

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	C Name of organization Ballad Health		D Employer identification number 61-1771290
	Doing business as		E Telephone number (423) 302-3467
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 73,564,445
	311 Princeton Road Suite 1		
City or town, state or province, country, and ZIP or foreign postal code Johnson City, TN 376012080		F Name and address of principal officer: Alan Levine PresCEO 303 Med Tech Pkwy Johnson City, TN 37604	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶	
J Website: ▶ balladhealth.org		L Year of formation: 2015	M State of legal domicile: TN
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Honor those we serve by delivering the best possible care.		
	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)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1,859
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	22,735
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	19,561	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,334,247	3,911,969
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,958,715	23,372,410
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,729,403	41,342,872
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,092,421	3,519,880
		90,929,944	72,147,131
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,000	9,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,099,663	10,527,455
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 265,647		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,705,640	74,639,252
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,860,303	85,176,207	
19 Revenue less expenses. Subtract line 18 from line 12	4,069,641	-13,029,076	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,902,110,390	1,842,874,401
	22 Net assets or fund balances. Subtract line 21 from line 20	1,278,794,518	1,257,617,532
	623,315,872	585,256,869	

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	2024-05-14
	Shane Hilton BH EVP & CFO Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 Yes No

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 122,993,029 including grants of \$ 9,500) (Revenue \$ 23,456,818)
See Schedule O

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 122,993,029

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 numbered questions regarding organizational requirements for various schedules (A through H).

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

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

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

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	1,859	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? If "No" to line 3b, provide an explanation in Schedule O	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		
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes	
16	If "Yes," enter the amount of tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year: _____ If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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 Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed. TN, VA. Row 18: Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O). Row 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. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: Shane Hilton 303 Med Tech Parkway Suite 300 Johnson City, TN 37604 (423) 302-3467.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 President/CEO Executive Chair	56.00 9.00	X		X			3,557,360	0	247,091	
(2) Marta Wayt MD BHMA Director (Beg Feb 2023)	5.00 0.00	X					439,615	0	10,621	
(3) Aldo Noseda Director	5.00 0.00	X					0	0	0	
(4) Keith Wilson Director	5.00 0.00	X					0	0	0	
(5) David Golden Director	5.00 0.00	X					0	0	0	
(6) Gary Peacock Director	5.00 0.00	X					0	0	0	
(7) Dr Brian Noland Director, Vice Chair	5.00 0.00	X		X			0	0	0	
(8) Scott Niswonger Director	5.00 0.00	X					0	0	0	
(9) David May MD Director	5.00 0.00	X					0	0	0	
(10) David Lester Director, Treasurer	5.00 0.00	X		X			0	0	0	
(11) Doug Springer MD Director	5.00 0.00	X					0	0	0	
(12) Julie Bennett CLO/Gov'n Offcr Director, Secretary (End Feb 2023)	5.00 0.00	X		X			0	0	0	
(13) Shane Hilton EVP/CFO (Beg 1/2024)	65.00 0.00			X			783,689	0	90,969	
(14) Eric Deaton EVP/COO	56.20 8.80			X			1,268,808	0	106,688	
(15) Lynn Krutak EVP/CFO (Through 6/2024)	65.00 0.00			X			1,209,478	0	109,728	
(16) Marvin Eichorn EVP/CAO	57.90 7.10			X			3,107,146	0	45,520	
(17) Pam Austin SVP CIO	55.00 0.00				X		528,454	0	65,845	

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns . . .		1a		
	b Membership dues . . .		1b		
	c Fundraising events . . .		1c		
	d Related organizations		1d	893,387	
	e Government grants (contributions)		1e	2,298,773	
	f All other contributions, gifts, grants, and similar amounts not included above		1f	719,809	
	g Noncash contributions included in lines 1a - 1f:\$		1g		
	h Total. Add lines 1a-1f . . .				3,911,969

Program Service Revenue	2a Wellness Programs	Business Code			
		900099	10,612,704	10,612,704	
	b Gain on Debt Retirement	900099	10,107,005	10,107,005	
	c Rent Related Exempt Orgs	531120	2,652,701	2,652,701	
	d				
	e				
	f All other program service revenue.				
g Total. Add lines 2a-2f. . . .		23,372,410			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29,178,581		29,178,581	
	4 Income from investment of tax-exempt bond proceeds		1,248,341		1,248,341	
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a	276,889	22,735		
		6b Less: rental expenses	7,890	0		
	6c Rental income or (loss)	268,999	22,735			
	d Net rental income or (loss)		291,734	22,735	268,999	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a	12,063,532	261,842		
		7b Less: cost or other basis and sales expenses	1,231,990	177,434		
	7c Gain or (loss)	10,831,542	84,408			
	d Net gain or (loss)		10,915,950	84,408	10,831,542	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						

Other Revenue Misc Amt	11a Air Transport	Business Code			
		900099	754,758		754,758
	b Daycare	900099	655,097		655,097
	c Research Revenue	900099	412,489		412,489
	d All other revenue		1,405,802		1,405,802
e Total. Add lines 11a-11d		3,228,146			

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	9,500	9,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,388,195		12,388,195	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	-3,796,839	1,435,857	-5,473,603	240,907
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	333,833	194,992	138,841	
9 Other employee benefits	987,312	579,814	386,543	20,955
10 Payroll taxes	614,954	422,781	192,173	
11 Fees for services (non-employees):				
a Management				
b Legal	2,109,677	60,316	2,049,361	
c Accounting	654,941		654,941	
d Lobbying	1,049,434		1,049,434	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,528,722	1,438,681	1,090,036	5
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,286,638	7,422,055	5,864,583	
12 Advertising and promotion	4,156,922	1,081,530	3,075,392	
13 Office expenses	5,397,613	4,187,372	1,210,105	136
14 Information technology	14,323,737	6,445,682	7,878,055	
15 Royalties				
16 Occupancy	3,890,174	1,894,374	1,995,800	
17 Travel	2,126,557	1,146,032	978,907	1,618
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,662,183	11,342,722	319,316	145
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,093,975	41,393,834	7,699,787	354
23 Insurance	1,989,615	1,133,650	855,965	
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 Taxes - UBIT	75,958	43,215	32,743	
b Maintenance	37,118,610	25,394,358	11,724,252	
c Dues & Subscriptions	6,690,022	4,406,729	2,283,293	
d Population Health	4,897,406	4,897,406		
e All other expenses	-86,412,932	8,062,129	-94,476,588	1,527
25 Total functional expenses. Add lines 1 through 24e	85,176,207	122,993,029	-38,082,469	265,647
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	8,725,345	1	1,923,472
	2 Savings and temporary cash investments	112,198,020	2	31,191,324
	3 Pledges and grants receivable, net	1,136,439	3	762,294
	4 Accounts receivable, net	4,003,327	4	4,978,901
	5 Loans and other receivables from 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	5,007,341	5	5,007,341
	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	
	7 Notes and loans receivable, net	30,237,513	7	27,733,750
	8 Inventories for sale or use	2,664,061	8	1,394,641
	9 Prepaid expenses and deferred charges	17,878,667	9	16,400,558
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 684,430,735		
	b Less: accumulated depreciation	10b 453,917,032	244,636,992	10c 230,513,703
	11 Investments—publicly traded securities	1,034,030,206	11	1,124,749,235
	12 Investments—other securities. See Part IV, line 11	19,203,838	12	18,645,776
	13 Investments—program-related. See Part IV, line 11	243,927,163	13	225,964,496
	14 Intangible assets	133,326,592	14	133,326,592
	15 Other assets. See Part IV, line 11	45,134,886	15	20,282,318
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,902,110,390	16	1,842,874,401	
Liabilities	17 Accounts payable and accrued expenses	84,229,440	17	84,366,813
	18 Grants payable		18	
	19 Deferred revenue	275,339	19	227,289
	20 Tax-exempt bond liabilities	1,145,545,290	20	1,104,328,481
	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	16,541,411	23	6,767,658
	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	32,203,038	25	61,927,291
	26 Total liabilities. Add lines 17 through 25	1,278,794,518	26	1,257,617,532
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	623,054,287	27	584,783,136
	28 Net assets with donor restrictions	261,585	28	473,733
	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	623,315,872	32	585,256,869
33 Total liabilities and net assets/fund balances	1,902,110,390	33	1,842,874,401	

