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Form 990

Department of the Treasury

#### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable Please Smyth County Community Hospital use IRS Address change 54-0794913 label or Doing Business As E Telephone number Name change print or type. See (276) 782-1234 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 48,685,449 Instruc-PO Box 880 Termination tions. City or town, state or country, and ZIP + 4 Marion, VA 24354 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for Linda P White affiliates? PO Box 880 Marion, VA 24354 H(b) Are all affiliates included? **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 (If "No." attach a list See instructions ) Group Exemption Number 🕨 Web site: ► www scchosp org L Year of Formation 1965 M State of legal domicile VA Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a)  $\cdot$   $\cdot$ 13 7 Number of independent voting members of the governing body (Part VI, line 1b)  $\,$  . 714 Total number of employees (Part V, line 2a) . 49 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 88,564 Net unrelated business taxable income from Form 990-T, line 34 . 29,645 b 8,052 8 Contributions and grants (Part VIII, line 1h) . . 199,120 9 Program service revenue (Part VIII, line 2g) . . 50,859,623 45,299,437 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 4,234,073 1,362,161 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 636,883 653,261 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 55,738,631 47,513,979 6,826 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,359 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 28,620,440 Expenses 31,979,324 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25  $\frac{40,523}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 23,266,000 22,013,365 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 51,907,799 53,999,515 18 Revenue less expenses Subtract line 18 from line 12 19 3,830,832 -6,485,536 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 103,680,670 94,152,978 21 Total liabilities (Part X, line 26) 7,638,446 10,189,961 22 Net assets or fund balances Subtract line 21 from line 20 96,042,224 83,963,017 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 **Please** 2010-05-13 Sign Signature of officer Here John Jeter CFO Type or print name and title Date Check if Preparer's PTIN (See Gen Inst ) Preparer's signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Pershing Yoakley & Associates P C if self-employed). **Use Only** 

One Cherokee Mills 2220 Sutherland

Knoxville, TN 379192363 May the IRS discuss this return with the preparer shown above? (See instructions) .

address, and ZIP + 4

Cat No 11282Y

Phone no (865) 673-0844

	Briefly describe the organization's mission Smyth County Community Hospital is committed to bring communities in our region and to assist them in attaining		tify and respond to the healthcare nee	ds of individuals and
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?			s 🔽 No
3	If "Yes," describe these new services on Sche Did the organization cease conducting or mak services?	e significant changes in how it conduction.	ts any program	s 🔽 No
4	If "Yes," describe these changes on Schedule  Describe the exempt purpose achievements f  Section 501(c)(3) and (4) organizations and 4  others, the total expenses, and revenue, if any	or each of the organization's three larg 4947(a)(1) trusts are required to repo		
4a	(Code ) (Expenses \$ Smyth County Community Hospital ("SCCH") has a 40 bed, acute care, community-based hospital Additional Maron Manor SCCH has a variety of outreach prograr healthcare in the community With a strong commitme and the adjoining counties Patient Care Services As a How will it improve patient care? Should we make an concerns direct our dollars in introducing new procedur DepartmentAudiology Bone Densitometry Cardiac Rehat Visitation) Intensive Care Unit (ICU) Intermediate Care Imaging (MRI) MammographyMedical and Surgical Ser RehabilitationRadiology ServicesRespiratory Therapysc UltrasoundUltrasonographyHomecare Services SCCH u continuing to receive expert care Under the physician health aides who follow the patient's individual plan of home- Continuity of family relationships- Individual pla treatment at home- Caring, personal service by exper Agency accepts assignment of benefits and assists in bysician under home health guidelines SCCH Homeca professionals. Trained home health nurses carefully do patient's condition Other home health benefits which sphysician, home health nurse and hospital discharge p treatment- Consistent, timely communication about the and respect for the patient/physician relationship- CleaservicesSCCH Homecare provides prompt access to calternatives for patients and their families or caregiver dependability Other benefits of home health care for the ordinator- Immediate, responsive assistance with the of the plan of care with the physician- Coordination of Coordination and evaluation of reimbursement with a registered and licensed nurses are highly trained and ehomebound patients and maintain continuous educatic SCCH nurses follow meet the standards required by fenursing services in order to improve nursing quality Outreatment- Routine patient evaluation and communica patient's family/Caregiver, co-workers and other discip patient trainingInfusion Therapy Our infusion therapy in procedures and quality assurance programs they foliou treatment- Routine patients and families/c	Illy, SCCH has a 109-bed nursing care facility the including Homecare As a not-for-profit hospent to quality patient care and a heritage of seint to quality patient care and a heritage of seint to quality patient care and a heritage of seint to quality patient care and a heritage of seint to quality patient care and a heritage of seint to quality facility, SCCH is directly responsible investment now, or wait for an imminent breates, more in-depth services and innovation. CubilitationComputerized TomographyHomecareF (Francis Marion Manor) Laboratory ServicesLife vicesOccupational TherapyPastoral CarePediatr and Day SurgerySkilled Nursing FacilitySleepZotaderstands the value of home healthcare and is supervision, patients continue to receive qualifier treatment. Homecare services allow patients and of treatment- Continuing relationship with framenced, qualified home health professionals we colling issuesFor eligible patients, charges are 10 face meets the physician's requirements that his occurrent patients' medical charts and provide the pupport the physician in quality patient care inclianner to evaluate the patient's needs before like patient's condition- Licensed nurses who mear communication with the patient and his or his for qualified patients. It assists hospital disclist, as well as their physician - an alternative the he-hospital professional staff include - Pre-distantion from hospital to home- An expanded response in the communication among patients and their faminists of payers, including Medicare, Medicaid and experienced in providing nursing services in the provide observation and feedback region in clinical and psychosocial skills development and inclinical and psychosocial skills development of the physician regarding patient's responses the profession to therapeutic services, personal care, and the provide observation and feedback regions to provide observation and feedback regions to provide observation and feedback regions to the patient of the patient of the patient of the patient of the pati	nat offers both skilled nursing care and obtal, all of SCCH's net income is investivices, SCCH continues to meet the he efor, and responsive to, our families, k-through? Where can we benefit the mently, SCCH services include 24-Hou amily Birthing Center (Prepared Childbelline Emergency Response SystemLithio incsPharmacyPhysical TherapyPre-Admir one Diagnostic CenterSpeech TherapyTthe relief patients feel to be back in fallity medical treatment from skilled nur the convenience of - Treatment in the amiliar physician- Freedom to participal orking toward the success of the patient of percent reimbursable by Medicare via or her plan of treatment is carried out the patient of the property of the patient of	nursing care, Francis ed in improving althcare needs of Smyth friends and communities most people? These r Emergency irth, Rooming In, Sibling tripsyMagnetic Resonance sision CenterPulmonary ransrectal miliar surroundings while ses, therapists and home comfort and security of ite in the plan of t's plan of treatment- when prescribed by the by qualified home health information about the nent between the of the physician's plan o mwork with the physician wered home care ers in delivering ence, and nning by our home care t- Continuous assessmen referral source- siniesSkilled Nursing SCCh special needs of assurance programs e satisfaction level of our of physician's plan of condition- Interaction with redication regiment and sign therapy The policies, actions Our infusion int and family education- roviders- Psychosocial time duties in caring for cervices essential to health aide services include, but lation and/or transfer, and assisting with eating some health agency use ents who require these overcome this downside therapy services include,s and activities- Gait bus devices, simulators and experienced in independence through
<b>4</b> b	(Code ) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
4c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	, ,	•	) (Revenue \$	)

