other nonprofit offers medical care to persons with incomes 150% or below the poverty level. Johnson County Community Hospitals rural community suffers from high rates of diabetes, cancer, obesity and tobacco use. And their isolated area poses a challenge to access to health care. In response to the unique challenges of rural life, East Tennessee State University operates an extended hours clinic located inside the hospital, with the hospital providing some financial support. The clinic treats acute and chronic conditions and is open 5 days a week. The hospital also provides telemedicine services for some specialties, further improving access to medical specialists. The hospital operates an emergency department at a financial loss and also provides a much-needed outpatient behavioral health program for older adults, which also operates at a loss. Similar to many of MSHA's hospitals, Russell County Hospital in Virginia is located in a medically underserved and rural population. The community has high rates of obesity, cancer, cardiovascular disease and substance abuse. The hospital works with the Russell County Prevention Coalition, whose mission is to promote wellness within Russell County. The organization works primarily to reduce tobacco use (including e-cigarettes) and reduce underage alcohol and drug abuse. Russell County Hospitals Clearview Behavioral Health Center offers mental and behavioral health care for people in crisis situations at a significant financial loss to the hospital. There is not another inpatient mental health facility in the area. Russell County Hospital continues to hold their annual Health Fair to educate the public on a variety of health topics and perform health screenings. The hospital also established a Celebrate Women Night of Hope to support funding and education for cancer prevention and treatment. Russell County Hospital continued its practice of providing medications and supplies to area rescue squads this year. Unicoi County Hospital, along with many MSHA hospitals, is involved with the Morning Mile, a program that encourages physical activity through partnership with local schools. The goal of the program is to reduce childhood obesity, while improving grades and decreasing absenteeism. Kids engaged with Morning Mile are able to exercise before classes begin, which has shown to reduce stress and improve mood. Partnerships are formed with other organizations including the local Chamber of Commerce and Little League with the same goal of increasing physical activity. MSHA hospitals made financial contributions to other nonprofit organizations providing community services that support MSHA CHNAs. Examples include contributions to organizations addressing the opioid crisis, a significant donation to an organization that provides access to health care for low income residents in Appalachia, an organization</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 1,2,3,4,5,6,7 - 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 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)

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Mountain States Health Alliance dba Johnson City Medical Center

Employer identification number 62-0476282

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 7
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: 19009920
Software Version: 2019v5.0
EIN: 62-0476282
Name: Mountain States Health Alliance
dba Johnson City Medical Center

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
Childrens Advocacy Center 201 E Myrtle Avenue Johnson City, TN 37601	62-1765785	501c3	10,000	0			Sponsorship
East Tennessee State Univ P O Box 70732 Johnson City, TN 37614	62-6021046		1,775,000	0			Rural Health Research

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
International Storytelling Cn 100 W Main Street Jonesborough, TN 37659	62-1014756	501c3	8,000	0			Sponsorship
Isaiah 117 House PO Box 842 Elizabethton, TN 37644	82-0631497	501c3	25,000	0			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
Music For All 39 W Jackson Place Suite 150 Indianapolis, IN 46225	36-3413042	501c3	9,000	0			Sponsorship
Town of Pennington Gap PO Box 305 Pennington Gap, VA 24277	54-6015001		6,000	0			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
US of Care 1110 Vermont Ave NW Suite 950 Washington, DC 20005	82-2860302	501c3	100,000	0			Healthcare Access

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Mountain States Health Alliance
dba Johnson City Medical Center

Employer identification number
62-0476282

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"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<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"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<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	

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: 19009920
Software Version: 2019v5.0
EIN: 62-0476282
Name: Mountain States Health Alliance
 dba Johnson City Medical Center