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)	72,147,131
2	Total expenses (must equal Part IX, column (A), line 25)	85,176,207
3	Revenue less expenses. Subtract line 2 from line 1	-13,029,076
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	623,315,872
5	Net unrealized gains (losses) on investments	30,729,154
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	-1,073,624
9	Other changes in net assets or fund balances (explain in Schedule O)	-54,685,457
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	585,256,869

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
3b 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	

Form 990 (2022)

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a **section 501(c)(3) organization** or a **section 4947(a)(1) nonexempt charitable trust.**
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Ballad Health

Employer identification number
61-1771290

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).)
- 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 on 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 3
- 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		
(A) Mountain States Health Alliance	620476282	3	Yes		0	0
(B) Wellmont Health System	621636465	3	Yes		0	0
(C) Early Learning Center	923891827	10	Yes		0	0
Total	3				0	0

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2022. 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

b 33 1/3% support test—2021. 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

17a 10%-facts-and-circumstances test—2022. 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

b 10%-facts-and-circumstances test—2021. 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

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage for 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests-2022. 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 <input type="checkbox"/>		
b 33 1/3% support tests-2021. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a			No
11b	A family member of a person described on 11a above?		No
11c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b	Did the activities described on line 2a, above 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>		
2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a			
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>		
3b			

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

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		(A) Prior Year	(B) Current Year (optional)
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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	

Return Reference	Explanation
Part I, Line 12g, Column (vi)	Ballad Health is the parent organization that provides management services to its supported organizations.

Additional Data

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Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2022
	Name of the organization Ballad Health	Employer identification number 61-1771290

Organization type (check one):

Filers of: Form 990 or 990-EZ Form 990-PF	Section: <input type="checkbox"/> 501(c)() (enter number) organization <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation <input type="checkbox"/> 527 political organization <input type="checkbox"/> 501(c)(3) exempt private foundation <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation <input type="checkbox"/> 501(c)(3) taxable private foundation
--	--

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Ballad Health	Employer identification number 61-1771290
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>RESTRICTED</u>	_____	\$ <u>RESTRICTED</u>	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-	_____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-	_____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-	_____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-	_____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-	_____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-	_____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization
Ballad Health

Employer identification number

61-1771290

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Additional Data

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SCHEDULE C
(Form 990)

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

2022

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 Ballad Health	Employer identification number 61-1771290
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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		9,638
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,228,538
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			1,238,176
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?			

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 1:	Ballad Health had lobbying expenses of \$9,638 which represents the portion of dues paid to various organizations attributable to lobbying, including Tennessee Business Leadership Council and Tennessee Chamber of Commerce & Industry. Representatives of Ballad Health participated in the following legislative events: -Premier Federal Affairs Network meeting -Tennessee Hospital Association (THA) Legislative Advocacy Day -Tennessee Public & Teaching Hospitals Association annual meeting -Participated in THA Public Policy Sub-Committee Representatives of Ballad Health's Community & Government Relations department also contacted congressional offices concerning the following issues: -Opposed any cuts in Medicare/Medicaid -Supported area wage index permanent fix (introduced Save Rural Hospital Act) -Supported the continuance of Medicare Dependent Hospital and low-volume designations -Opposed cuts to 340B program -Supported a reasonable remedy for "surprise" billing -Supported legislation to protect hospital eligibility in the 340B Program -Supported the extension of Medicare Sequester Relief -Opposed effort to extend site neutrality payment policies Representative of Ballad Health's Community & Government Relations department responded via letter, phone, or in person to the following Tennessee and Virginia legislative issues: Supported the following issues: -Certificate Of Need reform (TN)/Certificate Of Public Need (VA) reform -Continuation and monitoring of hospital assessment fee in Tennessee and Virginia -Mental health funding for inpatient psychiatric care - Tennessee and overall behavioral health funding in Virginia -Adequate TennCare funding in Tennessee -Limited hospital reporting requirements for surprise billing -Advocated for legislation and Temporary Assistance for Needy Families (TANF) funding in Tennessee to support residential treatment center for mothers with substance use disorders and their young children - Monitored progress of the TN Medicaid Block Grant -Corporate practice of medicine -Access to clinician administered medications -Healthcare worker protection policies

Additional Data

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Ballad Health

Employer identification number

61-1771290

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

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

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

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

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		

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		40,118,079		40,118,079
b Buildings		110,385,488	46,540,942	63,844,546
c Leasehold improvements		4,555,466	3,284,763	1,270,703
d Equipment		523,870,999	400,607,869	123,263,130
e Other		5,500,703	3,483,458	2,017,245
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				230,513,703

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) Investment - BRMMC	100,310,432	C
(2) Investment - MSHA	125,042,522	C
(3) Investment - PRAM HLDG	510,732	C
(4) Investment - DePre HLDG	100,810	C
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		225,964,496

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	
	61,927,291

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
Part X, Line 2:	"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, 2023 and 2022. Tax returns for 2020 through 2022 are subject to examination by the Internal Revenue Service."

Additional Data

Return to Form

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**Schedule I
(Form 990)**

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 Ballad Health

Employer identification number
 61-1771290

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Cancer Society 250 Williams Street NW Suite 400 Atlanta, GA 30303	13-1788491	501C3	14,500	0			Making strides against Cancer n NETN & SWVA
(2) American Red Cross 2025 E Street NW Washington, D.C. 20006	53-0196605	501C3	10,000	0			Humanitarian support for NETN Disaster response & recovery

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

3 Enter total number of other organizations listed in the line 1 table 2

Cat. No. 50055P

Schedule I (Form 990) 2022

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
Part I, Line 2:	<p>The Ballad Health Community Benefit and Population Health Committee is a collective group of members from both Tennessee and Virginia. These members bring a variety of insights into community health improvement, striving to cultivate an understanding of population health, philanthropy, community benefit obligations, and the integral role that Ballad Health plays in enhancing health access. Senior leadership of Ballad Health, including the President and CEO and the COO, are present at these meetings. One of the committee's key duties is to ensure that charitable donations are in line with the policies set by the Ballad Health Board. All applications for assistance are submitted digitally, complete with the necessary information to assess eligibility. Following a thorough review of these applications by the committee, approval must be obtained from various levels, including the Ballad Health CEO or the Ballad Health Board, depending on the level of commitment required. For those seeking funding for a specific event or program, the application should include the following details: -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</p>

Additional Data

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Software Version:

[Return to Form](#)