Part IV Checklist of Required	S	Sc	che	du	les
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III $\Box$	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	109			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.	V	
-	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
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	714			
b	If at least one is reported in 2a, did the organization file all required federal employm  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?		ľ	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule i	$\circ$	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si		ľ	- 55	163	
<b>-</b> 14	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	- 1	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pr	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to	_		
	file Form 8282?	I <b>.</b> .		7с		No_
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi	ile a F	orm 1098-C as			
	required?			7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		l			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		ľ	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	ı	ı			
	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					
а	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	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management
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			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 13			
b	Enter the number of voting members that are independent 1b 7			
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?	2		Νο
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed VA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
  - ☐ own website ☐ another's website ☐ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

John Jeter 565 Radio Hill Road Marion, VA 24354

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Former Highest compensated employee Key employee Officer Institutional Trustee Individual Trustee				Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

#### Part VIII Continued

			() Ition that a			all			(E)	<b>(F)</b>
<b>(A)</b> Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee		Highest compensated employee Key employee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				$oxed{\Box}$						
						·				
1b Total							•	2,622,936	1,432,556	497,259
2 Total number of individuals (including	those in 1	a) who	recei	ved	mor	e thai	า <b>\$</b> 1	00.000 ın reportabl	e	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►29

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Smyth County Radiology Inc 1048 Terrace Drive Marion, VA 24354	Radiology Services	245,000
Middle Fork MSO 1048 Terrace Drive Marion, VA 24354	Billing & Collection Services	176,974
Smyth County Community Foundation 1 Healthway Marion, VA 24354	Rent	106,488
Wallace E Greear 351 Shelby Ave Church Hill, TN 37642	Floor covering & installation	104,314
2 Total number of independent contractors (including those in 1) who re from the organization	•	4

Statement of Revenue

				<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a		Revenue		312, 313, 01 314
数数	ь	Membership dues					
蓝黄			1b				
g,ĕ	С	Fundraising events	1c				
Program Service Revenue and other similar amounts	d	Related organizations	. 1d				
% <u>E</u>	e	Government grants (contributions)	<b>1e</b> 55,413				
등	f	All other contributions, gifts, grants, a					 
돌	<b>'</b>	similar amounts not included above					
<u>‡</u>	g	Noncash contributions include	1f				
ŞΞ	9	lines 1a-1f \$					
O 10	h	Total (Add lines 1a-1f)	<del>.</del> [	199,120			
			Business Code				
an	2a	Patient Services	621,990	45,218,356	45,218,356		
٧en	ь	P/S Inc Related to pro	561,000	81,081	81,771	-690	
<del>22</del>	c	-,	301,000	01,001	01,771	030	
- SE	d						
<u>.</u>							
Ξ	e						
<u></u>	f	All other program service reve	nue				
&	g	Total. Add lines 2a-2f					
	3	Investment income (including	dıvıdends, ınterest				
		other similar amounts)		2,533,308			2,533,308
	4	Income from investment of tax-exem	pt bond proceeds				
	l_		▶				
	5	Royalties	(II) Personal				
	6a	(1) Real Gross Rents 118,7					
	ь	Less rental					
		expenses Rental income 118,7	756				
	С	or (loss)					
	d	Net rental income or (loss) .		118,756			118,756
		(ı) Securities	(II) O ther				
	7a	Gross amount	323				
		from sales of assets other					
	ь	than inventory Less cost or 1,171,4	170				
		other basis and sales expenses					
	с	Gain or (loss) -1,171,4	170 323				
	d	Net gain or (loss)		-1,171,147			-1,171,147
	8a	Gross income from fundraising					
	Ou .	events (not including					
ά		\$					
Į.		of contributions reported on lin 1c) See Part IV, line 18	e				
•		Attach Schedule G if total exceed	s				
č		\$15,000	. а				
Other Revenue	ь	Less direct expenses					
₹	С	Net income or (loss) from fund	raising events	4,806	4,806		
	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
			a				
	b	Less direct expenses	.b				
	С	Net income or (loss) from gam	ng activities				
	10a	Gross sales of inventory, less returns and allowances					
			а				
	ь	Less cost of goods sold .					
	c	Net income or (loss) from sale:	1				
	4.4	Miscellaneous Revenue	Business Code 621,500	200 224	199,980	89,254	
	11a	OTHER REVENUE		289,234	199,980	89,254	
	ь	cafeteria sales	722,210	178,940			178,940
	С	gift shop sales	453,220	29,822			29,822
	d	All other revenue	_	31,703			31,703
	e	Total. Add lines 11a-11d					
	12	<b>Total Revenue.</b> Add lines 1h, 2	\$ 529,699	47,513,979	45,504,913	88,564	1,721,382
		8c,		,,	,	,-0.	_,,_32
		9c, 10c, and 11e	• •				

#### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re		plete columns	(B), (C), and (D)	
Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,826	6,826		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	,		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	556,850		556,850	
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	26,238,402	25,945,524		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	631,493	611,467	20,026	
9	Other employee benefits	2,888,022	2,810,555	72,458	5,009
10	Payroll taxes	1,664,557	1,606,998	57,559	
11	Fees for services (non-employees)				
а	Management	17,948		17,948	
b	Legal	117,543		117,543	
c	Accounting	55,070		55,070	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	131,394		131,394	
g	Other	5,091,063	4,351,167	721,246	18,650
12	Advertising and promotion	101,284	81,961	19,323	
13	Office expenses	1,238,800	1,148,006	75,616	15,178
14	Information technology	815,591	747,027	68,564	
15	Royalties				
16	Occupancy	1,293,994	1,180,187	113,807	
17	Travel	171,080	147,235	22,159	1,686
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	9,818	9,753	65	
20	Interest	33,753		33,753	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,654,634	2,722,087	932,547	
23	Insurance	254,804	82,436	172,368	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Drugs	5,850,163	5,914,100	-63,937	
ь	Other Expenses	1,573,901	1,525,862	48,039	
c	Repairs & Maintenance	1,032,909	1,018,332	14,577	
d	Bad Debt	478,551	478,551		
e	Retention & Recruitment	80,413	75,235	5,178	
f	All other expenses	10,652	74	10,578	
25	Total functional expenses. Add lines 1 through 24f	53,999,515	50,463,383	3,495,609	40,523
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·

Part X	Balance	Shoot

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,102,594		878,948
	2	Savings and temporary cash investments			1,411,805	2	11,075,080
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			10,510,276	4	8,363,942
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			91,503	5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of		6			
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			822,597	8	1,142,422
20	9	Prepaid expenses and deferred charges			227,252	9	213,302
Assets	10a	Land, buildings, and equipment cost basis	10a	60,195,20	0		
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	42,049,95		10c	18,145,246
	11	Investments—publicly traded securities			35,337,614	11	15,403,301
	12	Investments—other securities See Part IV, line 11 Complete Poschedule D	art VII	of		12	
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D .	Part VII	I		13	202,000
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	37,145,529	15	38,728,737		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			103,680,670	16	94,152,978
	17	Accounts payable and accrued expenses .			5,772,959	17	7,629,641
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>ě</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D	1,865,487	25	2,560,320		
	26	<b>Total liabilities.</b> Add lines 17 through 25			7,638,446	26	10,189,961
seo		Organizations that follow SFAS 117, check here ►  and comp through 29, and lines 33 and 34.	olet e li	nes 27			
Balance	27	Unrestricted net assets			96,040,258	27	83,935,903
8 8	28	Temporarily restricted net assets			1,966	28	27,114
됟	29	Permanently restricted net assets		29			
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ ar lines 30 through 34.	id com	plete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other fu		32			
Net	33	Total net assets or fund balances			96,042,224	33	83,963,017
_	34	Total liabilities and net assets/fund balances			103,680,670	34	94,152,978
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	If "Yes" to lines 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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493134003200

Employer identification number

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Smytr	Count	y Community F	105рітаі					54	-079491	3	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio				
				ation because it is (Please		-				,	
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)(	(A)(i).		
2	Γ	A school d	escribed in <b>Sec</b> l	tion 170(b)(1)(A)(ii). (Attac	h Schedu	ıle E )					
3	굣	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	t ion 170(l	o)(1)(A)(i	i <b>ii).</b> (A ttac	h Schedul	le H )
4	Γ	A medical	research organi	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	Γ	Anorganiza	ation operated 1	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın
		Section 17	0(b)(1)(A)(iv).	(Complete Part II )							
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt descr	rıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiz	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ıty trust descrıt	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	, and gross
		receipts fro	om activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10		_	=	and operated exclusively to	-		-				
11	Г	-	•	and operated exclusively fo		, ,			,	•	
				orted organizations describe type of supporting organiza						Section 5	<b>09(a)(3).</b> Check
		_	ype I <b>b</b>			•	nally Integ	-	'' d	Гтуре	III - Other
e	Γ	By checkin	g this box, I ce	rtify that the organization is			-		one or moi	re disquali	fied persons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (	described	ın sectior	n 509(a)(1) or
£		section 50		d a written determination fro	m tha IDS	S that it is	a Tuna I	Type II e	r Tuna III	cupportu	a organization
f		check this		d a written determination fro	ill the IRS	o tilat it is	a Type I,	Type II o	i iype iii	Supportin	ig organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>		,
		following pe									
			•	r indirectly controls, either a		-	th persons	describe	d in (ii)		Yes No
				ng body of the the supported	_	tion				11g	
				erson described in (i) above		h				11g(	
L				ty of a person described in ( mation about the organizatio						11g(	<u>''')                                   </u>
h		Provide tile	: lollowing illion	nation about the organizatio	iis the org	janization	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
		orted	(,	(described on lines 1-9		ation in		inization		ation in	support?
		nızatıon		above or IRC section		listed in	ın col <b>(i</b>	i) of your		rganızed	
				(See Instructions))		verning	supp	ort?	ın the	US?	
						ment?	Vaa	No.	Vaa	N-	-
					Yes	No	Yes	No	Yes	No	
						-		-		<del>                                     </del>	
						<del>                                     </del>				<del>                                     </del>	
						<del> </del>				<del> </del>	
						-	-	-		-	1