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				
1 Alan Levine BH Pres/CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,217,727	805,887	132,007	192,278	22,521	2,370,420	101,488
1 Chase Wilson VP, CFO SE Mkt	(i)	123,145	33,992	2,763	8,507	22,623	191,030	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 Dale Clark VP, COO Wise Co.	(i)	205,490	49,767	11,903	15,393	6,959	289,512	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 Dawn Trimble Former CEO Wash. Co.	(i)	-----	-----	151,778	-----	788	152,566	63,334
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 Edward Hickson VP, Pres SW Mkt	(i)	445,484	140,062	13,709	15,624	24,398	639,277	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 Eric Deaton BH EVP/COO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	517,462	235,353	28,028	68,002	18,616	867,461	-----
6 Joshua McFall VP, CFO SW Mkt	(i)	256,032	68,997	2,203	16,876	23,514	367,622	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 Kenneth Shafer VP, COO JCMC	(i)	223,339	67,697	6,222	8,967	18,374	324,599	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 Kent Wright Physician	(i)	284,259	95,526	3,582	-----	753	384,120	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
9 Lemmie Taylor VP, CEO SE Mkt	(i)	229,905	102,622	4,466	26,890	22,434	386,317	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
10 Lisa Carter VP Pediatric Svcs	(i)	229,259	70,585	7,890	18,690	21,528	347,952	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
11 Lynn Krutak BH EVP/CFO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	618,283	304,398	6,777	77,960	18,585	1,026,003	-----
12 Mark Wilkinson VP Med Staff Svcs	(i)	368,126	105,539	14,146	16,500	24,722	529,033	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
13 Marvin Eichorn BH EVP/CAO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	715,309	346,798	35,783	16,759	25,776	1,140,425	-----
14 Matthew Loos VP/Chief Acad Offc	(i)	352,822	88,475	3,635	14,439	21,892	481,263	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
15 Monty McLaurin Former CEO NW Mkt	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	389,780	137,469	44,713	37,303	24,190	633,455	-----
16 Morgan May VP, CNO JCMC	(i)	192,801	50,631	3,585	-----	19,179	266,196	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
17 Morris Seligman MD Former EVP/CMO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	-----	-----	567,374	-----	2,291	569,665	569,665
18 Patricia Baise VP, CEO Behavioral Hlth	(i)	312,931	99,644	11,779	24,993	22,464	471,811	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
19 Tim Belisle BH EVP/Gen Cncl	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	426,412	250,526	15,016	63,565	24,190	779,709	-----

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

Schedule K (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Mountain States Health Alliance
dba Johnson City Medical Center

Employer identification number
62-0476282

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 Hlth & Edu Facil Bd 2012	62-1464028	478271JV2	09-18-2012	94,745,050	Construction & Equip		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	37,880,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	95,337,514			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	1,889,665			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	89,474,759			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2016			
	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 2018, a current refunding issue)?		X		
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part VI	Schedule K - Date Rebate Computation Performed Hlth & Edu. Facil. Bd. 2012A&B&C 11/28/17Schedule K - Additional Information Hlth & Edu. Facil. Bd. 2012A&B&C Construct and equip surgery center at Johnson City Medical Center;Construct and equip hospital facilities, including refinancing of taxable indebtedness relating thereto1. Comment on Part I, Line A.In 2012, when the bonds referenced in Schedule K were issued, Mountain States Health Alliance owned and/or operated hospitals in a number of different locations both in Tennessee and in Virginia. As a result, Mountain States Health Alliance utilized conduit governmental bond issuers in multiple jurisdictions in order to finance improvements to its hospital facilities. In 2012, Mountain States Health Alliance was the conduit borrower of tax-exempt bonds issued by multiple issuers in Tennessee and Virginia. For federal tax purposes, even though different government issuers were involved, these multiple issues in each year were required to be treated, and were treated, as a single "issue" because they met the single "issue" test under the applicable federal tax regulations. Therefore, multiple issuers are listed under Line A because the bonds that were issued were part of a single "issue" for federal tax purposes.Additional Issuer EIN: 54-1276910Additional CUSIP#s: 478271JWO; 977220AA02. Comment on Part II, Line 3. Line 3 for the listed bond issues does not match the applicable issue price for such bond issue because of interest earnings earned on the proceeds of such bonds.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Mountain States Health Alliance dba Johnson City Medical Center

Employer identification number 62-0476282

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.

Table with 5 columns: (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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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) Laura Levine	Family Member	27,894	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) Alan Levine, CEO of the MSHA/BH Board of Directors, is a family member of Laura Levine, an employee of MSHA.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
Mountain States Health Alliance
dba Johnson City Medical Center

Employer identification number

62-0476282

990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 -

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	Mountain States Health Alliance 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 Mountain States Health Alliance board members. The President and CEO of Ballad Health serves as the President and CEO for Mountain States Health Alliance.

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 Mountain States Health Alliance Board of Directors are subject to approval by the Ballad Health Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	Ballad Health's EVP/CFO reviewed the Form 990 with the board of directors prior to the return being filed with the IRS. The return was made available to each board member in an electronic format prior to the review.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Acquisition = \$1442410

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Intercompany Transfers = -\$107628633

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Partnership Capital Contributions - not on books = \$168694

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Partnership Interest Income - not on books = -\$55118

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Partnership Ordinary Income - not on books = -\$1576730

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Temporarily Restricted Grants = -\$30781