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Ballad Health

Employer identification number

61-1771290

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 indemnification 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	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?	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 checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" 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?	Yes	
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement?	Yes	
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?		No
5b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
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:		
6a The organization?		No
6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
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.		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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC				(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	(iv) Other reportable compensation				
1 Alan Levine, President/CEO Executive Chair	(i)	1,351,717	2,162,808	42,835	218,859	28,232	3,804,451	0
	(ii)	0	0	0	0	0	0	0
2 Marvin Eichorn EVP/CAO	(i)	752,788	598,921	1,755,437	17,400	28,120	3,152,666	0
	(ii)	0	0	0	0	0	0	0
3 Eric Deaton EVP/COO	(i)	720,293	530,145	18,370	84,013	22,675	1,375,496	0
	(ii)	0	0	0	0	0	0	0
4 Lynn Krutak EVP/CFO (Through 6/2024)	(i)	682,629	520,077	6,772	82,332	27,396	1,319,206	0
	(ii)	0	0	0	0	0	0	0
5 Clay Rummels MD EVP/Chief Phys Exec	(i)	626,281	450,791	18,419	72,852	26,005	1,194,348	0
	(ii)	0	0	0	0	0	0	0
6 Anthony Keck EVP/CPHO	(i)	477,287	347,573	12,652	63,501	27,970	928,983	0
	(ii)	0	0	0	0	0	0	0
7 Sheve Kilgore BHMA SVP	(i)	473,763	319,356	19,414	65,761	29,072	907,366	0
	(ii)	0	0	0	0	0	0	0
8 Tim Bellisle EVP General Counsel (End July 2022)	(i)	277,977	310,583	238,567	29,779	26,452	883,358	0
	(ii)	0	0	0	0	0	0	0
9 Amit Vashist MD SVP Chief Clinical Officer	(i)	495,069	298,306	1,720	59,896	27,230	882,221	0
	(ii)	0	0	0	0	0	0	0
10 Shane Hilton EVP/CFO (Beg 1/2024)	(i)	473,534	303,383	6,772	62,877	28,092	874,658	0
	(ii)	0	0	0	0	0	0	0
11 Lisa Smithgall SVP Chief Nursing Executive	(i)	400,451	271,787	12,094	55,798	19,598	759,728	0
	(ii)	0	0	0	0	0	0	0
12 Pam Austin SVP CIO	(i)	394,458	119,272	14,724	54,037	11,808	594,299	0
	(ii)	0	0	0	0	0	0	0
13 Marta Wayt MD BHMA Director (Beg Feb 2023)	(i)	433,405	1,250	4,960	0	10,621	450,236	0
	(ii)	0	0	0	0	0	0	0
14 Melissa Carr, Sr Director Treasury Fmr. Key Employee	(i)	110,226	52,898	6,831	7,224	8,677	185,856	0
	(ii)	0	0	0	0	0	0	0

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	<p>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.</p>
Part I, Lines 4a-c	<p>The following executives listed in Schedule J, Part II participated in a 457(f) retirement plan provided by Ballad Health (BH). The 457(f) plan is a nonqualified tax-deferred compensation plan available to a select group of key executives for the intent of supporting retention and to offer a competitive total retirement program. Account balances have a "substantial risk of forfeiture". In addition to creditor risk, substantial risk of forfeiture is created through default risk if the participant's employment with BH is terminated prior to age 65. However, the 457(f) plan contains a non-compete provision that provides the account balance to be paid in a lump sum after the executive satisfies the two-year non-compete period. This provision applies to employer contributions if the executive has provided eligible service for six or more years. The executive will receive the entire account balance if he/she becomes disabled, dies or if the executive terminates for "good reason or is involuntarily terminated without "good cause" within a 24-month period after a change-of-control occurs. Distributions from this plan are subject to federal, state, and local taxes on the entire account balance upon distribution. Alan Levine \$201,459 Eric Deaton \$66,613 Lynn Krutak \$64,932 Tony Keck \$45,581 Tim Bellisle \$22,233 Steve Kilgore \$47,841 Clay Runnels, MD \$55,452 Shane Hilton \$43,547 Lisa Smithgall \$36,786 Pam Austin \$35,858 Amit Vashist, MD \$42,003 The following executive received a change-of-control payment. The payment was reported as taxable income with appropriate tax withheld and remitted to the IRS. Tim Bellisle \$179,601</p>

Additional Data

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Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990)

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
Ballard Health

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

Employer identification number
61-1771290

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 Health & Educational Facil Bd 2018	83-0682499	396649EX9	06-06-2018	820,526,657	Assets & Capital Improvements	X			X		X
B Health & Educational Facil Bd 2022	62-1464028	478271KE8	06-16-2022	128,145,000	Capital&Debt Refd		X		X		X
C Health & Educational Facil Bd 2022B	62-1464028	478271KDO	07-07-2022	121,855,000	Refund the 2018C Bonds		X		X		X
D Health & Educational Facil Bd 2023A & 2022B	62-1464028	478271KR9	05-18-2023	208,262,134	Refund the 2018A Bonds		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		181,525,000						
2 Amount of bonds legally defeased		158,480,000						
3 Total proceeds of issue		820,545,037	128,145,000	121,855,000			208,262,134	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows							161,458,555	
7 Issuance costs from proceeds		9,240	520,000	1,190,000			1,803,579	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		820,535,798	71,250,000				45,000,000	
11 Other spent proceeds			56,484,941	120,665,000				
12 Other unspent proceeds								
13 Year of substantial completion	2022		2022		2022		2023	
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X	X		X		X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?		X		X		X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2021

Part III Private Business Use

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		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		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 1487?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		X	

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

Return Reference	Explanation
Schedule K, Part II, Proceeds, Line 3:	Line 3 for the 2018A, B and C Bonds and 2022A and C Bonds does not match the applicable issue price for such bond issues because of interest earnings earned on the proceeds of such bonds.
Schedule K, Part II, Proceeds, Line 10:	Pursuant to Section 1.150 - 1(a)(2)(ii) of the Treasury Regulations, the proceeds of the Bonds were used to acquire the assets of Mountain States Health Alliance and Wellmont Health System, and such expenditures are treated as capital expenditures, and not the refunding of prior debt.
Schedule K, Part IV, Arbitrage, Line 2(c):	This Schedule relates to the status of bonds issues as of June 30, 2023, which is the relevant fiscal year end. The Series 2018A, B and C Bonds were issued June 6, 2018, and the first rebate calculation that was required for that bond issue was for the period ending on June 6, 2023. Because that rebate calculation was not required to be made for 90 days after June 6, 2023, no rebate was due as of the end of the fiscal year, and no rebate calculation was required as of such date. For purposes of disclosure, a rebate calculation was obtained as of August 23, 2023, which determined that no rebate was due.

Additional Data

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Schedule L
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ballad Health

Transactions with Interested Persons

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

61-1771290

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) M Eichorn	Officer	SPLIT		X	2,808,925	5,007,341		No	Yes			No
Total						\$	5,007,341					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Stephen Stanley	Family Member	129,829	See Part V		No
(2) Sky Night LLC	Transportation Svcs.	105,910	See Part V		No

Part V Supplemental Information

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

Return Reference	Explanation
Part IV, Supplemental Information	(1) Pam Austin, SVP and CIO of Ballad Health, is a family member of Stephen Stanley, an employee of Ballad Health. (2) Scott Niswonger, Ballad Health board member, owns Sky Night, LLC, which provides services to Ballad Health.

