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<b>Form 990</b>  Department of the Treasury Internal Revenue Service		<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>		OMB No 1545-0047 <b>2010</b> <b>Open to Public Inspection</b>	
The organization may have to use a copy of this return to satisfy state reporting requirements					
<b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>					
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization SMYTH COUNTY COMMUNITY HOSPITAL		<b>D</b> Employer identification number 54-0794913	
		Doing Business As		<b>E</b> Telephone number (276) 782-1234	
		Number and street (or P O box if mail is not delivered to street address) PO BOX 880		Room/suite Gross receipts \$ 48,276,315	
		City or town, state or country, and ZIP + 4 MARION, VA 24354			
		<b>F</b> Name and address of principal officer LINDA P WHITE PO BOX 880 MARION, VA 24354		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> WWW.SCCHOSP.ORG			

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	7
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . .	5	0
	6 Total number of volunteers (estimate if necessary) . . . . .	6	71
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . .	7a	64,928
b Net unrelated business taxable income from Form 990-T, line 34 . . . .	7b	23,487	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 221,609	Current Year 79,030
	9 Program service revenue (Part VIII, line 2g) . . . . .	47,128,516	44,879,709
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	3,182,738	2,500,195
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	625,738	817,381
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	51,158,601	48,276,315
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	7,973
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		31,314,322	28,759,854
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <u>63,766</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		22,977,592	22,117,439
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		54,299,887	50,884,714
19 Revenue less expenses Subtract line 18 from line 12 . . . . .		-3,141,286	-2,608,399
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	89,714,998	98,026,282
	21 Total liabilities (Part X, line 26) . . . . .	8,110,078	16,754,974
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	81,604,920	81,271,308

<b>Part II</b>	<b>Signature Block</b>
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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.

<b>Sign Here</b>	***** Signature of officer			2012-05-16 Date	
	JEFFREY HUNDMAN CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DEBORAH O ERNSBERGER		Preparer's signature DEBORAH O ERNSBERGER		Date
	Check if self-employed <input checked="" type="checkbox"/>				PTIN
	Firm's name ▶ PERSHING YOAKLEY & ASSOCIATES PC				Firm's EIN ▶
	Firm's address ▶ ONE CHEROKEE MILLS 2220 SUTHERLAND KNOXVILLE, TN 379192363				Phone no ▶ (865) 673-0844

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No



Part IV Checklist of Required Schedules

	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 (see instruction)? 	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school 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 United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	101
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 to vendors and reportable gaming (gambling) winnings to prize winners?	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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
8			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	No

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	
b	Enter the number of voting members included in line 1a, above, who 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		No
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
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
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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
18	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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.	JEFFREY HUNDMAN 245 MEDICAL PARK DRIVE MARION, VA 24354 (276) 378-1207

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AC SQUIRES MD DIRECTOR	3.00	X						0	159,687	29,441
(2) JIM PATTERSON MD DIRECTOR	3.00	X						0	76,279	0
(3) ALLEN J ABEL DIRECTOR	3.00	X						0	0	0
(4) DAVID F JIM BEAR CHAIRMAN	3.00	X						0	0	0
(5) RUTH RHEA COX SECRETARY	3.00	X						0	0	0
(6) BOB FEATHERS VICE CHAIRMAN	3.00	X						0	0	0
(7) ANN FLEMING DIRECTOR	3.00	X						0	442,795	65,588
(8) JOANNE GROSECLOSE DIRECTOR	3.00	X						0	0	0
(9) MARK GROSECLOSE DIRECTOR	3.00	X						0	0	0
(10) JIM MCDOWELL MD DIRECTOR	3.00	X						8,486	0	0
(11) CINDY SALYER DIRECTOR	3.00	X						0	232,182	41,593
(12) BOB SHULTS TREASURER	3.00	X						0	0	0
(13) CHELSEA HAMMAN MD TRUSTEE	3.00	X						30,986	0	0
(14) WESLEY ASBURY MD DIRECTOR	3.00	X						0	0	0
(15) MAUREEN MACIVER DIRECTOR	3.00	X						0	0	0
(16) LINDA P WHITE VP/CEO	55.00			X				0	233,979	40,783



Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JOHN L JETER ASST ADMIN/CFO	50 00			X				0	113,409	14,196
(18) JEAN M MARINE MD ORTHOPEDIST	40 00					X		0	466,320	23,344
(19) ROBERT B EVANS MD EMERGENCY PHYSICIAN	40 00					X		0	417,107	25,338
(20) ERIC J SACKNOFF MD UROLOGIST	40 00					X		0	447,496	36,158
(21) RAMZI K HUMSI MD OB/GYN	40 00					X		0	351,171	34,955
(22) RALPH PARKS MD ORTHOPEDIST	40 00					X		0	388,234	12,229
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								39,472	3,328,659	323,625

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶0

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

Section B. Independent Contractors

<b>1</b>	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
HANCOCK DANIEL JOHNSON & NAGLE PC PO BOX 72050 RICHMOND, VA 23255	LEGAL SERVICES	238,123
RYERSON MANAGEMENT ASSOCIATES 175 MONTROSE WEST AVE STE 110 AKRON, OH 44321	CONSULTING SERVICES	106,250
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶2	

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	72,955			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,075			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		79,030			
	Program Service Revenue	2a		Business Code			
		PATIENT SERVICES	621990	44,802,725	44,802,725		
b		P/S INC RELATED TO PRO	561000	76,984	76,786	198	
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a–2f . . . . .		44,879,709			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .		2,302,774		
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .					
	6a	Gross Rents	(i) Real 409,602	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)	409,602				
	d	Net rental income or (loss) . . . . .		409,602			409,602
	7a	Gross amount from sales of assets other than inventory	(i) Securities 155,313	(ii) Other 42,108			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	155,313	42,108			
	d	Net gain or (loss) . . . . .		197,421	197,421		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . . . . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . . . .					
	10a	Gross sales of inventory, less returns and allowances . . . . .	a				
	b	Less cost of goods sold . . . . .	b				
	c	Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code					
11a	CAFETERIA SALES	722210	199,931			199,931	
b	OTHER REVENUE	621500	90,627	25,897	64,730		
c	MANAGEMENT FEE REVENUE	900099	61,201			61,201	
d	All other revenue . . . . .		56,020			56,020	
e	Total. Add lines 11a–11d . . . . .		407,779				
12	Total revenue. See Instructions . . . . .		48,276,315	45,102,829	64,928	3,029,528	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,421	7,421		
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 . . . . .	621,940	215,256	406,684	
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	23,941,502	21,098,713	2,811,602	31,187
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	659,932	592,122	66,933	877
9	Other employee benefits . . . . .	2,057,549	2,035,996	13,321	8,232
10	Payroll taxes . . . . .	1,478,931	1,433,320	45,611	
a	Fees for services (non-employees)				
	Management . . . . .	23,551		23,551	
b	Legal . . . . .	33,276	1,000	32,276	
c	Accounting . . . . .	62,232		62,232	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	93,559		93,559	
g	Other . . . . .	3,897,034	3,891,864	5,170	
12	Advertising and promotion . . . . .	169,551	134,828	34,723	
13	Office expenses . . . . .	565,636	507,729	41,668	16,239
14	Information technology . . . . .	514,693	506,803	7,890	
15	Royalties . . . . .				
16	Occupancy . . . . .	1,277,623	1,188,448	89,175	
17	Travel . . . . .	171,837	134,138	30,468	7,231
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	14,300	13,406	894	
20	Interest . . . . .	85,100		85,100	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	5,567,613	2,073,657	3,493,956	
23	Insurance . . . . .	596,942	43,627	553,315	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	UBI TAX	3,750		3,750	
b	MEDICAL SUPPLIES & DRUG	5,327,425	5,310,857	16,568	
c	MANAGEMENT FEES	1,413,008		1,413,008	
d	OTHER EXPENSES	1,018,883	961,302	57,581	
e	REPAIRS & MAINTENANCE	875,901	865,479	10,422	
f	All other expenses	405,525	403,424	2,101	
25	Total functional expenses. Add lines 1 through 24f	50,884,714	41,419,390	9,401,558	63,766
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	4,743,424
	2	Savings and temporary cash investments . . . . .			551,393	2	588,514
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			6,932,193	4	6,417,679
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			1,036,234	8	975,086
	9	Prepaid expenses and deferred charges . . . . .			415,438	9	332,142
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	84,678,061			
	b	Less: accumulated depreciation . . . . .	10b	47,464,568	18,979,209	10c	37,213,493
	11	Investments—publicly traded securities . . . . .			23,591,544	11	26,310,961
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .			202,000	13	202,000
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			38,006,987	15	21,242,983
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			89,714,998	16	98,026,282	
Liabilities	17	Accounts payable and accrued expenses . . . . .			6,413,210	17	12,123,566
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			1,696,868	25	4,631,408
	26	Total liabilities. Add lines 17 through 25 . . . . .			8,110,078	26	16,754,974
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			81,561,102	27	81,245,506
	28	Temporarily restricted net assets . . . . .			43,818	28	25,802
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			81,604,920	33	81,271,308
34	Total liabilities and net assets/fund balances . . . . .			89,714,998	34	98,026,282	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,276,315
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,884,714
3	Revenue less expenses Subtract line 2 from line 1	3	-2,608,399
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,604,920
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,274,787
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	81,271,308