990 Schedule O, Supplemental Information

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 on January 31, 2020 due to confirmed cases of the 2019 Novel Coronavirus (COVID-19). On March 10, 2020 Ballad 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 establishing the CEOC is established and authorized by the Board of Directors, and follows guidelines 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 functions of the health system, including logistics, supply chain, communications, operations, finance, government relations and clinical services. The CEOC acts as the clearinghouse for 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 Officer. The Chief Executive Officer, who also serves as Chair of the Board of Directors, keeps the Board of Directors apprised of issues on an ongoing basis and ensures compliance with the Boards delegations of authority pursuant to Ballad Health's policies. Effective March 23, 2020, Ballad Health complied with federal and state guidance to cease all non-emergent, elective procedures. Beyond the deferral of these procedures and diagnostic testing, Ballad Health experienced a decline in other types of medical treatment similar to that experienced by most health systems and physician organizations physician practice, urgent care and other routine medical service visits declined precipitously. Comparing the fourth quarter of 2020 to the prior year, Ballad Health saw a 22.6% decline in acute discharges, a 29.3% decline in surgeries performed in hospital settings; a 26.9% decrease in inpatient surgeries; a 30.6% decrease in outpatient surgeries; and a 34.7% decrease in emergency department visits. Due to these unique circumstances and the material adverse effect COVID-19 imposed on the health system, the Tennessee Department of Health and the Virginia Department of Health temporarily suspended certain provisions of the COPA and the CA, respectively, providing flexibility for Ballad Health to plan for, and respond to, the various issues related to the pandemic. During the 2020 fiscal year, Ballad Health's total expenses decreased by 1.4%, or \$29 million, when compared to the prior year. Cost reduction efforts also resulted in almost \$50 million in savings for the fourth quarter of 2020. In May 2020, Ballad Health partnered with Premier, Inc., on a new program to ensure team members and patients are always protected through the a</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
2019 NOVEL CORONAVIRUS (COVID-19) PUBLIC HEALTH EMERGENCY	vailability of personal protective equipment, such as gloves, gowns and masks. This program focused on investing in domestic manufacturers to enhance supply chains for essential medical products and PPE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CARTER COUNTY, TN: SYCAMORE SHOALS HOSPITAL (SSH)	121-bed acute care facility Offers complete inpatient and outpatient surgical services including general surgery, surgical oncology, orthopedics (including hand and extremities), plastic surgery and gynecological surgeryCertified chest pain and heart failure program by the Joint CommissionA certified acute stroke-ready program by the Joint CommissionNew Leaf Senior Care offers inpatient psychiatric treatment to adults 55 and older Campus includes a regional cancer center clinic, an outpatient rehabilitation clinic, and comprehensive primary care and specialist care

990 Schedule O, Supplemental Information

Return Reference	Explanation
d/b/a - Additional names:	Niswonger Children's Hospital;Woodridge Hospital;Franklin Woods Community Hospital;Indian Path Community Hospital;Sycamore Shoals Hospital;Johnson County Community Hospital;Russell County Hospital;Unicoi County Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
IMPROVING ACCESS TO HEALTHCARE SERVICES	<p>RE-IMAGINE RURAL HEALTHCARE - Since 2010, more than 130 rural hospitals have closed in the United States, according to the North Carolina Rural Health Research Program. Compared to other states, Tennessee ranks second worst in the nation, with 14 rural hospital closures between 2010 and 2020. A key benefit of Ballad Health, however, has been the retention of hospitals in rural communities of the Appalachian Highlands bucking the national trend. In fact, every community in the region with a hospital prior to the merger creating Ballad Health continues to be served by a hospital, even in the face of millions of dollars of annual operating losses in many of those hospitals. Before 2018, four hospitals in Northeast Tennessee and three hospitals in Southwest Virginia were reporting ongoing annual operating losses, with several at risk of closure, in addition to one hospital that closed in Lee County, Virginia, in 2013.</p> <p>REOPENING HOSPITAL IN LEE COUNTY, VA - Ballad Health has submitted an application to the Centers for Medicare and Medicaid to designate Lee County Community Hospital as a Critical Access Hospital. Significant progress was made during 2020 to repurpose the closed facility into a modern Critical Access Hospital to serve patients in a rural area despite impacts of the COVID-19 pandemic. While the new hospital is renovated, Ballad Health has opened a new urgent care center adjacent to the future hospital to provide residents in the area with immediate access to care.</p> <p>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 Ballad Health's creation, both hospitals were consolidated into one, with the Laughlin Memorial campus being renamed Greeneville Community Hospital. The former Takoma Regional Hospital campus is now being converted into a new service for the region Strong Futures, a residential facility for women who are pregnant and suffer from substance abuse disorders. Under this new model, Greeneville Community Hospital, the newly consolidated acute care hospital, has reversed its losses and is becoming financially sustainable.</p> <p>CREATED SINGLE COORDINATED REGIONAL TRAUMA SYSTEM - One of the most significant ways Ballad Health has been able to comply with the provisions of the Certificate of Public Advantage and Cooperative Agreement, which required avoidance of duplication of services where appropriate, was the consolidation of the two Level I trauma centers operating in the region and the subsequent creation of a coordinated regional trauma system. In approving this move in advance, the State of Tennessee relied upon the evidence published in multiple respected studies which found higher volume trauma centers lead to improved outcomes. The move toward</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>IMPROVING ACCESS TO HEALTHCARE SERVICES</p>	<p>a single coordinated trauma system followed the guidance of the American College of Surgeons (ACS), which verifies trauma centers, and Ballad Health is seeking verification of its Level I trauma center. When verified, it will be the first time the Appalachian Highlands will have had its Level I trauma center verified by the ACS. CONSOLIDATED REGIONAL PERINATAL CENTER - Tennessee law requires a regionalized system of care for high-risk newborns. The result 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 regional 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. Ballad Health immediately took steps to correct this after the merger, leading to a more sustainable and coordinated system of care for neonates, while also reducing the costs associated with maintaining two lower-volume units. After this consolidation, Ballad Health partnered with ETSUs Quillen College of Medicine, which provides ongoing expert neonatology coverage for the hospital, ensuring Ballad Health has neonatology provider coverage 24 hours per day. With more than 25 pediatric specialists to provide support for the Perinatal 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 Ballad 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, and more than 25 pediatric specialists provide support as well. Ballad Health now proudly meets the highest standards for regional perinatal care, something that was not thought possible prior to the merger creating Ballad Health. PARTNERSHIP WITH ETSU TO CREATE FELLOWSHIP PROGRAM IN ADDICTION MEDICINE - Ballad 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, Ballad Health will fund any unreimbursed costs of the fellowship program which, over a 10-year period, could cost more than \$2.5 million. With accreditation to the Accreditation Council for Graduate Medical Education, ETSU has a goal of accepting its first fellows by July 2020. 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, Ballad Health has committed to contributing more than \$15 million during the next 10 years to the Center. The</p>