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

**Open to Public
Inspection**

Name of the organization
Ballad Health

Employer identification number

61-1771290

Return Reference	Explanation
<p>Part III, Program Service Accomplishments</p>	<p>Ballad Health (Ballad) is an integrated healthcare delivery system consisting of 21 hospitals in Northeast Tennessee and Southwest Virginia, including a Level 1 Trauma Center, dedicated children's hospital, several 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. Ballad works closely with an active independent medical community and community stakeholders to improve the health and well-being of over one million people in 29 counties of the Appalachian Highlands in Northeast Tennessee, Southwest Virginia, Northwest North Carolina, and Southeast Kentucky. Ballad is a Tennessee non-profit corporation and is the main provider of healthcare services in Northeast Tennessee and Southwest Virginia. Ballad Health is a tax-exempt entity and the parent corporation of both Mountain States Health Alliance (MSHA) and Wellmont Health System (WHS). On February 1, 2018, Ballad was formed through a merger of two legacy systems, Mountain States Health Alliance and Wellmont Health System. Ballad was formed under state-action immunity in compliance with federal antitrust law, to create a healthier region and keep healthcare local. The action approving the merger was officially taken through the agreements made between Ballad and the State of Tennessee in the Certificate of Public Advantage (the "COPA") and the Letter Authorizing the Cooperative Agreement (the "CA") in Virginia. Pursuant to the COPA and CA, Ballad must fulfill certain obligations, commitments, and covenants. Tennessee and Virginia, through their respective health departments, supervise specific aspects of Ballad's operations under certain conditions of the COPA and the CA. The COPA and amendments are publicly available on the website of the Tennessee Department of Health, at https://www.tn.gov/health/health-program-areas/health-planning/certificate-of-public-advantage.html. The Cooperative Agreement is available on the website of the Virginia Department of Health, at https://www.vdh.virginia.gov/licensure-and-certification/cooperative-agreement/. Form 990 for Wellmont Health System (WHS) includes five wholly owned hospitals, including two tertiary hospitals, while three wholly owned hospitals file separate returns. In addition to the acute care hospitals, WHS wholly owns or has ownership interest in a nursing home, an assisted living facility, physician practice organizations, ambulatory surgery centers and other health care businesses. Form 990 for Mountain States Health Alliance (MSHA) includes eight wholly owned hospitals including a tertiary hospital, a children's hospital and a behavioral health hospital; two others, wholly 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. FOCUS ON QUALITY</p>
<p>EMPHASIZING ZERO-HARM THROUGH TIERED SAFETY HUDDLES - As part of Ballad</p>	<p>Health's systemwide initiative to improve safety and reduce harm, Ballad Health continued its tiered safety huddle program throughout the pandemic. Each day, frontline team members across the Ballad Health organization begin their morning with huddles focused on clinical quality and safety. These huddles provide an organized manner for team members to express opportunities to improve safety and quality and strive towards becoming a zero-harm institution. Any issues identified during those huddles are elevated to hospital leadership. If hospital leadership needs help to resolve the problem, the issue is further elevated to the market and corporate levels. Using this approach, Ballad Health can improve outcomes and enhance safety by rapidly deploying resources to support and solve safety issues as they arise. LAUNCH OF IBM/WATSON TOP HEALTH SYSTEM JOURNEY - Since the merger in 2018, one of Ballad Health's priorities has been to instill a zero-harm culture and become one of the highest-performing health systems in America for the quality of care it delivers to patients. After a rigorous review of the various systems for measuring that success, Ballad Health leaders chose IBM/Watson because it provided measurable, achievable, and valid guideposts for the health system. To help lead Ballad Health on this journey to become a top health system in the nation, health system leaders formed the IBM/Watson Top 15 Health System Task Force, comprised of stakeholders from multiple departments of Ballad Health. IBM/Watson identifies the 15 top-performing health systems in the nation based on four key performance domains: inpatient outcomes, extended outcomes, operational efficiency, and patient experience. Dr. Amit Vashist, Ballad Health's chief clinical officer, who leads the IBM/Watson top health system journey, stated, "We looked far and wide at various methodologies to identify the most appropriate benchmarks to measure ourselves against, and we ultimately chose IBM/Watson because it included an ideal blend of metrics and measures that are truly meaningful and appealed to our frontline clinicians, such as hospital-acquired conditions, ED throughput, readmissions, mortality, costs of care and length of stay." CLINICAL COUNCIL - A unique feature of Ballad Health is the establishment of a robust and diverse Clinical Council, comprised of about 30 physicians. The physicians were nominated by the leadership of all Ballad Health hospitals, the health system's medical group and independently practicing community physicians. The Council's members also include pharmacists, advanced practice providers and nurses. The Council reports directly to the Quality Committee of the Ballad Health Board of Directors. The council aims to ensure excellence in clinical care through physician engagement and leadership and is charged with guiding Ballad Health's transformation into a community health improvement system. As a result of the council's efforts, several important quality measures are now performing among the top-decile health systems in America. CONTINUED PUBLIC ADVANTAGE - Ballad's compliance with each of the COPA and CA is supervised by Tennessee and Virginia respectively. Ballad is in compliance with all terms of the COPA and CA. Each year since the creation of Ballad, the State of Tennessee and Commonwealth of Virginia have independently confirmed the public advantage created by the unification of the hospitals in the rural region. In the latest report dated March 2023, the Tennessee Department of Health highlighted "Over the life of the COPA, improvement was seen in Ballad Health's service area for most of the Access Sub-Index measures. Significant improvements were seen in preventive health measures such as primary care provider and prenatal care in the first trimester. Improvement was also achieved by Ballad Health in all five screening measures, with the most significant improvement occurring in rates of Colorectal Cancer Screenings and Diabetes and Prediabetes Screenings". TDH also recognizes that Ballad Health continued to invest in standing up and implementing many of its Population Health, Behavioral Health, Children's Health, Rural Health, and Health Research and Graduate Medical Education programs proposed under the</p>