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization SMYTH COUNTY COMMUNITY HOSPITAL	Employer identification number 54-0794913
---	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11 and 12 )						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SMYTH COUNTY COMMUNITY HOSPITAL	Employer identification number 54-0794913
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
<b>1</b> 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	<b>a</b> Volunteers?		No	
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1 c through 1 i)?		No	
	<b>c</b> Media advertisements?		No	
	<b>d</b> Mailings to members, legislators, or the public?		No	
	<b>e</b> Publications, or published or broadcast statements?		No	
	<b>f</b> Grants to other organizations for lobbying purposes?	Yes		2,544
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,174
	<b>i</b> Other activities? If "Yes," describe in Part IV		No	
	<b>j</b> Total lines 1 c through 1 i			3,718
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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.

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**Name of the organization**  
SMYTH COUNTY COMMUNITY HOSPITAL

**Employer identification number**  
54-0794913

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

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

2

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

a

Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X▶ \$ \_\_\_\_\_

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

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

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	3,250,416			3,250,416
b Buildings . . . . .	16,228,152		12,326,805	3,901,347
c Leasehold improvements . . . . .	130,505		99,580	30,925
d Equipment . . . . .	41,226,023		35,038,183	6,187,840
e Other . . . . .	23,842,965			23,842,965
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				37,213,493



Part XI

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

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	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
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	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITAL IS CLASSIFIED AS AN ORGANIZATION EXEMPT FOR INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR THE HOSPITAL. SWCH IS A TAXABLE ENTITY AND ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES. AT JUNE 30, 2011, TAX RETURNS FOR FISCAL YEARS 2008 THROUGH 2010 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE HOSPITAL HAD NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2011 AND 2010.



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**Name of the organization**  
SMYTH COUNTY COMMUNITY HOSPITAL

**Employer identification number**  
54-0794913

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <b>380.000000000000</b> %	3a	Yes	
		3b	Yes	
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		No
6a	Does the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
6b	If "Yes," did the organization make it available to the public? . . . . .	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			1,190,951		1,190,951	2 350 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .			7,457,832	6,833,210	624,622	1 230 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			8,648,783	6,833,210	1,815,573	3 580 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			109,661		109,661	0 220 %
f Health professions education (from Worksheet 5) . . . . .			335,949		335,949	0 660 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .			6,610		6,610	0 010 %
j <b>Total</b> Other Benefits . . . . .			452,220		452,220	0 890 %
k <b>Total.</b> Add lines 7d and 7j) . . . . .			9,101,003	6,833,210	2,267,793	4 470 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost) . . . . .	2	1,755,059
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy . . . . .	3	1,053,035
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	12,784,930
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	15,474,468
7	Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .	7	-2,689,538
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy? . . . . .	9a	Yes
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	9b	Yes

Part IV

Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
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## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 2

**Schedule H (Form 990) 2010**

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: SMYTH COUNTY COMMUNITY HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) <b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input type="checkbox"/> Demographics of the community <b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community <b>d</b> <input type="checkbox"/> How data was obtained <b>e</b> <input type="checkbox"/> The health needs of the community <b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs <b>j</b> <input type="checkbox"/> Other (describe in Part VI)	<b>1</b>	
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b>	
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) <b>a</b> <input type="checkbox"/> Hospital facility's website <b>b</b> <input type="checkbox"/> Available upon request from the hospital facility <b>c</b> <input type="checkbox"/> Other (describe in Part VI)	<b>5</b>	
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) <b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community <b>b</b> <input type="checkbox"/> Execution of the implementation strategy <b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan <b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan <b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans <b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment <b>g</b> <input type="checkbox"/> Prioritization of health needs in the community <b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community <b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	<b>7</b>	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>8</b>	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	<b>9</b>	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance? . . . . .	12	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:

FRANCIS MARION MANOR

Line Number of Hospital Facility (from Schedule H, Part V, Section A):

2

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply)	<b>1</b>	
<b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input type="checkbox"/> How data was obtained		
<b>e</b> <input type="checkbox"/> The health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b>	
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	<b>5</b>	
<b>a</b> <input type="checkbox"/> Hospital facility's website		
<b>b</b> <input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
<b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b> <input type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b> <input type="checkbox"/> Prioritization of health needs in the community		
<b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	<b>7</b>	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>8</b>	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	<b>9</b>	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	11	
	a <input type="checkbox"/> Income level		
	b <input type="checkbox"/> Asset level		
	c <input type="checkbox"/> Medical indigency		
	d <input type="checkbox"/> Insurance status		
	e <input type="checkbox"/> Uninsured discount		
	f <input type="checkbox"/> Medicaid/Medicare		
	g <input type="checkbox"/> State regulation		
	h <input type="checkbox"/> Other (describe in Part VI)		
12	Explained the method for applying for financial assistance? . . . . .	12	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	
	a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site		
	b <input type="checkbox"/> The policy was attached to all billing invoices		
	c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
	d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
	e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility		
	f <input type="checkbox"/> The policy was available upon request		
	g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year		
	a <input type="checkbox"/> Reporting to credit agency		
	b <input type="checkbox"/> Lawsuits		
	c <input type="checkbox"/> Liens on residences		
	d <input type="checkbox"/> Body attachments		
	e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)	16	
	a <input type="checkbox"/> Reporting to credit agency		
	b <input type="checkbox"/> Lawsuits		
	c <input type="checkbox"/> Liens on residences		
	d <input type="checkbox"/> Body attachments		
	e <input type="checkbox"/> Other (describe in Part VI)		
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)		
	a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission		
	b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
	c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
	d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
	e <input type="checkbox"/> Other (describe in Part VI)		



Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services			
d	<input type="checkbox"/> Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI	20		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI	21		