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IMPROVING ACCESS TO HEALTHCARE SERVICES	<p>goal of the Center will be to work with Ballad 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.</p> <p>RECRUITMENT OF NEW PHYSICIANS TO RURAL SOUTHWEST VIRGINIA - Ballad Health provided the necessary resources to recruit new specialists to serve our region, many of whom were recruited to private practices not owned by Ballad 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 Ballad Health hospital, benefits from a cardiologist recruited by Ballad Health. Throughout the region, new physicians and advanced practitioners, recruited and funded by Ballad Health, are serving the region from trauma care to pediatrics, from Wythe County, Virginia to Hancock County, Tennessee.</p>

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IMPROVING HEALTHCARE QUALITY	<p>QUALITY METRICS - Ballad Health's Board of Directors has adopted a zero-harm culture for the organization, and processes have commenced to institutionalize this objective. This focused effort on quality improvement significantly benefitted patients. While quality measures can vary from month to month, and Ballad Health cautions about deriving conclusions based on data at one point in time, some positive trends have emerged, including: Clostridioides difficile (C. diff) decreased by 44% compared to the baseline, Catheter-associated urinary tract infections (CAUTI) decreased by 41% compared to last fiscal year and decreased by 4% compared to baseline, Iatrogenic Pneumothorax rate decreased by 66% compared to the baseline, In-hospital fall with hip fracture rate decreased by 50% compared to the baseline, Postoperative acute kidney injury (AKI) decreased by 50% compared to the baseline, Postoperative wound dehiscence rate decreased by 28% compared to the baseline, Postoperative respiratory failure rate decreased by 60% compared to the baseline, Sepsis bundle compliance remains an all-time high of more than 64%, putting Ballad Health as one of the top performers in the nation in this domain. Prior to the impacts of COVID-19, Ballad Health improved performance in 13 of the 17 Quality Targeted Measures that Tennessee and Virginia use to measure quality of care delivered to patients for the 2020 fiscal year. Ballad Health ranked above the 90th percentile of health systems in Hospital Compare during that time in five of the 17 Quality Targeted Measures.</p> <p>PARTICIPATION IN THE MEDICAID TRANSFORMATION PROJECT - Ballad 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 through the Medicaid Transformation Project. 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 - Ballad Health was chosen for a national initiative called The High-Value Care Collaborative, a partnership of the American Hospital Association, the American Board of Internal Medicine Foundations Choosing Wisely campaign, and the Costs of Care organization, that brings together participants to improve efficiency in healthcare, decrease cost and improve quality. During the past year, Ballad 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.</p>

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<p>IMPROVING THE COMMUNITY'S HEALTH STATUS</p>	<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 ACC (Striving Toward Resilience and Opportunity for the Next Generation) 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). 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. 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 bring to market life-saving initiatives and other technologies and services that can improve the human condition. COMMUNITY RESOURCES - Ballad 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 Ballad Health parish nurse program. Ballad 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. Ballad Healths Marsh</p>