Return Reference	Explanation
	<p>system's three-year Spending Plans, even as it prioritized its response to COVID-19. In the Tennessee Department of Health report covering the period of July 1, 2021 to June 30, 2022, the department noted that as a combined health system, "Ballad Health's continued handling of the pandemic and the fact that all of Ballad Health's 21 hospitals, including its many vulnerable rural hospitals, remained open through the year are acknowledged by TDH as two of the system's greatest successes during FY22". In each year before the COVID-19 pandemic, Ballad Health also maintained one of the nation's most successful Accountable Care Organizations, which has been highlighted by the Centers for Medicare and Medicaid Services as one of a handful of organizations that have produced savings for taxpayers in each year since the program's creation, while making high-quality scores. ENVIRONMENTAL, SOCIAL, AND GOVERNANCE (ESG)</p>
<p>Ballad Health is committed to being a responsible and concerned citizen of</p>	<p>the communities of the service area where it operates and is driven by its mission: "honor those we serve by delivering the best possible care." Ballad continues to deploy initiatives intended to improve the overall health and well-being of the over one million people living in its service area. ENVIRONMENTAL - Environmental stewardship and preserving the environment is important to Ballad and is demonstrated in the following practices: - Environmentally responsible supply chain - Encourage the recycling of materials and minimization of waste - Encourage the reduction of energy usage - Incorporate environmentally preferable alternatives when designing new construction SOCIAL - Social commitments are an integral part of Ballad's mission, vision, and values. By working and collaborating with others in the communities in which it serves, Ballad works "to build a legacy of superior health by listening to and caring for those we serve". Ballad provides direct and in-kind support to improve access to care and deliver healthy lifestyle services, education, and activities. The community health programs are designed to improve access and quality of care, strengthen community outreach and partnerships, decrease healthcare costs, and assist in the reduction of health care disparities in the region. Ballad has opened two new rural hospitals in the past five years. Ballad offers extensive education and outreach programs throughout the community at little or no cost to participants. Program areas include: - Community events, such as health fairs, screenings, flu shots, health and safety education, support groups, stroke education, baby and child health, and medical libraries - Children's resources, such as the Morning Mile Program, B.E.A.R. Buddies, car seat safety, and Families Thrive. - Heart and Soul, senior health, and well-being programs. - General health resources, individual health, nutrition, and safety education. - Regular health education speakers covering a wide range of topics. The following are some of the programs designed to improve healthcare equity and availability: Ballad as a Community Health Improvement Organization: Ballad's goal is to ensure the sustainability of rural healthcare services while improving the health and well-being of the region as a whole. In the short-term, Ballad will address health related social needs to improve access to care, reduce inequity, and empower individuals to adopt healthy behaviors and manage health conditions. In the long-term, Ballad will address social drivers of health to provide a community level foundation for permanent regional health improvement through multi-sector collective impact. Ballad is taking an intergenerational approach to focus on children's health initiatives to give kids a strong start in life, as well as assisting adults with overcoming obstacles to health and self-sufficiency. Ballad is on a journey to universalize social needs screening and prioritized navigation resources throughout the system using embedded Epic tools combined with the UniteUs referral management platform. These efforts are informed and supported by a multi-departmental team called the Social Needs Council which has accountability to the system Population Health Council, the Chief Population Health Officer, and ultimately the board Population Health and Social Responsibility Committee. STRONG Accountable Care Community: Driving Community Level Action and Change: The STRONG Accountable Care Community is a regional collective impact model focusing on community level strategies across a life course model that includes a multi-generation approach to parenting support and family self-sufficiency. Established in 2018, the STRONG Accountable Care Community (STRONG ACC), sponsored by Ballad, is a 350 organization, multi-sector model serving the same geographic footprint as Ballad and additional contiguous counties. The STRONG ACC has adopted the "Five Conditions of Collective Impact": a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support. Ballad is providing backbone support and investing in the STRONG ACC because the health system believes the collective impact model is necessary to accelerate, leverage, and sustain community level change. The STRONG ACC is also using the UniteUs platform for a "no wrong door" approach to social needs across hundreds of networked organizations. The organization is also creating an Early Care and Education Plan for all of Northeast Tennessee and Southwest Virginia. For more information, visit https://www.strongacc.org/. Accountable Health Communities ("AHC"): When Ballad was awarded the Accountable Health Communities grant from the Centers for Medicare and Medicaid Services in 2017, the system acted on its vision to universalize social needs screening and navigation. Health related social needs create major barriers to health for some individuals. Within Ballad Health, Unite Tennessee and Unite Virginia will allow specially trained staff to conduct health-related social needs screenings for gaps in care, such as food and housing insecurity, transportation challenges or other obstacles. It will then connect those families with community organizations committed to resolving those issues. The network, however, is not dependent on Ballad Health. Participating organizations will also be able to refer clients to each other even if the people they're referring aren't Ballad Health patients. Since its inception, the program has screened 319,349 individuals and identified 50,000 distinct needs, working with nearly 2,000 regional organizations to successfully connect individuals to services which provide food, housing, transportation, safety support, and utilities among other needs. AHC has provided 29,681 community referrals and navigation for 7,573 patients. The program has revealed new information about the extent of social needs within Ballad's patient environment and informed the goal to scale social needs screening and navigation services throughout the organization. Appalachian Highlands Care Network: Appalachian Highlands Care Network, started in 2020, is Ballad's program to serve low-income, uninsured people of the region through a realignment of charity care dollars. The goals of the Appalachian Highlands Care Network are to identify low-income uninsured people, enroll them in the program, and serve them to improve quality of care, increase access to care, and reduce avoidable cost of care. Patients in the program receive free needed medical care from Ballad and a network of other providers. This includes ensuring all patients have a source of primary care and are screened and navigated to social need resources, provided with medical care coordination, and assisted through care management services. Ballad partners significantly with Appalachian Mountain Project Access, the region's free and reduced cost clinics and health departments, and hundreds of regional social support agencies to break down barriers to medical care, improve chronic conditions like diabetes, and address social needs. To date, the program has enrolled more than 4,800 individuals.</p>
<p>STRONG Starts: Ballad believes safe, stable, nurturing environments</p>	<p>for children are essential to optimal early development and later success in life. Started in 2021, STRONG Starts is aimed at improving birth outcomes and reducing the negative impact of chronic stress for mothers, babies and families. The birth of a new baby is a pivotal time for a mother and her family. No one should feel alone or unsupported during this time. Ballad seeks to connect with every expectant mother as early in her pregnancy as possible to ensure access to early prenatal care - all in partnership with the region's obstetric providers. As the life situation and pregnancy experience for every woman is different, Ballad will build supportive relationships aligned with the unique circumstances of every woman and family. With embedded staff in the region's obstetric practices and hospital birthing centers, these relationships begin early.</p>