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address		Type of Facility (Describe)
1		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 6A MOUNTAIN STATES HEALTH ALLIANCE (MSHA ) PREPARED AN ANNUAL WRITTEN REPORT THAT DESCRIBES THE ORGANIZATION'S PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES SCCH, AS A MEMBER OF MSHA, IS INCLUDED IN MSHA'S REPORT

Identifier	ReturnReference	Explanation
		PART I, LINE 7 A COST TO CHARGE RATIO WAS DERIVED FROM THE SCHEDULE H APPLICABLE WORKSHEETS, INCLUDING WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT EXPENSE OF \$285,421 IS INCLUDED IN STATEMENT OF FUNCTIONAL EXPENSES ON FORM 990, PART IX, LINE 25, BUT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING PERCENTAGES ON PART 1, LINE 7, COLUMN F

Identifier	ReturnReference	Explanation
		PART III, LINE 4 WORKSHEET A WAS USED FOR PART III, LINES 2 AND 3 IN DETERMINING BAD DEBT AT COST SCCH FOLLOWS THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION'S PRINCIPLES AND PRACTICES BOARD ISSUED STATEMENT 15 VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL HEALTHCARE PROVIDERS (THE "STATEMENT") THE STATEMENT PROVIDES GUIDANCE ON COLLECTABILITY CRITERIA AND EMPHASIZES REVENUE RECOGNITION ONLY WHEN COLLECTIONS ARE REASONABLY ASSURED

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 8 MEDICARE ALLOWABLE COSTS WERE REPORTED USING SCCH'S FILED MEDICARE COST REPORT (C/R) THE C/R USES A COST TO CHARGE RATIO BASED ON A STEP DOWN METHOD IN CARING FOR THE PATIENT, THERE ARE SEVERAL SERVICES THAT ARE CONSIDERED NON-ALLOWABLE SUCH AS TRANSPORTATION OF A PATIENT, COMFORT ITEMS TO INCLUDE A TELEVISION, MAGAZINES, OR A TELEPHONE ADDITIONAL NON-ALLOWABLE COSTS INCLUDE THE RECRUITMENT OF PHYSICIANS, PHYSICIAN GUARANTEES AND A PORTION OF THE BAD DEBT (30%) ASSOCIATED WITH THE CARE OF THE PATIENT MEDICARE LOSSES, INCLUDING SOME NON-ALLOWABLE COSTS, SHOULD BE COUNTED AS A COMMUNITY BENEFIT AS THIS IS THE COST OF CARE FOR SERVING THE AGING POPULATION AS A NOT-FOR-PROFIT ORGANIZATION, WE EXIST TO IDENTIFY AND RESPOND TO THE HEALTH CARE NEEDS OF THE COMMUNITY AND THE INDIVIDUAL WHILE MAINTAINING A HIGH LEVEL OF HEALTH CARE SERVICES WITHOUT LOSSES SINCE LOSSES DO OCCUR THROUGH THE CMS SYSTEM OF REIMBURSEMENT, THESE LOSSES ARE A COST OF DOING BUSINESS FOR OUR COMMUNITY AND SHOULD BE CONSIDERED A COMMUNITY BENEFIT AS A PARTICIPATING PROVIDER IN THE MEDICARE PROGRAM, SCCH IS REQUIRED TO PROVIDE THE FULL REGIMEN OF CARE FOR OUR MEDICARE POPULATION THERE ARE A NUMBER OF CARE REGIMENS THAT ARE COMPENSATED BY THE MEDICARE PROGRAM AT LEVELS BELOW OUR COST THEREFORE IT IS ONLY LOGICAL TO ALLOW SCCH TO REPORT THESE UNCOMPENSATED SERVICES AS A COMMUNITY BENEFIT ON THIS DOCUMENT BY MAKING THIS CHANGE, NON-PROFIT PROVIDERS WILL BE ENCOURAGED TO SUSTAIN IMPORTANT CARE DELIVERY MODELS FOR OUR AGING POPULATION IN SPITE OF THE FACT IT IS SOMETIMES ECONOMICALLY INJURIOUS</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 9B SCCH FOLLOWS A STRONG COLLECTION PROGRAM THAT COMMUNICATES FINANCIAL RESPONSIBILITY TO THE PATIENT PRIOR TO SERVICE COLLECTION PRACTICES APPLY TO ALL PATIENTS, CHARITY AND NON-CHARITY IN ROUTINE CIRCUMSTANCES WHEN IT IS DETERMINED THAT A PATIENT HAS NOT RESPONDED TO REQUESTS FOR PAYMENT, AN ACCOUNT CAN BE REFERRED TO AN OUTSIDE COLLECTION AGENCY FOR COLLECTION ASSISTANCE SCCH ENSURES THAT OUTSIDE COLLECTION AGENCIES FOLLOW HOSPITAL BILLING AND COLLECTION GUIDELINES ONCE A DELINQUENT PATIENT ACCOUNT HAS BEEN SUBMITTED TO AN OUTSIDE COLLECTION AGENCY IT CAN BE RETRACTED IF IT IS DETERMINED THAT THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE ALL REQUESTS FOR FINANCIAL ASSISTANCE MUST BE ACCOMPANIED BY A COMPLETED FINANCIAL ASSESSMENT FORM AND SUPPORTING DOCUMENTATION



Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 2 SCCH IS A MEMBER OF MOUNTAIN STATES HEALTH ALLIANCE (MSHA) DURING FISCAL YEAR 2008 AND FISCAL YEAR 2009, MSHA CONDUCTED THE LARGEST COMMUNITY HEALTH NEEDS ASSESSMENT IN ITS HISTORY IN AN EFFORT TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN THE LOCAL REGION THE ASSESSMENT FOCUSED ON STATE, REGIONAL, AND COUNTY SPECIFIC DATA COLLECTION THIS ASSESSMENT ALSO INCLUDED PRIMARY DATA COLLECTED THROUGH APPROXIMATELY 50 ONE-ON-ONE INTERVIEWS THOSE INTERVIEWED WERE INDIVIDUALS FROM AROUND THE REGION WHICH INCLUDED LOCAL AND STATE GOVERNMENT OFFICIALS, HEALTH DEPARTMENT REPRESENTATIVES, PHYSICIANS, GENERAL PUBLIC, LOCAL INDUSTRY, CIVIC ORGANIZATIONS, EDUCATION OFFICIALS, AND COMMUNITY RESOURCE GROUPS THIS INFORMATION WAS COLLECTED, AND THEN ANALYZED, AND A SUMMARY OF THE FINDINGS WAS LISTED IN AN EFFORT TO OBTAIN A MORE DETAILED SNAPSHOT SPECIFIC TO EACH COUNTY LOCATED THROUGHOUT THE MSHA SERVICE AREA THIS INFORMATION WAS REVIEWED BY MSHA'S STRATEGIC PLANNING TEAM ALONG WITH GOVERNMENT RELATIONS AND QUALITY DEPARTMENTS THE MSHA STEERING COMMITTEE IDENTIFIED CHILDHOOD OBESITY AS THE HEALTH DISPARITY TARGETED FOR IMPROVEMENT, INCLUDING THE COMMUNITY SERVED BY JMH DURING FISCAL YEAR 2009, MSHA BEGAN COLLABORATIVE EFFORTS WITH EAST TENNESSEE STATE UNIVERSITY'S COLLEGE OF PUBLIC HEALTH TO DEVELOP THE MSHA-ETSU OBESITY COLLABORATIVE COMMITTEE THE FOCUS OF THIS COMMITTEE IS TO PULL TOGETHER MANY PARTNERS AND ORGANIZATIONS IN COLLABORATION TO REDUCE THE LEVEL OF CHILDHOOD OBESITY THROUGHOUT NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA DURING FISCAL YEAR 2011, THE COMMITTEE OFFERED 25 SEED GRANTS OF \$2,000 EACH TO LOCAL COMMUNITY ORGANIZATIONS SUCH AS CHURCHES, COMMUNITY GROUPS, SCHOOLS, AND EMPLOYERS THAT WANT TO EXPLORE OBESITY REDUCTION EFFORTS IN ADDITION TO THE GRANTS PROGRAM, AN ANNUAL SYMPOSIUM IS PROVIDED FREE TO THE REGION AND AVAILABLE TO RESIDENTS AND COMMUNITY GROUPS NATIONAL, REGIONAL, AND LOCAL EXPERTS SHARE INFORMATION ON TRENDS REGARDING CHILDHOOD OBESITY AND PROVEN COMMUNITY-BASED STRATEGIES TO REDUCE THE PREVALENCE MOUNTAIN STATES HEALTH ALLIANCE DOCUMENTED ITS CORPORATE RESPONSIBILITY PROGRAMS, PARTNERSHIPS, AND ACTIVITIES FOR COMMUNITY BENEFIT AND SOCIAL RESPONSIBILITY IN THE 2011 SOCIAL RESPONSIBILITY PLAN (THE PLAN) THE PLAN PROVIDES THE STRATEGIC DIRECTION OF SOCIAL RESPONSIBILITY FOR THE ORGANIZATION MSHA CREATED A SOCIAL RESPONSIBILITY COMMITTEE TO ENSURE A STRATEGIC COMMITMENT TO THE ORGANIZATION'S SOCIAL RESPONSIBILITY THROUGH NEEDS PRIORITIZED FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE CHNA IDENTIFIES SEVERAL PRIORITIES TO FOCUS THE ORGANIZATION'S COMMUNITY BENEFIT, COMMUNITY BUILDING AND OTHER INITIATIVES TO IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES WITHIN THE DEFINED SERVICE AREA THE COMMITTEE MEETS ON A QUARTERLY BASIS AND INCLUDES MSHA BOARD MEMBERS, THE DEAN OF PUBLIC HEALTH AT EAST TENNESSEE STATE UNIVERSITY, THE PRESIDENT AND CEO OF UNITED WAY OF WASHINGTON COUNTY, TENNESSEE, MSHA'S CEO AND OTHER EXECUTIVES AS WELL AS OTHER COMMUNITY LEADERS THE FOUNDATION OF MSHA'S SOCIAL RESPONSIBILITY IS THE CHNA TO PRIORITIZE FUTURE HEALTH IMPROVEMENT INITIATIVES TO BE COMPLETED IN COLLABORATION WITH LOCAL RESOURCES THE PROJECT FULLY SUPPORTS THE MSHA MISSION TO "IDENTIFY AND RESPOND TO THE HEALTH CARE NEEDS OF INDIVIDUALS AND COMMUNITIES IN OUR REGION AND TO ASSIST THEM IN ATTAINING THEIR HIGHEST POSSIBLE LEVEL OF HEALTH " THE ASSESSMENT FOCUSES ON MSHA'S THIRTEEN CORE COUNTIES ACTIVITIES ASSOCIATED WITH THE DEVELOPMENT OF THIS ASSESSMENT INCLUDE STATE, REGIONAL AND COUNTY-SPECIFIC SECONDARY DATA COLLECTION AND PRIMARY DATA OBTAINED THROUGH OVER 56 SURVEYS WITH INDIVIDUALS FROM THE LOCAL COMMUNITIES</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 SCCH PROVIDES COMMUNICATION OF FINANCIAL ASSISTANCE ON ITS WEB SITE AND ON POSTERS PLACED IN PROMINENT AREAS SUCH AS ADMITTING AREAS, EMERGENCY DEPARTMENTS AND PATIENT PAYMENT (CASHIER) LOCATIONS PRINTED EDUCATIONAL MATERIALS INCLUDING FINANCIAL ASSISTANCE CONTACT INFORMATION ARE ALSO PROVIDED IN THE PATIENT'S ADMITTING PAPERWORK POSTERS AND REFERENCE MATERIALS ARE WRITTEN IN BOTH ENGLISH AND SPANISH ADMITTING STAFF ARE TRAINED TO EDUCATE PATIENTS ON SCCH'S FINANCIAL ASSISTANCE POLICY SCCH ALSO HAS FINANCIAL COUNSELORS WHICH COMMUNICATE THE PATIENT'S FINANCIAL RESPONSIBILITY PRIOR TO SERVICE AS WELL AS PROVIDE EDUCATION ON SCCH'S FINANCIAL ASSISTANCE POLICY THESE COUNSELORS ALSO HELP UNINSURED PATIENTS DETERMINE SOURCES OF PAYMENT FOR MEDICAL BILLS AND HELP PATIENTS DETERMINE ELIGIBILITY FOR PROGRAMS SUCH AS MEDICAID IN ADDITION, SCCH CONTRACTS WITH THE COMPANY FIRSTSOURCE SOLUTIONS USA TO WORK WITH SELF-PAYING PATIENTS WHO HAVE LIMITED FINANCIAL RESOURCES FIRSTSOURCE SOLUTIONS USA DETERMINES A PATIENT'S ELIGIBILITY IN MEDICAL COVERAGE OPTIONS AND ASSISTS WITH THEIR ENROLLMENT SCCH BEARS THE COST FOR THE FIRSTSOURCE SOLUTIONS USA PROGRAM

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 SCCH IS LOCATED IN MARION, SMYTH COUNTY, WHICH IS IN RURAL SOUTHWEST VIRGINIA SMYTH COUNTY IS A FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREA AND HAS A HIGH RATE OF INDIVIDUALS WHO ARE UNINSURED THE POPULATION OF SMYTH COUNTY WAS 32,208 IN 2010 AND, ACCORDING TO THE U S CENSUS BUREAU, MARION HAS A POPULATION OF 5,968 THE MEDIAN AGE OF RESIDENTS OF SMYTH COUNTY IS 43 1, WHICH IS OLDER THAN THE MEDIAN AGE OF 37 2 IN THE UNITED STATES SMYTH COUNTY HAS A MEDIAN HOUSEHOLD INCOME OF \$34,864, WHICH IS WELL BELOW \$50,046, THE MEDIAN HOUSEHOLD INCOME OF THE U S IT IS ESTIMATED THAT 19 1% OF SMYTH COUNTY'S RESIDENTS LIVE IN POVERTY COMPARED TO 10 3% STATEWIDE

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE MAJORITY OF SCCH'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA PHYSICIANS THAT REQUEST PRIVILEGES WHO ARE QUALIFIED AND CREDENTIALAED ARE EXTENDED PRIVILEGES BY SCCH SCCH IS DEDICATED TO OPERATING EFFICIENTLY SO THAT WASTE IS MINIMIZED AND SURPLUSES MAY BE APPLIED TO MAINTAINING ADEQUATE FACILITIES AND EQUIPMENT FOR THE CARE FOR OUR PATIENTS VARIOUS CHECKS AND BALANCES ARE ESTABLISHED TO ENSURE THAT EXPENDITURES FOR OPERATING EXPENSES AND CAPITAL COSTS ARE REASONABLE AND NECESSARY