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Return Reference	Explanation
IMPROVING THE COMMUNITY'S HEALTH STATUS	<p>Regional Blood Center supplies the blood needs of 28 hospitals and 5 rescue aircraft across Northeast Tennessee and Southwest Virginia. This is accomplished through our collection facilities in Kingsport, Johnson City, Bristol, and 650 mobile blood drives at local high schools, businesses, and colleges each year. Marsh conducts blood drives with 49 high schools and 21 colleges & vocational schools throughout Northeast Tennessee and Southwest Virginia.</p> <p>CHARITABLE CONTRIBUTIONS - From its inception in February of 2018, Ballad Health made significant contributions to the community it serves totaling nearly \$9 million to date. A few examples from fiscal year 2020 include: contribution towards the Center for Rural Health and Research and establishment of the Ballad Health Institute focusing on Trauma Informed Care, annual support for medical and dental care to working uninsured or underinsured, Isaiah 117 House support to provide physical and emotional support for children awaiting foster care placement, full body scanner for Sullivan County Main Jail Facility to improve safety and security for the Sullivan County Sheriffs Office.</p>

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INVESTMENTS	<p>COMMON ELECTRONIC HEALTH RECORD - Ballard Health made additional progress in FY20 toward establishing a common clinical platform and electronic health record (EHR). 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 June 1, Ballard Health successfully completed the first major milestone in a journey to create a common and interoperable health technology platform. Ballard Health launched the ambulatory portion of the electronic health records system, Epic, in physician clinics, previously part of the Mountain States Health Alliance system. This effort was completed with Ballard Health achieving 100 percent compliance with the Key Operating Indicators indicative of a successful conversion. The new 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. Ballard Health implemented the acute care phase of the transition on October 1, 2020 concluding 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.</p> <p>CHARITY CARE CONTRIBUTIONS - For 2020, Ballard Health provided more than \$60 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 \$25 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 (Smyth County Community Hospital).</p>

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Return Reference	Explanation
INVESTMENTS	<p>tal). The training opportunity can lead to job opportunities for those who complete the program. 62 percent of the students trained by Ballad Health are hired upon graduation. Ballad 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 Ballad Health facilities. RESEARCH the Ballad Health research department serves as the central office for multi-specialty research oversight to our healthcare system. In addition to providing full spectrum support for studies generated and managed by the research department, the department provides oversight for studies generated by external groups. 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. In addition, since teaching and continuing education play a large role within the organization, research staff participate in conferences/webinars and conduct a monthly research orientation session. 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 Ballad facilities, ensuring regulatory compliance and fiscal responsibility, and creating a research culture across Ballad facilities</p>

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Return Reference	Explanation
JOHNSON COUNTY, TN: JOHNSON COUNTY COMMUNITY HOSPITAL (JCCH)	Federally designated Critical Access Hospital serving residents of the upper northeast tip of Tennessee, parts of North Carolina and Southwest Virginia Located in one of Tennessee's poorest counties providing care to the rural and medically underserved Offers 24/7 emergency care, inpatient and outpatient care, cardiac rehabilitation, various diagnostic services, physical therapy, a primary care clinic, and Senior Life Solutions, a behavioral health program for seniors

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Return Reference	Explanation
OTHER NOTABLE EVENTS AND AWARDS	<p>Ballad Health, ETSU partner to launch Strong BRAIN Institute to study adverse childhood experiences. The Strong BRAIN (Building Resilience through ACEs-Informed Networking) Institute will facilitate the development and dissemination of evidence-based practices that prevent, reduce or mitigate the negative effects of 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 Ballad Health to ETSU, the Strong BRAIN Institute will be guided by an advisory board comprised of ETSU experts, Ballad Health experts and community members. Ballad Health announced that Dr. Michael Chernew, the Leonard D. Schaeffer Professor of Health Care Policy and the Director of the Healthcare Markets and Regulation Lab at Harvard Medical School, will lead an independent study to evaluate hospital competition in small rural markets, and how service offerings and expenses are affected by rural hospital closures and mergers. This latest announcement follows on a partnership between Tennessee Gov. Bill Lee, the Tennessee Legislature and Ballad Health last July to create the Center for Rural Health Research at ETSU a multidisciplinary institute for research impacting rural health. Over a 10-year period, Ballad Health's \$15 million contribution commitment was matched with nearly \$10 million by the governor and Tennessee legislature. Harvard University and United Healthcare recognized Ballad Health as one of four healthcare organizations leading the way towards a 3D model for value-based care. In response to the COVID-19 Pandemic, Ballad Health partnered with the Mayo Clinic to conduct research into convalescent plasma as an experimental treatment. Ballad Health was recognized by Forbes magazine as being a top employer for diversity and inclusion. In its annual Best Employers for Diversity list, Ballad Health ranked 29th in the entire nation and was fifth among employers in the Healthcare and Social industry. Holston Valley Medical Center was selected as one of only two medical facilities in the United States as a demonstration site for the Leipzig Interventional Course (LINC) 2020 conference. LINC is an interdisciplinary live course designed to provide a global platform that facilitates discussion of vascular patients by integrating colleagues of different specialties who are performing endovascular intervention. Holston Valley Medical Center was recognized as one of the nation's 50 Top Cardiovascular Hospitals by IBM Watson Health. Two Ballad Health hospitals, Franklin Woods Community Hospital and Bristol Regional Medical Center, earned the Tennessee Department of Health's BEST for Babies award for their efforts to improve infant care and reduce infant mortality. Norton Community Hospital's inpatient rehabilitation department was recognized for the 13th straight year as among the top 10 percent in the nation for functional patients.</p>