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

#### Software ID: Software Version:

**EIN:** 54-0794913

Name: Smyth County Community Hospital

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aa	<u>a</u>									
		Posit t	(C tion ( hat a	chec		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
AC Squires MD , Director	40 00	Х						143,984	0	10,261
Jim Patterson MD , Director	20 00	Х						100,327	0	0
Allen J Abel , Director	1 00	X						0	0	0
David F Jim Bear , Chairman	1 00	Х						0	0	0
Ruth Rhea Cox , Secretary	1 00	X						0	0	0
Marvın Eıchorn , Dırector	1 00	Х						0	534,495	213,602
Bob Feathers , Vice Chairman	1 00	X						0	0	0
Ann Fleming , Director	1 00	X						0	347,966	52,535
Joanne Groseclose , Director	1 00	X						0	0	0
Mark Groseclose , Director	1 00	X						0	0	0
Jim McDowell MD , Director	1 00	Х						0	0	0
Cındy Salyer , Dırector	1 00	Х						0	252,433	41,293
Bob Shults , Treasurer	1 00	Х						0	0	0
Linda P White , VP/CEO	55 00			Х				0	222,034	32,510
Timothy C Anderson Jr , Asst Admin/CNO	40 00			х				126,819	0	10,097
Mıchael H Widener , Asst Admin/CFO	20 00			Х				0	75,628	1,780
Bobby A Harris , Asst Admin/CFO	40 00			Х				80,810	0	3,622
Mark F Montgomery , Director/OPS	40 00			Х				97,235	0	10,329
Jean M Marine MD , Physician	40 00					Х		498,004	0	7,110
Robert B Evans MD , Physician	40 00					Х		429,609	0	8,985
Eric J Sacknoff MD , Physician/Med Director	40 00					Х		411,351	0	23,595
Ramzı K Humsı MD , Physician	40 00					Х		369,311	0	66,998
Ashley Baquero MD , Physician/Med Director	40 00					х		365,486	0	14,542

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Smyth County Community Hospital is a nonstock corporation that owns and operates an acute care facility, a home health agency, and Francis Marion Manor, a long term care facility. The facilities are located in Smyth County, Virginia. They provide inpatient, outpatient, emergency services, and long-term medical care to the general public. Services include, but are not limited to, radiology, electrocardiology, laboratory, physical therapy, speech pathology, home health, blood bank, long term care, and nursery.

#### OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

### **Political Campaign and Lobbying Activities**

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

IIIIGIIIG	al Nevellue Service				Inspection
		es," to Form 990, Part IV, Line 3, o		art VI, line 46 (Political Ca	
	, , , , <del>-</del>	omplete Parts I-A and B Do not comple		D	
	ection 501(c) (other than section a ection 527 organizations  completi	501(c)(3)) organizations complete Pa	rts I-A and C belov	w Do not complete Part I-B	
		e Part FA only es," to Form 990, Part IV, Line 4, o	r Form 990F7 P:	art VI line 47 (Lohhving A	ctivities)
	<del>-</del>	at have filed Form 5768 (election unde		,	•
		at have NOT filed Form 5768 (election			
		es," to Form 990, Part IV, Line 5 (P	roxy Tax)		
	ection 501(c)(4), (5), or (6) organ	ızatıons complete Part III			
	ame of the organization  nyth County Community Hospital			Employer iden	tification number
5111	ryan country community mospital			54-0794913	
Par		by all organizations exempt		n 501(c) and section	527
		ee the instructions for Schedule		Don't TV	
1 2	Provide a description of the of	rganization's direct and indirect polit	icai campaign act	ivities in Part IV	<b>d</b>
3	Volunteer hours				\$
•	v oluliteer nours				
Par	rt I-B To be completed I for Schedule C for d	by all organizations exempt letails.)	under section	<b>n 501(c)(3).</b> (See the	instructions
1		e tax incurred by the organization ur		;	\$
2	Enter the amount of any excis	e tax incurred by organization manag	gers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	4720 for this year	·?	Yes
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par		by all organizations exempt s for Schedule C for details.)	under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	ection 527 exem	ot function activities	\$
2		organızatıon's ınternal funds contrıbu	uted to other orga	nızatıons for section	
	527 exempt funtion activities				\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$
	,				
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
4 5	State the names, addresses a	nd Employer Identification Number (			ns to which payments
	State the names, addresses a were made Enterthe amount	nd Employer Identification Number ( paid and indicate if the amount was p	paid from the filing	g organization's own interna	ns to which payments I funds or were
	State the names, addresses a were made Enter the amount political contributions receive	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivere	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	ns to which payments I funds or were s a separate
	State the names, addresses a were made Enter the amount political contributions receive	nd Employer Identification Number ( paid and indicate if the amount was p	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	ns to which payments I funds or were s a separate rt IV
	State the names, addresses a were made Enter the amount political contributions receive	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivere	paid from the filing d to a separate po	g organization's own interna olitical organization, such a d, provide information in Pa (d) A mount paid from	ns to which payments I funds or were s a separate rt IV  (e) A mount of political
	State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po al space is needed	g organization's own interna olitical organization, such a d, provide information in Pa (d) A mount paid from filing organization's	ts to which payments I funds or were s a separate rt IV  (e) A mount of political contributions received
	State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po al space is needed	g organization's own interna olitical organization, such a d, provide information in Pa (d) A mount paid from	(e) A mount of political contributions received and promptly and directly delivered to a
	State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po al space is needed	g organization's own interna olitical organization, such a d, provide information in Pa (d) A mount paid from filing organization's internal funds If none,	(e) A mount of political contributions received and promptly and directly delivered to a separate political
	State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po al space is needed	g organization's own interna olitical organization, such a d, provide information in Pa (d) A mount paid from filing organization's internal funds If none,	(e) A mount of political contributions received and promptly and directly delivered to a
	State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po al space is needed	g organization's own interna olitical organization, such a d, provide information in Pa (d) A mount paid from filing organization's internal funds If none,	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po al space is needed	g organization's own interna olitical organization, such a d, provide information in Pa (d) A mount paid from filing organization's internal funds If none,	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po al space is needed	g organization's own interna olitical organization, such a d, provide information in Pa (d) A mount paid from filing organization's internal funds If none,	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization  Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter If there is an amount other than zero	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply  Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  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 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 \$225,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000 \$1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 form 1 in the file form 1 in the file form 1 in the file form 2 in the file form 3 in the file form 4 7 2 0 reported the file file file file file file file fil	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$1,000,000 but not over \$1,000,000  Ver \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c  If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

•		·	_
Part II-B	To be completed b	y organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election und	er section 501(h)). (See the instructions for Schedule C for details.)	