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 SCCH IS A 170-BED, ACUTE CARE FACILITY OPERATED UNDER THE DIRECTION OF A 13-MEMBER BOARD OF DIRECTORS PRIMARILY COMPRISED OF LOCAL COMMUNITY RESIDENTS ADDITIONALLY, SCCH HAS A 109-BED NURSING CARE FACILITY THAT OFFERS BOTH SKILLED NURSING CARE AND NURSING CARE SCCH IS MAJORITY OWNED BY MOUNTAIN STATES HEALTH ALLIANCE (MSHA) BASED IN JOHNSON CITY, TENNESSEE MSHA IS INTEGRATED BOTH VERTICALLY AND HORIZONTALLY AND IS THE LARGEST REGIONAL HEALTHCARE SYSTEM WITH 14 HOSPITALS MSHA PROVIDES CARE TO PEOPLE IN 29 COUNTIES IN TENNESSEE, VIRGINIA, KENTUCKY, AND NORTH CAROLINA SCCH SERVES AS THE COUNTY'S PRIMARY HEALTH SERVICE PROVIDER PATIENTS BENEFIT FROM SCCH'S AFFILIATION WITH A HEALTHCARE SYSTEM WHERE THEY CAN BE EFFICIENTLY MOVED ALONG AN INTEGRATED, COMPREHENSIVE CONTINUUM OF CARE AS THEIR HEALTH STATUS DICTATES PATIENTS CAN BE MOVED TO THE SYSTEM'S FLAGSHIP FACILITY - JOHNSON CITY MEDICAL CENTER WHICH IS A TERTIARY CARE FACILITY PROVIDING ADVANCED TREATMENT OPTIONS

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	VA

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SMYTH COUNTY COMMUNITY HOSPITAL

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number  
54-0794913

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3

Enter total number of other organizations . . . . . ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEEES ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
SMYTH COUNTY COMMUNITY HOSPITAL

Employer identification number  
54-0794913

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

For each individual whose compensation must be reported 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AC SQUIRES MD	(i)	0	0	0	0	0	0	0
	(ii)	157,760	0	1,927	7,967	21,474	189,128	0
(2) ANN FLEMING	(i)	0	0	0	0	0	0	0
	(ii)	328,461	72,944	41,390	48,481	17,107	508,383	0
(3) CINDY SALYER	(i)	0	0	0	0	0	0	0
	(ii)	179,548	35,558	17,076	20,422	21,171	273,775	0
(4) LINDA P WHITE	(i)	0	0	0	0	0	0	0
	(ii)	180,141	41,202	12,636	19,963	20,820	274,762	0
(5) JEAN M MARINE MD	(i)	0	0	0	0	0	0	0
	(ii)	324,608	101,634	40,078	14,158	9,186	489,664	0
(6) ROBERT B EVANS MD	(i)	0	0	0	0	0	0	0
	(ii)	359,802	49,391	7,914	13,619	11,719	442,445	0
(7) ERIC J SACKNOFF MD	(i)	0	0	0	0	0	0	0
	(ii)	431,761	0	15,735	16,745	19,413	483,654	0
(8) RAMZI K HUMSI MD	(i)	0	0	0	0	0	0	0
	(ii)	301,003	1,667	48,501	15,085	19,870	386,126	0
(9) RALPH PARKS MD	(i)	0	0	0	0	0	0	0
	(ii)	368,633	10,000	9,601	0	12,229	400,463	0
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	TEMPORARY HOUSING WAS PROVIDED FOR A PORTION OF THE YEAR ENDING JUNE 30, 2011 TO AN EXECUTIVE FOR RECRUITMENT PURPOSES ONLY. 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 4B	THE FOLLOWING EXECUTIVES LISTED IN SCHEDULE J, PART II PARTICIPATED IN A 457(F) RETIREMENT PLAN PROVIDED BY MOUNTAIN STATES HEALTH ALLIANCE: ANN FLEMING, CINDY SALYER, AND LINDA WHITE. THE 457(F) PLAN IS A NONQUALIFIED TAX-DEFERRED COMPENSATION PLAN AVAILABLE TO A SELECT GROUP OF KEY EXECUTIVES FOR THE INTENT OF SUPPORTING RETENTION AND TO OFFER A COMPETITIVE TOTAL RETIREMENT PROGRAM. ACCOUNT BALANCES HAVE A "SUBSTANTIAL RISK OF FORFEITURE" IN ADDITION TO CREDITOR RISK. SUBSTANTIAL RISK OF FORFEITURE IS CREATED THROUGH DEFAULT RISK IF THE PARTICIPANT'S EMPLOYMENT WITH MSHA IS TERMINATED PRIOR TO AGE 65. HOWEVER, THE 457(F) PLAN CONTAINS A NON-COMPETE PROVISION THAT PROVIDES THE ACCOUNT BALANCE TO BE PAID IN A LUMP SUM AFTER THE EXECUTIVE SATISFIES THE TWO-YEAR NON-COMPETE PERIOD. THIS PROVISION APPLIES TO EMPLOYER CONTRIBUTIONS IF THE EXECUTIVE HAS PROVIDED ELIGIBLE SERVICE FOR SIX OR MORE YEARS (ELIGIBLE SERVICE IS OFFICER SERVICE THAT PERMITTED THE EXECUTIVE TO PARTICIPATE IN THE PLAN). THE EXECUTIVE WILL RECEIVE THE ENTIRE ACCOUNT BALANCE IF HE/SHE BECOMES DISABLED, DIES, OR IF THE EXECUTIVE TERMINATES FOR "GOOD REASON" OR IS INVOLUNTARILY TERMINATED WITHOUT "GOOD CAUSE" WITHIN A 24-MONTH PERIOD AFTER A CHANGE-OF-CONTROL OCCURS. DISTRIBUTIONS FROM THIS PLAN ARE SUBJECT TO FEDERAL, STATE, AND LOCAL TAXES ON THE ENTIRE ACCOUNT BALANCE UPON DISTRIBUTION.
SUPPLEMENTAL INFORMATION	PART III	LINDA P. WHITE, CEO OF SCCH, RECEIVED A DISTRIBUTION OF \$9,283 AS A PARTICIPANT IN THE 457(F) RETIREMENT PLAN. ANN FLEMING, BOARD MEMBER OF SCCH, RECEIVED A DISTRIBUTION OF \$33,462 AS A PARTICIPANT IN THE 457(F) RETIREMENT PLAN. CINDY SALYER, BOARD MEMBER OF SCCH, RECEIVED A DISTRIBUTION OF \$9,283 AS A PARTICIPANT IN THE 457(F) RETIREMENT PLAN.

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

Name of the organization  
SMYTH COUNTY COMMUNITY HOSPITAL

Employer identification number  
  
54-0794913

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BETTY KIRK	FAMILY MEMBER OF JIM BEAR	73,103	JIM BEAR, SCCH BOARD TREASURER, IS A FAMILY MEMBER OF BETTY KIRK, AN EMPLOYEE OF SCCH		No
(2) REBECCA SPARGER	FAMILY MEMBER OF JAMES PATTERSON, M D	35,361	JAMES PATTERSON, M D , SCCH BOARD MEMBER, IS A FAMILY MEMBER OF REBECCA SPARGER, AN EMPLOYEE OF SCCH		No

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

SMYTH COUNTY COMMUNITY HOSPITAL

Employer identification number

54-0794913

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990, WHICH WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, WAS REVIEWED BY FINANCIAL MANAGEMENT PRIOR TO FILING. COPIES OF THE RETURN WERE MADE AVAILABLE TO THE BOARD MEMBERS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	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 ENGAGED IN A CONFLICTED TRANSACTION.