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Return Reference	Explanation
OTHER NOTABLE EVENTS AND AWARDS	ent outcomes. Dr. Amit Vashist, Chief Clinical Officer for Ballad Health, was named to the physician leaders to know by Beckers Hospital Review for the second year in a row. Eric Deaton, Chief Operating Officer for Ballad Health, was named to the Leadership Tennessee 2019-2020 class. Leadership Tennessee is a program that brings leaders from across the state together to engage in collaborative, non-partisan dialogue on issues of statewide importance.

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Part III, Program Service Accomplishments	<p>Ballad Health (Ballad) 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. Ballad Health is a healthcare delivery system serving 1.2 million residents from 29 counties in Northeast Tennessee, Southwest Virginia, Northwest North Carolina, and Southeastern Kentucky. Ballad operates 3,030 licensed beds and 21 hospitals, including a dedicated children's hospital, community hospitals, three critical access hospitals, a behavioral health hospital, an addiction treatment facility, long-term care facilities, home care and hospice services, retail pharmacies, outpatient services and a comprehensive medical management corporation. Form 990 for MSHA includes seven wholly-owned hospitals including a children's hospital and a behavioral health hospital; four others, majority owned by MSHA, each file a separate return. MSHA is sole shareholder of Blue Ridge Medical Management Corporation (BRMMC), a for-profit entity that owns and manages physician practices and real estate and provides other health care services to patients in Tennessee and Virginia. MSHA is the sole member of Integrated Solutions Health Network, LLC (ISHN). ISHN, also included in this Form 990, is a regional health solutions company headquartered in Johnson City, Tennessee. ISHN is an expansive network of providers serving residents of Northeast Tennessee and Southwest Virginia and consists of provider groups, primary care physicians, specialists and allied health providers. Specific to the hospitals included in this Form 990, services were provided to: 40,697 inpatients 700,698 outpatient visits 146,674 emergency visits 117,221 home health visits 3,585 deliveries</p>

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Return Reference	Explanation
Part VI, Line 15a Compensation Process for Top Official	The executive committee serves as the compensation committee of Ballad Health's Board of Directors. The compensation plan for Alan Levine, Ballad Health's President and CEO, was reviewed and approved by the executive committee. An outside and independent compensation consultant was used to determine his compensation and benefits. Studies and surveys were used to ensure his pay is comparable to like positions at similarly situated organizations.

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Return Reference	Explanation
Part VI, Line 15b - Compensation Process for Officers	The executive committee reviewed and approved compensation for all Ballad Health executives at the vice-president level and above during FY20 using the same methodology used to determine the CEO's compensation. In addition, Ballad Health offers an incentive plan to executives based on targeted achievement metrics approved by the Ballad Health Board of Directors which include Quality of Care, Access to Care, Cost Management, etc.

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Return Reference	Explanation
RUSSELL COUNTY, VA: RUSSELL COUNTY HOSPITAL (RCH)	78-bed acute care hospital located in Southwest Virginia Offers a full array of primary care services and some specialty services such as Clearview Psychiatric Center, hospice care, center for sleep disorders, direct lab testing, and a cancer center

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Return Reference	Explanation
SULLIVAN COUNTY, TN: INDIAN PATH COMMUNITY HOSPITAL (IPCH)	239-bed acute care hospitalProvides advanced services including lung nodule clinic, an accredited joint replacement program and a dedicated spine centerCampus offers a regional cancer center, a sleep center for both adults and children, a full range of surgical services, a family birth center and many other service lines.

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Return Reference	Explanation
UNICOI COUNTY, TN: UNICOI COUNTY HOSPITAL (UCH)	10-bed acute care hospital opened in October 2018 Services include 24/7 emergency care, cardiology services, radiology and diagnostic imaging, laboratory, respiratory, sleep lab, and rehabilitation

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Return Reference	Explanation
WASHINGTON COUNTY, TN: FRANKLIN WOODS COMMUNITY HOSPITAL (FWCH)	80-bed acute care hospital First Leadership in Energy and Environmental Design (LEED) certified hospital in Tennessee, setting the precedent for environmentally friendly designs, and named one of Soliant Health's 2016 Most Beautiful Hospitals First hospital in Tennessee to earn Perinatal Care Certification from the Joint Commission Certified with The Joint Commission Seal of Approval for minimally invasive colorectal surgery, the only hospital in Tennessee and one of just five in the nation to have earned this disease-specific certification Earned the Tennessee Department of Health's BEST for Babies award for efforts to reduce infant mortality