		(a)		(b)		
		Yes	No	,	A mour	nt
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					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	1		
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes				1,931
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νο			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes				1,112
i	Other activities If "Yes," describe in Part IV		Νο	T		
j	Total lines 1c through					3,043
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes" enter the amount of any tax incurred under section 4912			1		
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?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). (See the instructions for Schedule C for details.)	ction	501(	:)(5	), or	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), see section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details.)	' OR if				
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politica expenses for which the section 527(f) tax was paid).	<i>'</i>				
а	Current Year	L	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	L	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 politic expenditure next year?	al	4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	J	5 \$			

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

<b>Ident if ier</b>	Return Reference	Explanation

Part IV Supplemental Information		
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization Smyth County Community Hospital 54-0794913

Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.				
	organization answered les to roi	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	(4) 2 5.101 44.1004 14.140	(2) and and and accounts		
	Aggregate Contributions to (during year)				
	Aggregate Grants from (during year)				
	Aggregate value at end of year				
5		r advisors in writing that the assets held in don	or advised		
•	funds are the organization's property, subject t	o the organization's exclusive legal control?	Г Yes		
6	used only for charitable purposes and not for the impermissible private benefit?		☐ Yes ☐ No		
Par	t II Conservation Easements. Comp	plete if the organization answered "Yes" to	o Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by Preservation of land for public use (e g , re Protection of natural habitat Preservation of open space	creation or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure		
2	Complete lines 2a-2d if the organization held a on the last day of the tax year	a qualified conservation contribution in the form	of a conservation easement  Held at the End of the Year		
а	Total number of conservation easements		2a		
b			2b		
	Total acreage restricted by conservation ease				
с 	Number of conservation easements on a certi		2c		
d	Number of conservation easements included i		2d		
3	•	ransferred, released, extinguished, or terminate	d by the organization during		
	the taxable year ►				
4	Number of states where property subject to co	nservation easement is located ►			
5	Does the organization have a written policy reg enforcement of the conservation easements it	arding the periodic monitoring, inspection, viola holds?	ations, and Yes No		
6	Staff or volunteer hours devoted to monitoring,	inspecting and enforcing easements during the	year <b>►</b>		
7	A mount of expenses incurred in monitoring, ins	pecting, and enforcing easements during the ye	ear ► \$		
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the requirements of sec	tion Yes No		
9	· · · · · · · · · · · · · · · · · · ·	orts conservation easements in its revenue and xt of the footnote to the organization's financial easements	·		
Part	Complete if the organization answer	ections of Art, Historical Treasures, or ered "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.		
1a	art, historical treasures, or other similar assets	SFAS 116, not to report in its revenue stateme s held for public exhibition, education or researc its financial statements that describes these it	ch in furtherance of public service,		
b		SFAS 116, to report in its revenue statement a ld for public exhibition, education, or research in items			
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$		
2	If the organization received or held works of art following amounts required to be reported unde	t, historical treasures, or other similar assets fo r SFAS 116 relating to these items	or financial gain, provide the		
а	Revenues included in Form 990, Part VIII, line	1	<b>▶</b> \$		
b	ssets included in Form 990. Part X				

Cat No 52283D

Part	Organizations Maintaining Collection	ons of Art, His	tori	<u>cal Treasu</u>	res, or Othe	er Similar Ass	sets (c	ontinued)
3	Using the organization's accession and other record items (check all that apply)	s, check any of th	e fol	lowing that are	e a significant i	use of its collect	on	
а	Public exhibition	d	Γ	Loan or exch	nange programs	5		
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collection Part XIV	ns and explain how	v the	y further the o	rganization's e	xempt purpose ıı	า	
5	During the year, did the organization solicit or receivassets to be sold to raise funds rather than to be ma						_ Yes	∏ No
Par	Trust, Escrow and Custodial Arrang Part IV, line 9, or reported an amount of				nızatıon answ	vered "Yes" to	Form 9	990,
1a	Is the organization an agent, trustee, custodian or o included on Form 990, Part X?	ther intermediary	for c	ontributions o	r other assets		Yes	Г No
b	If "Yes," explain why in Part XIV and complete the $\ensuremath{\mathrm{f}}$	ollowing table						
						Am	ount	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	_		
2a	Did the organization include an amount on Form 990	), Part X, line 21?					Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pai	<b>t V Endowment Funds.</b> Complete if the o						(=\Faux)	/aara Daak
4_		ırrent Year <b>(b</b> )	Prior '	rear   (c) i w	Years Back (d)	Three Years Back	(e)rour	rears back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	and programs							
f	Administrative expenses							
g	End of year balance	-						
2	Provide the estimated percentage of the year end ba	lance held as						
а	Board designated or quasi-endowment							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession of	the organization	thata	are held and a	dmınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i	-	<del>                                     </del>
	(ii) related organizations					3a(i		<u> </u>
	If "Yes" to 3a(ii), are the related organizations listed	•				3b		
4 Dor	Describe in Part XIV the intended uses of the organ  t VI Investments—Land, Buildings, and				ert V. Juno 10			
PdI	t VI Investments—Land, Buildings, and	Equipment. 5		•	i -			
	Description of investment			) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d)</b> Bo	ook value
1a	and			3,071,191				3,071,191
b i	Buildings			14,633,425		9,128,429		5,504,996
	easehold improvements			207,409		87,089		120,320
d I	Equipment			41,664,731		32,834,436		8,830,295
<b>e</b> (	Other			618,444		•		618,444
Tota	. Add lines 1a-1e (Column (d) should equal Form 990,	Part X, column (B)	, line	10(c).)		▶		18,145,246
						Schedule D	(Form	990) 2008