Identifier	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



Identifier	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.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,427,697 PARTNERSHIP INVESTMENT INCOME - 134,891 CHANGE IN PERMANENTLY RESTRICTED NET ASSETS -18,019 TOTAL TO FORM 990, PART XI, LINE 5 2,274,787

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
SMYTH COUNTY COMMUNITY HOSPITAL

Employer identification number  
54-0794913

Part I

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

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

Part II

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

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) INTEGRATED SOLUTIONS HEALTH NETWORK LLC  400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN37604 62-1711997	INVESTMENT COMPANY	TN	N/A	(D)	-3,886	-361		No			No	0 210 %
(2) EMMAUS COMMUNITY HEALTHCARE PLLC  6070 HWY 11E PINEY FLATS, TN37686 20-0577483	MEDICAL SERVICES	TN	N/A									
(3) MEDICAL SPECIALISTS OF JOHNSON CITY LLC  2528 WESLEY STREET STE 2 JOHNSON CITY, TN37604 27-2199037	MEDICAL SERVICES	TN	N/A									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SOUTHWEST COMMUNITY HEALTH SERVICES PO BOX 880 MARION, VA24354 54-1460695	HEALTH SERVICES	VA	N/A	C	477,226	1,294,646	100 000 %
(2) BLUE RIDGE MEDICAL MANAGEMENT CORPORATION 1021 W OAKLAND AVENUE STE 207 JOHNSON CITY, TN37604 62-1490616	PHYSICIAN OFFICES	TN	N/A	C			
(3) MEDISERVE MEDICAL EQUIP OF KINGSPORT 1021 W OAKLAND AVENUE STE 207 JOHNSON CITY, TN37604 62-1212286	DURABLE MEDICAL EQUIPMENT	TN	N/A	C			
(4) MOUNTAIN STATES PROPERTIES 1021 W OAKLAND AVENUE STE 207 JOHNSON CITY, TN37604 62-1845895	PROPERTY MANAGEMENT	TN	N/A	C			
(5) BLUE RIDGE PHYSICIAN GROUP 1021 W OAKLAND AVENUE STE 207 JOHNSON CITY, TN37604 62-1700412	HEALTHCARE SERVICES	TN	N/A	C			
(6) COMMUNITY HOME CARE INC 1460 PARK AVENUE NORTON, VA24273 54-1453810	MEDICAL PRODUCTS	VA	N/A	C			
(7) COMMUNITY PHYSICIANS SERV CORP 100 15TH STREET NW NORTON, VA24273 54-1641446	PHYSICIAN SERVICES	VA	N/A	C			

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTHWEST COMMUNITY HEALTH SERVICES	D	12,778,582	COST
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 54-0794913

Name: SMYTH COUNTY COMMUNITY HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MOUNTAIN STATES HEALTH ALLIANCE  400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN37604 62-0476282	HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No
SMYTH COUNTY COMM FOUNDATION  1 HEALTH WAY MARION, VA24354 31-1650055	SUPPORTING ORGANIZATION TO SCCH	VA	501(C)(3)	LINE 11A, I	N/A		No
NORTON COMMUNITY HOSPITAL  100 15TH STREET NORTHWEST NORTON, VA24273 54-0566029	HOSPITAL	VA	501(C)(3)	LINE 3	N/A		No
DICKENSON COMMUNITY HOSPITAL  PO BOX 1440 CLINTWOOD, VA24228 77-0599553	HOSPITAL	VA	501(C)(3)	LINE 3	NORTON COMMUNITY HOSPITAL		No
JOHNSTON MEMORIAL HOSPITAL  16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA24211 54-0544705	HOSPITAL	VA	501(C)(3)	LINE 3	N/A		No
ABINGDON PHYSICIAN PARTNERS  16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA24211 20-5485346	MEDICAL SERVICES	VA	501(C)(3)	LINE 11A, I	JOHNSTON MEMORIAL HOSPITAL		No
JOHNSTON MEMORIAL HEALTHCARE FOUNDATION  16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA24211 26-2870970	SUPPORTING ORGANIZATION TO JMH	VA	501(C)(3)	LINE 11B, II	N/A		No
MOUNTAIN STATES FOUNDATION  2335 KNOB CREEK ROAD STE 101 JOHNSON CITY, TN37604 58-1418862	FUNDRAISING FOR MSHA HOSPITALS	TN	501(C)(3)	LINE 11A, I	MOUNTAIN STATES HEALTH ALLIANCE		No
MSHA AUXILIARY  400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN37604 58-1418345	SUPPORTING ORGANIZATION TO MSHA HOSPITALS	TN	501(C)(3)	LINE 11A, I	N/A		No
COMMUNITY HEALTHCARE FOUNDATION  100 15TH STREET NORTHWEST NORTON, VA24273 54-2002314	SUPPORTING ORGANIZATION TO NCH	VA	501(C)(3)	LINE 11A, I	N/A		No



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
SOUTHWEST COMMUNITY HEALTH SERVICES PO BOX 880 MARION, VA24354 54-1460695	HEALTH SERVICES	VA	N/A	C	477,226	1,294,646	100.000 %
BLUE RIDGE MEDICAL MANAGEMENT CORPORATION 1021 WOAKLAND AVENUE STE 207 JOHNSON CITY, TN37604 62-1490616	PHYSICIAN OFFICES	TN	N/A	C			
MEDISERVE MEDICAL EQUIP OF KINGSFORT 1021 WOAKLAND AVENUE STE 207 JOHNSON CITY, TN37604 62-1212286	DURABLE MEDICAL EQUIPMENT	TN	N/A	C			
MOUNTAIN STATES PROPERTIES 1021 WOAKLAND AVENUE STE 207 JOHNSON CITY, TN37604 62-1845895	PROPERTY MANAGEMENT	TN	N/A	C			
BLUE RIDGE PHYSICIAN GROUP 1021 WOAKLAND AVENUE STE 207 JOHNSON CITY, TN37604 62-1700412	HEALTHCARE SERVICES	TN	N/A	C			
COMMUNITY HOME CARE INC 1460 PARK AVENUE NORTON, VA24273 54-1453810	MEDICAL PRODUCTS	VA	N/A	C			
COMMUNITY PHYSICIANS SERV CORP 100 15TH STREET NW NORTON, VA24273 54-1641446	PHYSICIAN SERVICES	VA	N/A	C			

**SMYTH COUNTY COMMUNITY  
HOSPITAL AND SUBSIDIARY**

***Audited Consolidated Financial Statements***

***Years Ended June 30, 2011 and 2010***



# SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

## *Audited Consolidated Financial Statements*

*Years Ended June 30, 2011 and 2010*

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Independent Auditor's Report.....	1
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## *Audited Consolidated Financial Statements*

Consolidated Balance Sheets .....	2
Consolidated Statements of Operations and Changes in Net Assets .....	4
Consolidated Statements of Cash Flows .....	6
Notes to Consolidated Financial Statements.....	8



PERSHING YOAKLEY & ASSOCIATES, P.C.  
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Knoxville, TN 37919  
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www.pyapc.com

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Smyth County Community Hospital:

We have audited the accompanying consolidated balance sheets of Smyth County Community Hospital and subsidiary (the Hospital) as of June 30, 2011 and 2010 and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Smyth County Community Hospital and subsidiary as of June 30, 2011 and 2010, and the results of their operations and changes in net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Pershing Yoakley & Associates, P.C.*