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Return Reference	Explanation
<p>WASHINGTON COUNTY, TN: JOHNSON CITY MEDICAL CENTER (JCMC)</p>	<p>585-bed regional tertiary referral center 432 acute care beds, a 69-bed dedicated children s hospital and an 84-bed behavioral health hospitalTeaching hospital affiliated with James H. & Cecile C. Quillen College of Medicine at East Tennessee State University (ETSU)Second hospital built in TennesseeLevel I trauma center one of only five in Tennessee Regional Cancer CenterRanked by U.S. News and World Report as a top-performing hospital in Heart Fa ilure, Hip Replacement, and Knee Replacement in Tennessee Recognized by BlueCross BlueShie ld Association as a Blue Distinction Center+ for maternity careNiswonger Childrens Hospita l (NsCH) is a 69-bed childrens hospital within a hospital located on the campus of Johnson City Medical Center serving more than 200,000 children in the four-state, 29-county regio n. Regions only dedicated hospital for children providing comprehensive services with acce ss to more than 20 pediatric subspecialties One of only eight clinics in the nation affili ated with St. Jude Childrens Research Hospital located on the campus. Staffed by pediatric hematology-oncology physicians and other clinic support team members, the Tri-Cities affi liate is a partnership among the St. Jude Childrens Research Hospital, East Tennessee Stat e University and NsCH. The outpatient clinic, established in 1999, is part of the St. Jude mission to extend the protocol-structured treatment and research at St. Jude through clin ical, research and academic partnerships with pediatric programs. More than 300 children w ith malignancies are followed each year and more than 3,000 outpatient visits occur annual ly, including treatment of many children with congenital bleeding disorders and a variety of other hematological problems. The First Regional Hemophilia Program, a state sponsored program for congenital bleeding disorders, is housed in the St. Jude Tri-Cities Affiliate and provides programs for both children and adults with hemophilia. Only childrens hospita l in the region affiliated with the Childrens Hospital Association Neonatal intensive care unit, with Level III designation, is one of only five state-designated perinatal centers in Tennessee and is the regional referral center for neonatal patients Regions only pediat ric emergency department serving patients from birth to 18 years of age 24 hours a day fro m specially trained personnel Partners with med flight provider to provide a specialty cre w for neonates requiring isolette transports The Northeast Tennessee Regional Perinatal Ce nter located at JCMC is one of five state-designated tertiary centers for high-risk matern al fetal care. State designation is based on guidelines for the service provisions and des ignations of levels of care governed and reviewed by a state appointed committee through T ennessee Department of HealthWoodridge Hospital, a service of JCMC, is an 84-bed inpatient behavioral health hospital serving a wide region in Northeast Tennessee and Southwest Vir ginia. Woodridge is the only d</p>

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Return Reference	Explanation
WASHINGTON COUNTY, TN: JOHNSON CITY MEDICAL CENTER (JCMC)	Dedicated inpatient behavioral health hospital in the region providing mental health and chemical dependency services for adults, adolescents, and children ages 6 and older. The hospital provides a 24/7 intervention helpline. Named among top 10 Best Places to Work in Tennessee by Forbes.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Mountain States Health Alliance
dba Johnson City Medical Center

Employer identification number

62-0476282

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) Integrated Solutions Health Network 509 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-1711997	Hlth Netwk	TN	3,847,959	27,630	MSHA

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Emmaus Community Healthcare PLLC 6070 Hwy 11E Piney Flats, TN 37686 20-0577483	Med. Serv.	TN	NA					No			No	
(2) Medical Specialists of JC LLC 2528 Wesley Street Suite 2 Johnson City, TN 37601 27-2199037	Med. Serv.	TN	MSHA	excluded				No			No	51.000 %
(3) East TN Ambulatory Surgery Cntr 701 Med Tech Parkway Suite 100 Johnson City, TN 37604 62-1787537	Med. Serv.	TN	NA					No			No	
(4) Greeneville Physician Services LLC 1905 American Way Kingsport, TN 37660 45-5070419	Med. Serv.	TN	NA	Related				No			No	25.000 %

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.