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value		d of valuation ·year market value
Financial derivatives and other financial products			your market raide
Closely-held equity interests			
Other		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		d of valuation ·year market value
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, li	ll ne 15		
(a) Descri			(b) Book value
Due from SWCHS			10,349,951
Other Assets			445,067
Due from MSHA			27,933,719
But Holli Hollin			2. 13.301, 13
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)		38,728,737
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes			
Other long-term liabilities	553,994		
Long-term compensation payable	794,808		
IEASE PAYABLE	135,185		
Due to third-party	966,502		
Due to affiliates	109,831		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	2,560,320		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Pari	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	T T	leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
Ь	Prior year adjustments	-	
с	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	┨ ╻	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	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 XIV)	┨	
_ C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Com	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part VII, lines 3d and 4b, Part VIII, lines 3d and 4b, and Part VIII, lines 3d and 4b	art XIV,	lines 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
art X	Description of Uncertain Tax Positions Under FIN 48	The hospital adopted the provisions of financial accounting standards board (FASB) Interpretation No 48, Accounting for Uncertainty in Income taxes, (FIN 48) in 2009 FIN 48 provides guidance for how uncertain tax positions should be recognized, measured, presented and disclosed in the consolidated financial statements fin 48 requires the evaluation of tax positions taken or expected to be taken in the course of preparing tax returns to determine whether the tax positions are "more likely than not" of being sustained by the applicable tax authority, including resolution of any appeals or litigation, base on the technical merits of the position, including administrative practices and precedents. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon ultimate settlement which could result in the recording a tax liability that would reduce net assets. Tax positions not deemed to meet a "more likely than not" threshold would be recorded as tax expense in the current year. SCCH has not identified any significant uncertain tax positions at June 30, 2009.

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DLN: 93493134003200

OMB No 1545-0047

Open to Public **Inspection** 

#### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

**Hospitals** 

Name of the organization Smyth County Community Hospital

**Employer identification number** 54-0794913 Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . . 1a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 200% Other **b** Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . Зh 
 □ 250%
 □ 300%
 □ 350%
 □ 400%
 □ 0ther
 %
 c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a **b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . . . 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5c **6a** Does the organization prepare an annual community benefit report? . . . . . . . . . . . . . . . **6b** If "Yes," does the organization make it available to the public? . . . . . . . 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting (e) Net community benefit activities or (c) Total community (f) Percent of served benefit expense total expense **Means-Tested Programs** programs revenue expense (optional) (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) . . . . . d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services

(from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8) j Total Other Benefits . . . k Total (line 7d and 7j) . . .

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	<del>-</del>	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- <del>6</del>	Coalition building  Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		( ) p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(	<b>b)</b> Description activity of		profit <sup>c</sup>	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k
1											
2							$\top$				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							$\dashv$				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Smyth County Community Hospital 565 Radio Hill Road Marion, VA 24354	х	Х					х		
Francis Marion Manor 100 Francis Marion Lane Marion, VA 24354									Nursing Home

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		<b>lucation of Eligibility for Assistance.</b> Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493134003200

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

#### **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

Smyth County Community Hos	pıtal						
						54-0794913	
Part I General Infor	<u>mation on Grai</u>	nts and Assistance	9				
<ul><li>Does the organization mathematics the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	d to award the gran	nts or assistance?					√ Yes  □
Part IV and Sch	IV, line 21 for ar ledule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations		=					
3 Enter total number of oth							•
For Paperwork Reduction Act Not				Cat No 50055			hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

#### **Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEES ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL

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DLN: 93493134003200

OMB No 1545-0047

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization Smyth County Community Hospital

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

**Employer identification number** 

54-0794913

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		,			
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		, , ,	1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		·			
	Compensation committee	<u> </u>	1			1
	✓ Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		, , , , , , , , , , , , , , , , , , , ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No.

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
AC Squires MD	(ı) (ıı)	137,270		6,714		10,261	154,245	
Marvin Eichorn	(I) (II)	413,817	68,607	52,071	186,800	26,802	748,097	
Ann Fleming	(ı) (ıı)		45,375	20,918	34,513	18,022	400,501	. 10,726
Cındy Salyer	(ı) (ıı)	177,057	23,433	51,943	20,693	20,600	293,726	4,469
Linda P White	(ı) (ıı)		23,434	21,357	11,689	20,821	254,544	
Jean M Marine MD	(ı) (ıı)	362,458	120,594	14,952		7,110	505,114	
Robert B Evans MD	(I) (II)		10,840			8,985	438,594	
Eric J Sacknoff MD	(ı) (ıı)	358,014		53,337		23,595	434,946	
Ramzı K Humsı MD	(ı) (ıı)		45,807	22,174	50,000	16,998	436,309	
Ashley Baquero MD	(ı) (ıı)			40,510		14,542	380,028	
	(i)							
	(ii)					<u></u>		
	(i)		ļ	<u> </u>	<u> </u>	<b></b>		
	(ii)	<u> </u>	ļ	ļ!	<u> </u>	<del>                                     </del>		_
	(i)		ļ	ļ!	<del>                                     </del>	<del> </del>		_
<u> </u>	(ii)	<u>'</u>	ſ	ļ <u>'</u>	1	1	· [	

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanat ion
	Part I, Line 1a	Minimal amounts are remitted for rotary club dues, subject to "business use only" restrictions
	Part I, Line 1b	no written policy exists at this time, However, all Expenses must be approved on an individual basis by administration, with sufficient substantiation to be provided as documentation
	Part I, Line 4a	Linda P White, CEO of SCCH, received a distribution of \$9,067 76 as a participant in a 457(f) retirement plan provided by Mountain States Health Alliance

Software ID: Software Version:

**EIN:** 54-0794913

Name: Smyth County Community Hospital

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

form 350, Schedule 3, Part II - Officers, Directors, Trustees, key Employees, and Inglest compensated Employees							
(A) Name	(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D</b> ) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
	(ı) 137,27 ( iı)		6,714		10,261	. 154,245	
	(I) (II) 413,817	7 68,607	52,071	186,800	26,802	748,097	
	(ı) (ı) 281,673	3 45,375	5 20,918	34,513	18,022	400,501	10,726
l .	(ı) (ıı) 177,057	7 23,433	51,943	20,693	20,600	293,726	4,469
	(ı) (ı) 177,243	3 23,434	21,357	11,689	20,821	. 254,544	
I .	(ı) 362,458 (ıı)	8 120,594	14,952		7,110	505,114	
I -	(I) 418,769 (II)	9 10,840	,		8,985	438,594	
	(ı) 358,014 (ıı)	4	53,337		23,595	434,946	
	(ı) 301,330 (ıı)	0 45,807	22,174	50,000	16,998	436,309	
Ashley Baquero MD	(I) 324,976 (II)	5	40,510		14,542	380,028	
1							