Knoxville, Tennessee  
November 29, 2011

**SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY*****Consolidated Balance Sheets***

	<i>June 30,</i>	
	<i>2011</i>	<i>2010</i>
<hr/>		
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 5,040,225	\$ 142,765
Short-term investment	538,811	534,162
Assets limited as to use	5,607,174	-
Patient accounts receivable, less estimated allowances for uncollectible accounts of \$113,014 in 2011 and \$86,030 in 2010	6,484,385	7,052,644
Other receivables, net	349,947	335,882
Inventories and prepaid expenses	1,352,200	1,444,055
	<hr/>	<hr/>
TOTAL CURRENT ASSETS	19,372,742	9,509,508
ASSETS LIMITED AS TO USE, less current portion		
For capital improvements and operations	30,714,369	41,965,884
HELD-TO-MATURITY SECURITIES	12,389,418	11,725,660
PROPERTY, PLANT AND EQUIPMENT, net	36,342,101	18,118,403
OTHER ASSETS		
Investments in unconsolidated affiliates	78,396	78,396
Other assets	12,850	50,455
Land held for expansion	1,610,651	1,610,651
	<hr/>	<hr/>
TOTAL OTHER ASSETS	1,701,897	1,739,502
	<hr/>	<hr/>
TOTAL ASSETS	\$ 100,520,527	\$ 83,058,957
	<hr/>	<hr/>

	<i>June 30,</i>	
	<i>2011</i>	<i>2010</i>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Current portion of long-term debt and capital lease obligations	\$ 628,300	\$ 1,101,065
Accounts payable and accrued expenses	9,137,292	3,148,117
Accrued salaries, compensated absences and amounts withheld	2,404,507	2,205,721
Estimated amounts due to third-party payors, net	1,005,201	511,379
Due to Member and other affiliates, net	14,166,020	3,839,037
<b>TOTAL CURRENT LIABILITIES</b>	<b>27,341,320</b>	<b>10,805,319</b>
<b>OTHER LIABILITIES</b>		
Long-term debt and capital lease obligations, less current portion	1,829,094	262,968
Estimated professional liability	1,064,547	402,586
Other long-term liabilities	677,158	527,866
<b>TOTAL LIABILITIES</b>	<b>30,912,119</b>	<b>11,998,739</b>
<b>COMMITMENTS AND CONTINGENCIES - Note L</b>		
<b>NET ASSETS</b>		
Unrestricted net assets	69,582,606	71,016,400
Temporarily restricted net assets	25,802	43,818
<b>TOTAL NET ASSETS</b>	<b>69,608,408</b>	<b>71,060,218</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 100,520,527</b>	<b>\$ 83,058,957</b>

# SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

## *Consolidated Statements of Operations and Changes in Net Assets*

	<i>Year Ended June 30,</i>	
	<i>2011</i>	<i>2010</i>
<b>CHANGES IN UNRESTRICTED NET ASSETS:</b>		
Revenue, gains and support:		
Net patient service revenue	\$ 46,349,383	\$ 48,642,553
Other operating revenue	841,900	670,434
Net assets released from restrictions used for operations	79,062	24,422
<b>TOTAL REVENUE, GAINS AND SUPPORT</b>	<b>47,270,345</b>	<b>49,337,409</b>
Expenses:		
Salaries and wages, including employee incentives of \$196,019 in 2011 and \$41,298 in 2010	25,172,939	26,336,909
Contract labor	264,512	476,080
Employee benefits	4,391,925	5,730,341
Fees - physician and other	3,925,083	5,280,965
Supplies	6,685,612	7,397,842
Utilities	930,393	1,055,448
Corporate allocation	2,220,725	1,880,757
Depreciation	5,377,454	3,084,366
Amortization	200,751	22,748
Estimated provision for bad debts	285,217	284,701
Interest and taxes	89,031	795,102
Other	3,352,026	4,088,725
<b>TOTAL EXPENSES</b>	<b>52,895,668</b>	<b>56,433,984</b>
<b>OPERATING LOSS</b>	<b>(5,625,323)</b>	<b>(7,096,575)</b>
Nonoperating gains (losses):		
Interest and dividends, net of investment fees	1,638,423	2,463,617
Net realized gains on sale of securities	155,314	152,811
Net unrealized gains on securities	2,427,697	916,536
Other nonoperating losses	(29,905)	(52,480)
<b>NET NONOPERATING GAINS</b>	<b>4,191,529</b>	<b>3,480,484</b>
<b>DEFICIT OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES</b>	<b>(1,433,794)</b>	<b>(3,616,091)</b>
Assets released from restrictions used for capital	-	32,172
<b>DECREASE IN UNRESTRICTED NET ASSETS</b>	<b>(1,433,794)</b>	<b>(3,583,919)</b>

	<i>Year Ended June 30,</i>	
	<i>2011</i>	<i>2010</i>
<b>CHANGES IN TEMPORARILY RESTRICTED</b>		
<b>NET ASSETS:</b>		
Restricted grants and contributions	<b>61,046</b>	73,298
Assets released from restrictions used for operations	<b>(79,062)</b>	(24,422)
Assets released from restrictions used for capital	<b>-</b>	(32,172)
<b>INCREASE (DECREASE) IN TEMPORARILY</b>		
<b>RESTRICTED NET ASSETS</b>	<b>(18,016)</b>	16,704
<b>DECREASE IN NET ASSETS</b>	<b>(1,451,810)</b>	(3,567,215)
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b>71,060,218</b>	74,627,433
<b>NET ASSETS, END OF YEAR</b>	<b>\$ 69,608,408</b>	<b>\$ 71,060,218</b>



# SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

## *Consolidated Statements of Cash Flows*

	<i>Year Ended June 30,</i>	
	<i>2011</i>	<i>2010</i>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Decrease in net assets	\$ (1,451,810)	\$ (3,567,215)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Provision for depreciation and amortization	5,578,205	3,107,114
Estimated provision for bad debts	285,217	284,701
Restricted grants and contributions	(61,046)	(73,298)
(Gain) loss on sale and disposal of assets, net	(41,165)	21,682
Increase (decrease) in cash due to change in:		
Net patient accounts receivable	283,042	1,176,292
Other receivables, net	(14,065)	(171,134)
Inventories and prepaid expenses	91,855	67,313
Other assets	37,605	294,852
Accounts payable and accrued expenses	641,040	(351,490)
Accrued salaries, compensated absences and amounts withheld	198,786	(747,760)
Estimated amounts due to third-party payors, net	493,822	(455,123)
Due to Member and other affiliates, net	618,830	1,416,423
Other long-term liabilities	(51,459)	(291,501)
Estimated professional liability	661,961	(138,764)
Total adjustments	8,722,628	4,139,307
NET CASH PROVIDED BY OPERATING ACTIVITIES	7,270,818	572,092
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchases of property, plant and equipment	(18,704,574)	(3,928,173)
Purchases of short-term investment, net	(4,649)	(6,401)
Payments received from Member	7,700,000	-
Other net (increase) decrease in assets limited as to use for capital improvements and operations	(2,055,659)	3,537,417
Purchases of held-to-maturity securities, net	(663,758)	(11,725,660)
Proceeds from sale of property, plant and equipment	492,722	30,000
NET CASH USED IN INVESTING ACTIVITIES	(13,235,918)	(12,092,817)