	Yes	No
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	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 62-0476282
Name: Mountain States Health Alliance
 dba Johnson City Medical Center

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
400 N State of Franklin Road Johnson City, TN 37604 58-1418345	Supp. Org.	TN	501C3	12a	MSHA	Yes	
245 Medical Park Drive Marion, VA 24354 54-0794913	Hospital	VA	501C3	3	MSHA	Yes	
100 15th Street NW Norton, VA 24273 54-0566029	Hospital	VA	501C3	3	MSHA		No
312 Hospital Drive Clintwood, VA 24228 77-0599553	Hospital	VA	501C3	3	NCH		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	Med. Serv.	VA	501C3	12a	JMH		No
303 Med Tech Parkway Suite 220 Johnson City, TN 37604 61-1771290	Supp. Org.	TN	501C3	12b	NA		No
203 Gray Commons Circle Gray, TN 37615 81-5475903	Opioid Trt	TN	501C3	3	MSHA	Yes	
1905 American Way Kingsport, TN 37660 62-1636465	Hosp. Sys.	TN	501C3	3	BALLAD HEALTH		No
851 Locust Street Rogersville, TN 37857 62-1816368	Hospital	TN	501C3	3	WHS		No
1420 Tusculum Boulevard Greeneville, TN 37745 51-0603966	Hospital	TN	501C3	3	WHS		No
1905 American Way Kingsport, TN 37660 26-3557623	Med. Serv.	TN	501C3	10	WHS		No
1905 American Way Kingsport, TN 37660 27-0898372	Med. Serv.	TN	501C3	7	WHS		No
1019 West Oakland Ave Suite 2 Johnson City, TN 37604 58-1594191	Fundraiser	TN	501C3	7	BALLAD HEALTH		No
2000 Greenway Street Kingsport, TN 37660 62-1308216	Asst. Liv.	TN	501C3	10	WHS		No
2421 N John B Dennis Hwy Kingsport, TN 37660 58-1859039	Nsg. Home	TN	501C3	10	WHS		No
1905 American Way Kingsport, TN 37660 86-1103148	Healthcare	TN	501C3	12a	WHS		No
1905 American Way Kingsport, TN 37660 27-3777167	Med. Serv.	TN	501C3	3	WHS		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
Blue Ridge Medical Management Corp 1905 American Way Kingsport, TN 37660 62-1490616	Med. Serv.	TN	MSHA	C	144,165,973	237,980,601	100.000 %		No
Mediserve Medical Equipment 1905 American Way Kingsport, TN 37660 62-1212286	DME	TN	BRMMC	C	2,630,115	7,396,213	100.000 %		No
Mountain States Properties 1905 American Way Kingsport, TN 37660 62-1845895	Prop. Mgmt.	TN	BRMMC	C	14,974,984	148,935,618	100.000 %		No
Mountain States Physician Grp 1905 American Way Kingsport, TN 37660 62-1700412	Med. Serv.	TN	BRMMC	C	67,368,116	11,616,730	100.000 %		No
Community Home Care Inc 1490 Park Avenue NW Suite B Norton, VA 24273 54-1453810	DME	VA	NCH	C	678,965	971,626	50.100 %		No
Wilson Pharmacy Inc PO Box 5289 Johnson City, TN 37604 62-0329587	Pharmacy	TN	BRMMC	C	5,748,787	6,108,543	100.000 %		No
Crestpoint Health Insurance Company 509 Med Tech Parkway Suite 10 Johnson City, TN 37604 62-0381170	Insurance	TN	ISHN	C			100.000 %		No
Wellmont Inc 1905 American Way Kingsport, TN 37660 62-1320035	Med. Serv.	TN	NA	C					No
Wellmont Collections Inc 2004 American Way Suite 101 Kingsport, TN 37660 62-1325938	Bus. Serv.	TN	NA	C					No
Medical Mall Pharmacy Inc 1905 American Way Kingsport, TN 37660 62-1565006	Med. Serv.	TN	NA	C					No
Wellmont Physician Services 1905 American Way Kingsport, TN 37660 62-1567353	Med. Serv.	TN	NA	C					No
WPS Providers Inc 1905 American Way Kingsport, TN 37660 20-5564642	Med. Serv.	TN	NA	C					No
Wellmont Health Services Inc 1905 American Way Kingsport, TN 37660 62-1254373	Med. Serv.	TN	NA	C					No
Nolichucky Mgmt Svcs Inc 1420 Tusculum Blvd Greeneville, TN 37745 62-1776681	Med. Serv.	TN	LMH	C			100.000 %		No
Ballad Ventures LLC 400 N State of Franklin Rd Johnson City, TN 37604 84-4214681	Investments	TN	NA	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	N/A	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Smyth County Community Hospital	q	200,787	Cost
Norton Community Hospital	o	832,240	Cost
Norton Community Hospital	p	79,106	Cost
Norton Community Hospital	q	1,354,333	Cost
Dickenson Community Hospital	o	73,612	Cost
Johnston Memorial Hospital	p	125,471	Cost
Blue Ridge Medical Management Corp	a	406,729	FMV
Blue Ridge Medical Management Corp	i	168,936	FMV
Blue Ridge Medical Management Corp	m	46,102,416	FMV
Blue Ridge Medical Management Corp	o	372,666	Cost