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#### DLN: 93493134003200

#### **SCHEDULE 0** (Form 990)

Name of the organization

Smyth County Community Hospital

Department of the Treasury Internal Revenue Service

line 12c

### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Inspection

**Employer identification number** 

54-0794913

Return Identifier **Explanation** Reference THE FORM 990, WHICH WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, WAS REVIEWED Form 990, Part VI, BY FINANCIAL MANAGEMENT PRIOR TO FILING COPIES OF THE RETURN WERE MADE AVAILABLE TO Section A, line 10 THE BOARD MEMBERS

<u> </u>		THE BOARD IVIEIVIBERS
ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B,		ANNUALLY, THE AUDIT AND COMPLIANCE DEPARTMENT PROVIDES THE POLICY AND THE CONFLICT OF INTEREST DISCLOSURE FORMS TO ALL COVERED PERSONS EACH PERSON IS REQUIRED TO PROVIDE A COMPLETED DISCLOSURE FORM, NOTING ANY CONFLICTS OR ATTESTING THEY HAVE "NONE", AND RETURN THOSE BACK TO THE AUDIT AND COMPLIANCE DEPARTMENT ANY DISCLOSURES ARE FORWARDED TO THE APPROPRIATE MANAGEMENT OR BOARD PERSONNEL TO EVALUATE AND UTILIZE WHEN A TRANSACTION INVOLVING A CONFLICTED PERSON ARISES ADDITIONALLY, PERSONNEL WHO HAVE A CONFLICT ARISE

BETWEEN THE ANNUAL DISTRIBUTION OF THE POLICY AND FORMS ARE REQUIRED TO DISCLOSE THE CONFLICT, AND WOULD BE DISCIPLINED IN ANY INSTANCE WHERE THEY HAVE NOT DISCLOSED AND

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The CEO and CFO are employed and compensated by Mountain States Health Alliance ("MSHA") MSHA'S COMPENSATION COMMITTEE, WHICH IS THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, OBTAINS THE SERVICES OF AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE THE COMMITTEE WITH RELEVANT MARKET DATA FROM COMPENSATION SURVEYS AND WITH ADVICE WHEN THE COMMITTEE MAKES RECOMMENDATIONS ON PAY AND BENEFITS FOR THE CEO MSHA'S BOARD ALSO APPROVES PAY AND BENEFITS FOR THE CFO THE COMPENSATION COMMITTEE REVIEWS AND HAS FINAL APPROVAL OF CEO RECOMMENDATIONS FOR PAY AND BENEFITS FOR ALL OTHER EXECUTIVES

ENGAGED IN A CONFLICTED TRANSACTION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST TO 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 AND ANNUAL BASIS

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		SCCH has a committee that assumes responsibility for oversight of the audit. The oversight process is unchanged from the prior year

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4A	Program Service Accomplishments (Continued)	Occupational Therapy Continued - Helping the patient adapt to age-related changes such as decreased energy and vision - Assisting the patient to increase physical strength and endurance to maintain self-sufficiency - Identifying and reinforcing the older adult's abilities for independent living Speech Therapy Our speech pathologists have received the Certificate of Clinical Competency and are qualified to work with problems associated with speech, audiology, memory, and swallowing disorders. Patients who require these services often become frustrated in their attempts to recover skills that were once easy for them. Our professional assistance can help overcome this down side of rehabilitative therapy by providing expert aid with an encouraging attitude that helps the patient achieve more in less time. Our speech therapy services include, but are not limited to - Coordination of the plan of treatment with the patient's physician - Patient evaluations and communication with physician and our nursing staff - Instruction to patient and caregiver in therapeutic exercise procedures - Psychosocial support for patient and family Medical Social Worker. Our medical social workers help patients and their families/caregivers with the adjustment that often follows the impact of illness. These services are performed in the patient's home under physician's orders. Our medical social worker services include, but are not limited to - Communicating with home health professional staff regarding patient's psychosocial assessment and collaborating with necessary sources to meet the patient's needs - Helping the patient achieve independence - Diagnosing the severity of a patient's social problems and communication with physicians - Assisting patients and their families/caregivers to manage personal and environmental challenges, which prevent the patient from fully benefiting from home care. The HOPE Program HOPE, Homecare Options for Palliative Enhancement, is our palliative specialty program that is designed to serve patients needi

ldentifier	Return Reference	Explanation
Form 990, Part VII, Section A	ORGANIZATIONS	Certain executives of the organization provide services to some or all of the organizations related to smyth county community hospital. The executives do not allocate their hours between the various organizations.

ldentifier	Return Reference	Explanation
Form 990, Part VII, Section A	Director Compensation	Smyth County Community Hospital board of directors members, A C Squires, M D and Jim Patterson, M D, have Form 990 reportable compensation derived from medical services they provided to SCCH. They do not receive compensation for services as SCCH board members. Smyth County Community Hospital board of directors member, Marvin Eichorn is the CFO for the Mountain States. Health Alliance system as a whole and receives. Form 990 reportable compensation derived from his services as the CFO. He does not receive compensation for services as a SCCH board member. Smyth County Community Hospital board of directors members, Ann Fleming and Cindy Salyer, are officers of Mountain States. Health Alliance and have Form 990 reportable compensation derived from services provided as MSHA officers. They do not receive compensation for services as SCCH board members.

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2b		Although the organization does not receive stand alone gaap financial statements, it does receive, on an annual basis from independent auditors, consolidated entity gaap financial statements for it and its subsidiaries

DLN: 93493134003200

OMB No 1545-0047

Open to Public Inspection

# SCHEDULE R (Form 990)

Smyth County Community Hospital

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury
Internal Revenue Service

Name of the organization

See separate instructions.