Return Reference	Explanation
	<p>Staff will help families connect with community resources for issues from food/housing insecurity to parenting resources to education/job training. To date, the program has screened more than 7,300 women and served nearly 3,000 through the course of their pregnancies. The program continues into the post-natal and early stage of life. Ballard staff assist those in the program through kindergarten entry with a whole-family approach. This ongoing relationship will help with evolving needs and the transition in healthcare from the obstetric environment to the pediatric environment. Ballard works with regional pediatricians to ensure they can refer children and families into the program. The developmental milestones of children will be assessed so early supports can be provided, and Ballard assist with connections to community resources as children grow, including programs which support resiliency and early learning environments. Ballard seeks to further support the safety, stability, and self-sufficiency of families and to help ensure children enter kindergarten developmentally, socially, and emotionally ready to learn. This first experience with the educational system is foundational, as it sets the tone for later success with grade level reading, math proficiency, and the academic discipline needed to ensure high school graduation and college and career readiness. These benchmarks are predictors of later economic and health outcomes which can reshape the life trajectory, health, and well-being for children and families for generations to come. To date, this section of the program has served more than 2,000 families. In addition to these programs, Ballard invests significant funding annually to support partnering organizations, Community Health Improvement Sites, who provide aligned services and mutually serve the populations mentioned above. These services include free health services, care coordination, housing supports, substance use and recovery, social needs support, maternal/child supports, early learning and literacy improvement initiatives, and women's health services. Ballard also provides a host of other services to vulnerable populations including free cancer screenings, mobile health services, health fairs, children's resources, and health education programs notably through a network of faith community nurses. Governance</p>
<p>Governance is overseen by the Ballard Board of Directors and ongoing</p>	<p>ESG work through the following committees: - Audit and Compliance - environmental and sustainability performance - Community Benefit & Population Health - social and community goals and performance - Executive Compensation - human capital, diversity, equity, and inclusion; and pay equity goals and performance - Governance - governance goals and performance - Quality - equity of care, patient safety and quality of care goals and performance Ballard has a conflict-of-interest policy and plans to align reporting with the Sustainability Accounting Standards Board's topics for disclosure and other reporting frameworks in the coming years. Ballard has leader diversity with 30% of CEOs being females and 33% of Executive Vice Presidents being females. CHARITABLE CONTRIBUTIONS - From its inception in February of 2018, Ballard Health made significant contributions to the community it serves totaling over \$30 million to date in direct contributions and other community health improvement initiatives. A few examples include: Support for Speedway Children's Charities, aid to Feeding Southwest Virginia, provision of new EKG equipment to regional emergency medical services, and investments in regional programs for schoolchildren. IMPROVING ACCESS TO HEALTHCARE SERVICES RE-IMAGINE RURAL HEALTHCARE - Our region has a variety of health, economic and other issues that, when combined, present a unique and challenging environment for healthcare access and outcomes. These unique challenges were reaffirmed in a 2017 report issued by the Appalachian Regional Commission, the Robert Wood Johnson Foundation and the Foundation for a Healthier Kentucky (Health Disparities in Appalachia), which found that the health outcomes in the greater Appalachian region are worse than those experienced in the United States as a whole in 7 of the 10 leading causes of death: heart disease, cancer, chronic obstructive pulmonary disease (COPD), injury, stroke, diabetes and suicide. The region also faces economic challenges, with performance on incomes, poverty rates, unemployment rates and postsecondary education lagging the national level. This is relevant because, as the study notes, socioeconomic and health outcomes are often interrelated, if not interdependent. Since 2010, more than 151 rural hospitals have closed in the United States, according to the North Carolina Rural Health Research Program. Compared to other states, Tennessee ranks amongst the worst in the nation, with 15 rural hospital closures since 2005. In the region served by Ballard Health, however, it is a different story. Every community in the region with a hospital prior to the merger creating Ballard Health continues to be served by a hospital. In fact, in the middle of the pandemic, Ballard Health opened the country's newest rural hospital. In July 2021, Ballard Health followed through on its promise to the residents of Lee County, Virginia, and reopened Lee County Community Hospital in Pennington Gap. CREATED SINGLE COORDINATED REGIONAL TRAUMA SYSTEM - A critical success factor of the COPA and CA is avoidance of duplication of hospital resources. Ballard Health consolidated two Level I trauma centers operating within 25 miles of each other and subsequently created a coordinated regional trauma system. In approving this move in advance of the merger, 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 a single coordinated trauma system followed the guidance of the American College of Surgeons (ACS), which verifies trauma centers. The Tennessee Department of Health, after conducting a rigorous review of the trauma program at Johnson City Medical Center, issued its Level I Trauma Center Reverification Site Visit Report. The report found the hospital "has demonstrated an outstanding commitment to care for the injured patient." Further, the survey resulted in zero deficiencies, a first for trauma care in the region. CONSOLIDATED REGIONAL PERINATAL CENTER - Tennessee law requires a regionalized system of care for high-risk newborns. As a result of this law, Tennessee recognizes five regional perinatal centers. Niswonger Children's Hospital at Johnson City Medical Center is the designated center for regional perinatal care for the Appalachian Highlands. Prior to the merger, two neonatal intensive care units (NICUs) existed and were not coordinated. After the merger, Ballard Health immediately took steps to consolidate the NICUs to achieve 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, Ballard Health partnered with ETSU's Quillen College of Medicine to provide ongoing expert neonatology coverage for the hospital 24 hours per day. As a result of the merger and NICU consolidation, every newborn in the region has access to more than 25 pediatric specialists at the regional Perinatal Center. EXPANDED ACCESS TO PEDIATRIC SPECIALTIES - With financial support from Ballard Health and the State of Tennessee, the ETSU Quillen College of Medicine was able to successfully recruit pediatric surgeons to support Niswonger Children's Hospital. Our partners at ETSU's Quillen College of Medicine also provide 24/7 neonatology coverage for the NICU. Ballard Health now proudly meets the highest standards for regional perinatal care, something that was not thought possible prior to the merger creating Ballard Health. PARTNERSHIP WITH ETSU TO CREATE FELLOWSHIP PROGRAM IN ADDICTION MEDICINE - Ballard Health and East Tennessee State University formed a partnership to create a new fellowship program in addiction medicine. As part of its commitment to expand education and training in the region, Ballard Health will fund any unreimbursed costs of the fellowship program which, over a 10-year period, could cost more than \$2.5 million. ESTABLISHMENT OF CENTER FOR RURAL HEALTH RESEARCH - Tennessee Governor Bill Lee announced the creation of a new Center for Rural Health Research that will be housed at the College of Public Health at East Tennessee State University. In addition to state funding, Ballard Health has committed to contributing more than \$15 million during the next 10 years to the Center. The goal of the Center will be to work with Ballard Health, local healthcare delivery partners, national experts and the leadership of ETSU Health to identify new mechanisms to improve health in rural and nonurban communities. Specific emphasis will be placed on strategies that disrupt inter-generational cycles of</p>

Return Reference	Explanation
	behaviors that contribute to poor health outcomes, which ultimately can affect college and career-readiness. RECRUITMENT OF NEW PHYSICIANS TO THE APPALACHIAN HIGHLANDS - Ballard Health provided the necessary resources to recruit new specialists to serve our region, many of whom were recruited to private practices not owned by Ballard Health. The addition of specialists is helping to improve access to care in rural communities. For instance, Wise County, Virginia now benefits from an orthopedist, a cardiologist and several other physicians and providers. Wythe County, Virginia, a community not served by a Ballard Health hospital, benefits from a cardiologist recruited by Ballard Health. Throughout the region, new physicians and advanced practitioners, recruited and funded by Ballard Health, are serving the region - from trauma care to pediatrics, from Wythe County, Virginia to Hancock County, Tennessee.
OTHER NOTABLE EVENTS AND AWARDS	- Ballard has invested significantly across the region specifically in academic and community institutions that serve the people in the Service Area. Examples of this investment are shown through the continuum of service from the offering of observation opportunities to students of all ages within our clinical facilities, to providing experts to lecture to school children on a broad variety of healthcare topics. The commitment to giving back extends to direct investment in regional educational partners. Some key examples of this include the Appalachian Highlands Center for Nursing Advancement, The Center for Rural Health Research, the STRONG BRAIN Institute, and the Gatton College of Pharmacy Center for Pharmacy, Education, Outreach, and Advocacy. The work of these centers at ETSU focuses on some of the leading issues facing the service area, from the development and support of the next evolution of nursing as a profession, to understanding the unique challenges facing our public health, to the scourge of adverse childhood experiences, to access and intervention at the community pharmacy, Ballard is committed to understanding and addressing the significant issues facing the service area. - Ballard is also engaged in funding the development of new and expanded healthcare training programs across the region. Ballard has granted support of programs in Nursing and Allied Health. From a new BSN program in Southwest Virginia at Emory & Henry College, to a new program in Ultrasonography at Southwest Virginia Community College, we are supporting programs large and small. We have expanded the Medical-legal partnership we have in the Appalachian Highlands to include all of the Ballard facilities as well as many of the outpatient clinics. This one-of-a-kind program partners Ballard with Virginia Tech and the Appalachian School of Law together to address the challenges of access to social supports for the poorest members of the service area. Ballard is a sponsor of a residency in Advanced Education Graduate Dentistry in Southwest Virginia. The endemic problem of poor oral hygiene across service area accounts for loss of economic opportunity, loss of self-esteem, and profound impacts on the health of individuals suffering from missing or diseased teeth. - Ballard's research department serves as the central office for multi-specialty research oversight in the 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 subject retention at nearly 100%. Oversight services include administrative, legal, regulatory support, internal service arrangement and financial management. Ballard is a world leader in cardiovascular clinical trials. -Received its Accreditation/Department of Distinction from the International Association for Healthcare Security & Safety (IAHSS). - Recognized by Harvard University and UnitedHealthcare as one of four healthcare organizations leading the way towards a 3D model for value-based care. - Earned the College of Healthcare Information Management Executives (CHIME) Digital Health Most Wired. - After the creation of a regional and coordinated system of trauma care nearly two years prior, in July 2021, a Tennessee Department of Health survey concluded the trauma program serving the Appalachian Highlands provides "outstanding commitment to care for the injured patient and found zero deficiencies at the Level I Trauma Center at Johnson City Medical Center, a first for trauma care in the region. As a result of the regional and coordinated system of trauma care, Ballard decreased mortality by 40% and reduced the cost of care by approximately \$3 million.
Form 990, Part V, line 1a	For CY22 Ballard Health (BH) filed Form 1096 on a consolidated basis for all subsidiaries that were required to file Forms 1099-MISC/NEC. Each subsidiary reimburses BH for all expenses related to vendor payments and the expenses are recorded on each individual entity's books.
Form 990, Part VI, Section B, line 11b	The Ballard Health Tax Department prepares and reviews the Form 990. During preparation other functional areas within the organization provide information and support to complete an accurate return. The return is reviewed by the organization's EVP/CFO and is provided in electronic form to all members of the Board of Directors prior to being filed with the IRS.
Form 990, Part VI, Section B, line 12c	Ballad Health policy requires Board of Directors and Board Committee members, the Executive Chair/President, and Executive Vice Presidents to complete a conflict of interest disclosure statement on an annual basis. Ballard Health policy also requires team members to complete an annual acknowledgement that they have read and understand the conflict of interest policy and they will complete a conflict of interest disclosure statement if they have a conflict of interest. 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. This applies to all Ballard Health organizations.
Form 990, Part VI, Section B, line 15	Line 15a Compensation Process for Top Official: The executive compensation committee serves as the compensation oversight committee of Ballard Health's Board of Directors. The executive compensation committee is comprised of members who are determined to be independent and whom are not reliant upon any business relationship with Ballard Health for income or compensation. The compensation plan for Alan Levine, Ballard Health's Chairman, President and CEO, was reviewed and approved by the executive compensation committee and then by the Ballard Health Board of Directors in accordance with the Board's compensation policy and practice. The Board of Directors relies upon the advice of an independent and experienced compensation consultant with knowledge about pay practices for comparable positions within the industry, and who has access to broad data, studies and surveys in order to ensure the compensation falls within competitive and appropriate ranges for the position. Part VI, Line 15b Compensation Process for Officers & Key Employees: On an annual basis, Ballard Health's Human Resources (H/R) Department evaluates compensation for all executives at a position level of Assistant Vice President and above. H/R's evaluation is based on market data obtained from independent third-party consultants for positions with similar responsibilities at similarly situated organizations. Based on this comparable data, Ballard Health's President & CEO evaluates the data and submits his recommendations to Ballard

Return Reference	Explanation
	Health's Board of Directors for their final review and approval. 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.
Form 990, Part VI, Section C, line 19	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.
Form 990, Part IX, line 11g	Consulting Fees: Program service expenses 1,302,900. Management and general expenses 3,296,535. Fundraising expenses 0. Total expenses 4,599,435. Contract Labor: Program service expenses 2,085,895. Management and general expenses 280,414. Fundraising expenses 0. Total expenses 2,366,309. Marsh Julia Davis Collection Center: Program service expenses 2,082,956. Management and general expenses 0. Fundraising expenses 0. Total expenses 2,082,956. Environmental Services: Program service expenses 108,724. Management and general expenses 53,447. Fundraising expenses 0. Total expenses 162,171. Physician Fees: Program service expenses 275,768. Management and general expenses 0. Fundraising expenses 0. Total expenses 275,768. Other: Program service expenses 1,565,812. Management and general expenses 2,234,187. Fundraising expenses 0. Total expenses 3,799,999.
Form 990, Part XI, line 9:	Change in Fair Value of interest Rate Swap -1,469,823. Elimination of Intercompany Rec/Pay -53,065,495. Temp. Restricted Grants -152,897. South Bristol Trust - Moved to another FEIN 2,758.

Additional Data

Return to Form

Software ID:
Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**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
Ballad Health

Employer identification number

61-1771290

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

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

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

(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
(1) Abingdon Physician Partners 16000 Johnston Memorial Drive Abingdon, VA 24211 20-5485346	Medical Services	VA	501C3	12a	JMH		No
(2) Ballad Health Center for Early Learning 400 N State of Franklin Road Johnson City, TN 37604 92-3891827	Child Day Care Services	TN	501C3	Line_10_Organization	BALLAD HEALTH		No
(3) Ballad Health Foundation 1019 West Oakland Ave Suite 2 Johnson City, TN 37604 58-1594191	Fundraiser	TN	501C3	Line_7_Organization_	BALLAD HEALTH	Yes	
(4) Dickenson Community Hospital 312 Hospital Drive Clintwood, VA 24228 77-0599553	Hospital	VA	501C3	Line_3_Hospital_Coop	WHS		No
(5) East TN Healthcare Holdings Inc 203 Gray Commons Circle Gray, TN 37615 81-5475903	Opioid Treatment	TN	501C3	Line_3_Hospital_Coop	MSHA		No
(6) Johnston Memorial Hospital 16000 Johnston Memorial Drive Abingdon, VA 24211 54-0544705	Hospital	VA	501C3	Line_3_Hospital_Coop	MSHA		No
(7) Mountain States Health Alliance 303 Med Tech Parkway Suite 300 Johnson City, TN 37604 62-0476282	Hospital System	TN	501C3	Line_3_Hospital_Coop	BALLAD HEALTH	Yes	
(8) MSHA Auxilliary 400 N State of Franklin Road Johnson City, TN 37604 58-1418345	Supporting Organization	TN	501C3	12a	MSHA		No
(9) Smyth County Community Hospital 245 Medical Park Drive Marion, VA 24354 54-0794913	Hospital	VA	501C3	Line_3_Hospital_Coop	MSHA		No
(10) Takoma Regional Hospital Inc DBA GCH 1420 Tusculum Boulevard Greeneville, TN 37745 51-0603966	Hospital	TN	501C3	Line_3_Hospital_Coop	WHS		No
(11) Wellmont Cardiology Services 303 Med Tech Parkway Suite 220B Johnson City, TN 37604 26-3557623	Medical Services	TN	501C3	Line_10_Organization	WHS		No
(12) Wellmont Hawkins Co Memorial Hosp Inc	Hospital	TN	501C3	Line_3_Hospital_Coop	WHS		No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
851 Locust Street Rogersville, TN 37857 62-1816368							
(13) Wellmont Health System 303 Med Tech Parkway Suite 300 Johnson City, TN 37604 62-1636465	Hospital System	TN	501C3	Line_3_Hospital_Coop	BALLAD HEALTH	Yes	
(14) Wellmont Imaging Services Inc 400 N State of Franklin Road Johnson City, TN 37604 86-1103148	Healthcare	TN	501C3	12a	WHS		No
(15) Wellmont Madison House 2000 Greenway Street Kingsport, TN 37660 62-1308216	Assisted Living	TN	501C3	Line_10_Organization	WHS		No
(16) Wellmont Medical Associates 303 Med Tech Parkway Suite 220B Johnson City, TN 37604 27-0898372	Medical Services	TN	501C3	Line_7_Organization_	WHS		No
(17) Wellmont Wexford House 2421 N John B Dennis Hwy Kingsport, TN 37660 58-1859039	Nursing Home	TN	501C3	Line_10_Organization	WHS		No