Employer identification number

54-0794913

				34-0/94913	
Part I Identification of Disregarded Entities					
( <b>A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	tions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code secti	(E) Public chanty sta (if section 501(c)	atus (F) Direct controlling (3)) entity
Mountain States Health Alliance  400 N State of Franklin Road Johnson City, TN37604 62-0476282	Hospital	TN	501(C)(3)	Line 3	N/A
Smyth County Comm Foundation  1 Health Way Marion, VA24354 31-1650055	Supporting Organization to scch	VA	501(C)(3)	Line 11A	N/A
Norton Community Hospital  100 15th street northwest Norton, VA24273 54-0566029	hospital	VA	501(C)(3)	Line 3	N/A
Dickenson Community Hospital  PO Box 1440 Clintwood, VA24228 77-0599553	Hospital	VA	501(C)(3)	Line 3	N/A
Johnston Memorial Hospital 351 Court Street NE Abingdon, VA24210 54-0544705	Hospital	VA	501(C)(3)	Line 3	N/A
Abingdon Physician Partners  351 Court Street NE Abingdon, VA24210 20-5485346	Medical Services	VA	501(C)(3)	Line 11A	N/A
		0			

per											e <b>2</b>
Part III Identification of Rel	ated Organizat	ions Taxa	ble as a Partn	ership							
<b>(A)</b> Name, address, and EIN of related organization	(B) Primary activity	(B) Legal (D) (E) (F) Shar		<b>(G)</b> Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General o managing partner?			
							Yes	No		Yes	No
Integrated Solutions Health Network LLC  400 N State of Franklin Road Johnson City, TN37604 62-1711997	Investment Company	TN	N/A	(D)		14,605		No			No
EMMAUS Community Healthcare PLLC 6070 HWY 11E Piney Flats, TN37686 20-0577483	Medical Services	TN	N/A	N/A				No			No

Part IV Identification of Relate	d Organizati	ons Taxal	ble as a (	Corporation or T	rust					
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<i>,</i>		<b>(C)</b> Legal domicile (state or foreign country)	( <b>D</b> ) 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	
See Additional Data Table										
	1		<u> </u>				ı	s	chedule R (Form '	990) 2008

n Sharing of paid employees

No

No

No No No

No No

No

No No No No

No

No

No No

1n Yes

1p

Yes

Yes

Part V	Transactions with Related Organizations
Nata	Commission 1 of any antity on lested in David II. III an IV

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	
1 During the tax year, did the orgranization 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 (iv) rent from a controlled entity	<b>1a</b>
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b
c Gift, grant, or capital contribution from other organization(s)	1c
d Loans or loan guarantees to or for other organization(s)	1d
e Loans or loan guarantees by other organization(s)	1e
f Sale of assets to other organization(s)	1f
g Purchase of assets from other organization(s)	<b>1</b> g
h Exchange of assets	1h
i Lease of facilities, equipment, or other assets to other organization(s)	11
j Lease of facilities, equipment, or other assets from other organization(s)	1j
k Performance of services or membership or fundraising solicitations for other organization(s)	1k
I Performance of services or membership or fundraising solicitations by other organization(s)	11
m Sharing of facilities, equipment, mailing lists, or other assets	1m

0	Reimbursement	paid to	other	organization	for	expenses
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- **p** Reimbursement paid by other organization for expenses
- **q** O ther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	Southwest Community Health Services	В	885,677
(2)			
(3)			
(4)			
(5)			
(6)			

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

#### Part VI Unrelated Organizations Taxable as a Partnership

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

<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?									
			Yes	No		Yes	No		Yes	No								
			•	•		•		Cabadul	. D / Farms	9907 2008								

Software ID:

Software Version:

**EIN:** 54-0794913

Name: Smyth County Community Hospital

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

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	<b>(D)</b> Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
Mountain States Health Alliance					
400 N State of Franklin Road Johnson City, TN 37604 62-0476282	Hospital	TN	501(C)(3)	Line 3	N/A
Smyth County Comm Foundation					
1 Health Way Marion, VA24354 31-1650055	Supporting Organization to sech	VA	501(C)(3)	Line 11A	N/A
Norton Community Hospital					
100 15th street northwest Norton, VA24273 54-0566029	hospital	V A	501(C)(3)	Line 3	N/A
Dickenson Community Hospital					
PO Box 1440 Clintwood, VA24228 _77-0599553	Hospital	V A	501(C)(3)	Line 3	N/A
Johnston Memorial Hospital					
351 Court Street NE Abingdon, VA24210 54-0544705	Hospital	V A	501(C)(3)	Line 3	N/A
A bingdon Physician Partners					
351 Court Street NE Abingdon, VA24210 20-5485346	Medical Services	V A	501(C)(3)	Line 11A	N/A

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Torin 550, Schedule R, Part IV Idei	Terrication or ,	Kelatea Organiz	id tions ruxubic t	15 a corporation	i oi ii ast		1
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	<b>(D)</b> Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	( <b>G)</b> Share of end-of-year assets (\$)	<b>(H)</b> Percentage ownership
Southwest Community Health Services PO BOX 880 Marion, VA24354 54-1460695	Health Services	VA	N/A	С	580,433	1,179,888	100 000 %
Blue Ridge Medical Management Corporation 1019 W Oakland Avenue Ste 5 Johnson City, TN 37604 62-1490616	Physician Offices	TN	N/A	С			
Mediserve Medical Equip of Kingsport 1021 W Oakland Avenue STE 103 Johnson City, TN37604 62-1212286	Durable Medical Equipment	TN	N/A	С			
Health Alliance Physician Hospital Organization 400 N State of Franklin Road Johnson City, TN 37604 62-1544522	Management	TN	N/A	С			
Mountain States Properties 1021 W Oakland Avenue STE 207 Johnson City, TN 37604 62-1845895	Property Management	TN	N/A	С			
blue ridge physician group 1019 W Oakland Avenue Ste 5 Johnson City, TN 37604 62-1700412	Healthcare services	TN	N/A	С			
Community Home Care Inc 1460 Park Avenue Norton, VA24273 54-1453810	Medical Equip Sales & Rental	VA	N/A	С			
Community Physicians Serv Corp 100 15th Street NW Norton, VA24273 54-1641446	Medical Services	VA	N/A	С			