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

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) East Tennessee Ambulatory Surgical Ctr 701 Med Tech Parkway Ste 100 Johnson City, TN 37604 62-1787537	Medical Services	TN	N/A					No			No	
(2) Emmaus Community Healthcare PLLC 6419 Bristol Hwy Piney Flats, TN 37686 20-0577483	Medical Services	TN	N/A					No			No	
(3) Medical Specialists of J C LLC 2528 Wesley St Ste 2 Johnson City, TN 37601 27-2199037	Medical Services	TN	N/A					No			No	
(4) Quality Improvement Ptrs LLC 2528 Wesley Street Suite 2 Johnson City, TN 37601 86-1932106	Healthcare	TN	Ballad Health	Excluded	-22,743			No			No	50.000 %

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Ballad Health Development Corporation 400 N State of Franklin Rd Johnson City, TN 37604 88-3118592	Investments	TN	BRMMC	C	2,752	375,000	100.000 %		No
(2) Ballad Ventures LLC 400 N State of Franklin Rd Johnson City, TN 37604 84-4214681	Investments	TN	BRMMC	C	-100		100.000 %		No
(3) Blue Ridge Medical Management Corp 303 Med Tech Parkway Ste 220B Johnson City, TN 37604 62-1490616	Medical Services	TN	MSHA	C	130,822,830	22,258,705	100.000 %		No
(4) Community Home Care Inc 1490 Park Avenue NW Suite B Norton, VA 24273 54-1453810	Durable Medical Equipment	VA	WHS	C		45,516	100.000 %		No
(5) Mediserve Medical Equipment 303 Med Tech Parkway Ste 220B Johnson City, TN 37604 62-1212286	Durable Medical Equipment	TN	BRMMC	C	2,293,682	5,246,943	100.000 %		No
(6) Mountain States Physician Grp 303 Med Tech Parkway Ste 220B Johnson City, TN 37604 62-1700412	Medical Services	TN	BRMMC	C	13,098,551	125,501,757	100.000 %		No
(7) Mountain States Properties 303 Med Tech Parkway Ste 220B Johnson City, TN 37604 62-1845895	Property Management	TN	BRMMC	C	13,098,551	125,501,757	100.000 %		No
(8) Nolichucky Management Svcs Inc 1420 Tusculum Boulevard Greeneville, TN 37745 62-1776681	Medical Services	TN	TRH	C	-372,953	335,264	100.000 %		No
(9) Wellmont Health Services Inc 303 Med Tech Parkway Ste 220B Johnson City, TN 37604 62-1254373	Medical Services	TN	WHS	C	-157,187	9,479,760	100.000 %		No
(10) Wellmont Insurance Co SPC LTD P O Box 30600 Grand Caymon, KY1-1203 CJ 98-1195624	Insurance	CJ	WHS	C	943,025	30,987,242	100.000 %		No
(11) Wellmont Physician Services 303 Med Tech Parkway Ste 220B Johnson City, TN 37604 62-1567353	Medical Services	TN	WHS	C			100.000 %		No
(12) Wellmont Inc 303 Med Tech Parkway Ste 220B Johnson City, TN 37604 62-1320035	Medical Services	TN	WHS	C		-90,378,025	100.000 %		No
(13) Wilson Pharmacy Inc 303 Med Tech Parkway Ste 220B Johnson City, TN 37604 62-0329587	Pharmacy	TN	BRMMC	C	4,489,436	7,887,170	100.000 %		No
(14) WPS Providers Inc 303 Med Tech Parkway Ste 220B Johnson City, TN 37604	Medical Services	TN	WHS	C	-142,086	1,470,927	100.000 %		No

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Abingdon Physician Partners	Q	746,941	Cost
(2) Ballad Health Foundation	A	76,971	Cost
(3) Ballad Health Development	R	375,000	Cost
(4) Ballad Ventures LLC	R	2,500,000	Cost
(5) Blue Ridge Medical Management	A	58,569	Cost
(6) Blue Ridge Medical Management	S	1,329,390	Cost
(7) Blue Ridge Medical Management	O	9,746,635	Cost
(8) Blue Ridge Medical Management	Q	8,133,266	Cost
(9) Blue Ridge Medical Management	M	124,187	Cost
(10) Blue Ridge Medical Management	L	232,221	Cost
(11) Dickenson Community Hospital	O	754,396	Cost
(12) Dickenson Community Hospital	Q	1,651,529	Cost
(13) East TN Healthcare Holdings Inc	A	242,128	Cost
(14) East TN Healthcare Holdings Inc	Q	270,007	Cost
(15) Johnston Memorial Hospital	Q	20,252,962	Cost
(16) Johnston Memorial Hospital	O	8,768,960	Cost
(17) Johnston Memorial Hospital	L	448,182	Cost
(18) Laughlin Medical Group	Q	247,624	Cost
(19) Mediserve Medical Equipment	O	115,504	Cost
(20) Mediserve Medical Equipment	Q	424,019	Cost
(21) Mountain States Health Alliance	A	1,024,340	Cost
(22) Mountain States Health Alliance	O	56,918,430	Cost
(23) Mountain States Health Alliance	Q	124,102,803	Cost
(24) Mountain States Health Alliance	L	3,739,990	Cost
(25) Mountain States Health Alliance	M	640,692	Cost
(26) Mountain States Properties	K	762,255	Cost

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(27)Mountain States Properties	O	173,986	Cost
(28)Mountain States Properties	P	303,789	Cost
(29)Smyth County Community Hospital	O	2,583,246	Cost
(30)Smyth County Community Hospital	L	76,659	Cost
(31)Smyth County Community Hospital	Q	8,564,435	Cost
(32)Takoma Regional Hospital Inc DBA Greeneville Comm Hosp	O	5,467,953	Cost
(33)Takoma Regional Hospital Inc DBA Greeneville Comm Hosp	Q	19,469,187	Cost
(34)Takoma Regional Hospital Inc DBA Greeneville Comm Hosp	L	460,598	Cost
(35)Wellmont Cardiology Services	K	60,336	Cost
(36)Wellmont Cardiology Services	Q	3,657,279	Cost
(37)Wellmont Hawkins Co Memorial Hospital	O	970,701	Cost
(38)Wellmont Hawkins Co Memorial Hospital	A	346,530	Cost
(39)Wellmont Hawkins Co Memorial Hospital	Q	1,305,590	Cost
(40)Wellmont Health Services Inc	R	372,481	Cost
(41)Wellmont Health System	L	3,147,082	Cost
(42)Wellmont Health System	O	46,168,305	Cost
(43)Wellmont Health System	Q	99,995,851	Cost
(44)Wellmont Madison House	O	78,724	Cost
(45)Wellmont Madison House	Q	110,835	Cost
(46)Wellmont Medical Associates	J	984,385	Cost
(47)Wellmont Medical Associates	Q	7,445,559	Cost
(48)Wellmont Medical Associates	R	79,050	Cost
(49)Wellmont Wexford House	O	597,952	Cost
(50)Wellmont Wexford House	Q	2,252,024	Cost
(51)Wilson Pharmacy	Q	397,211	Cost
(52)Wilson Pharmacy	O	148,679	Cost
(53)WPS Providers	Q	831,840	Cost

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data

Return to Form

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