	<i>Year Ended June 30,</i>	
	<i>2011</i>	<i>2010</i>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Payments on long-term debt and capital lease obligations	<b>(1,102,124)</b>	(109,569)
Proceeds from long-term debt	<b>2,195,485</b>	262,606
Payments received from Member for capital additions	<b>9,708,153</b>	-
Restricted grants and contributions received	<b>61,046</b>	73,298
<b>NET CASH PROVIDED BY FINANCING ACTIVITIES</b>	<b>10,862,560</b>	226,335
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>4,897,460</b>	(11,294,390)
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</b>	<b>142,765</b>	11,437,155
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<b>\$ 5,040,225</b>	<b>\$ 142,765</b>
<b>SUPPLEMENTAL INFORMATION:</b>		
Cash paid for interest	<b>\$ 85,281</b>	<b>\$ 61,925</b>
Property and equipment purchased and included in accounts payable	<b>\$ 5,607,174</b>	<b>\$ 259,039</b>

# SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

## *Notes to Consolidated Financial Statements*

*Years Ended June 30, 2011 and 2010*

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### NOTE A--ORGANIZATION AND OPERATIONS

Smyth County Community Hospital (the Hospital) is a tax-exempt entity with operations located in Smyth County, Virginia. The Hospital's membership consists of Mountain States Health Alliance (the Alliance) and Smyth County Community Hospital Foundation (the Foundation), which maintain an 80% and 20% interest in the Hospital, respectively (Note K). The Hospital owns and operates a 170 bed acute care hospital, a home health agency and Francis Marion Manor, a 109 bed long-term care facility. Included in the Hospital's consolidated financial statements is its wholly owned subsidiary, Southwest Community Health Services, Inc. (SWCH), a taxable corporation that operates a pharmacy and provides other health services.

Although the Hospital is a beneficiary of the Foundation's activities, the Hospital has not recorded a beneficial interest in the Foundation as the assets of the Foundation may be directed to organizations other than the Hospital, including a wellness center operated by the Foundation. Should the Foundation be dissolved, its assets are not required to be contributed to the Hospital but to any qualified tax-exempt organization.

### NOTE B--SIGNIFICANT ACCOUNTING POLICIES

*Principles of Consolidation:* The accompanying consolidated financial statements include the accounts of the Hospital and its subsidiary after elimination of all significant intercompany accounts and transactions. The Hospital classifies those activities directly associated with its mission of providing healthcare services, as well as other activities deemed significant to its operations, as operating activities.

*Use of Estimates:* The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Estimates associated with contractual allowances, allowances for uncollectible accounts, net patient service revenue, tax positions and accrued professional liability are particularly susceptible to material change in the near term. Actual results could differ from these estimates.

*Cash and Cash Equivalents:* Cash and cash equivalents include all highly liquid investments with a maturity of three months or less when purchased. Cash and cash equivalents designated as assets limited as to use are not included as cash and cash equivalents on the Consolidated Balance Sheets.

*Short-term Investment:* Short-term investment consists of amounts held in a certificate of deposit.

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

*Years Ended June 30, 2011 and 2010*

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#### NOTE B--SIGNIFICANT ACCOUNTING POLICIES - Continued

*Held-to-Maturity Securities and Assets Limited as to Use:* The Hospital records investments in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954-320, *Investments-Debt and Equity Securities* which allows not-for-profit organizations to report in a manner similar to business entities by identifying securities as available-for-sale or held-to-maturity and to exclude the unrealized gains and losses on those securities from the Performance Indicator (as defined below). At June 30, 2011 and 2010, investments in which the Hospital has the positive intent and ability to hold to maturity are accounted for as held-to-maturity and consist mainly of corporate bonds. Such investments are reported at amortized cost. Management annually evaluates the held-to-maturity investment portfolio and recognizes any "other-than-temporary" losses as deductions from the Performance Indicator (described below). Management's evaluation considers the amount of decline in fair value, as well as the time period of any such decline. Management does not believe any investment in the held-to-maturity portfolio to be other-than-temporarily impaired at June 30, 2011.

Assets limited as to use include designated assets set aside by the Board of Directors for future capital improvements and operating expenditures, over which the Board retains control and may at its discretion subsequently use for other purposes.

All other debt and marketable equity securities with readily determinable fair values are considered trading securities and reported at fair value based on quoted market prices. Other investments without readily determinable fair values are reported at fair market value pursuant to FASB ASC 825, *Financial Instruments*. An investment in a guaranteed investment contract is reported at contract value. Management classifies assets limited as to use as short-term or long-term based upon the Hospital's need relative to specific current liabilities.

Realized gains and losses on assets limited as to use are computed using the specific identification method for cost determination. Investment income is reported net of related investment fees.

Investments in other entities, principally minor ownership in purchasing cooperatives, are reported on the cost basis of accounting.

*Inventories:* Inventories, consisting primarily of medical supplies, are stated at the lower of cost or market with cost determined by the first-in first-out method.

*Property, Plant and Equipment:* Property, plant and equipment is stated on the basis of cost, or if donated, at the fair value at the date of gift. Depreciation is computed by the straight-line method based on the estimated useful life of the asset. Equipment held under capital lease obligations is amortized under the straight-line method over the shorter of the lease term or

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

*Years Ended June 30, 2011 and 2010*

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#### NOTE B--SIGNIFICANT ACCOUNTING POLICIES - Continued

estimated useful life. Amortization of equipment held under capital lease obligations is reported as part of depreciation expense in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Renewals and betterments are capitalized and depreciated over their useful life, whereas costs of maintenance and repairs are expensed as incurred. The Hospital reviews long-lived assets for impairment whenever circumstances and situations change indicating that the carrying amounts may not be recoverable. At June 30, 2011, management believed there were no such impairments, although it is at least reasonably possible management's estimate may change in the near term due to construction of a new facility (see Note L).

*Land Held for Expansion:* Land held for expansion represents land purchased by the Hospital for relocation of the Hospital facility (Note L) plus costs incurred to develop the infrastructure of such land. Management annually evaluates its investment and records non-temporary declines in value when it is determined the ultimate net realizable value is less than the recorded amount. No such declines were identified as of June 30, 2011.

*Estimated Professional Liability and Other Long-Term Liabilities:* Professional liabilities include estimated reserves for reported and unreported professional liability claims based on historical data and actuarial assumptions (Note L). Other long-term liabilities consist of undiscounted obligations under deferred compensation arrangements and asset retirement obligations (Note F).

*Net Patient Service Revenue/Receivables:* Net patient service revenue is reported on the accrual basis in the period in which services are provided at estimated net realizable amounts, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. The Hospital's revenue recognition policies related to self-pay and other types of payors emphasize revenue recognition only when collections are reasonably assured; otherwise, such charges are excluded from net patient service revenue.

Patient accounts receivable are reported net of both an estimated allowance for uncollectible accounts and an estimated allowance for contractual adjustments. The contractual allowance represents the difference between established billing rates and estimated reimbursement from Medicare, Medicaid and other third-party payment programs. Current operations are charged with an estimated provision for bad debts, based upon historical experience, known collection risks and other environmental factors, including the age of the receivables. The Hospital's policy does not require collateral or other security for patient accounts receivable. The Hospital routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies.

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

***Years Ended June 30, 2011 and 2010***

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#### NOTE B--SIGNIFICANT ACCOUNTING POLICIES - Continued

*Charity Care:* The Hospital accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of the Hospital and various guidelines outlined by the Federal Government. These policies define charity as those services for which no payment is anticipated and, as such, charges at established rates are not included in net patient service revenue. Charges forgone, based on established rates, totaled approximately \$4,100,000 and \$3,600,000, respectively, during 2011 and 2010.

In addition to the charity care services described above, the Hospital provides a number of other services to benefit the poor for which little or no payment is received. Medicare, Medicaid and State indigent programs do not cover the full cost of providing care to beneficiaries of those programs. The Hospital also provides services to the community at large for which it receives little or no payment.

*Deficit of Revenue, Gains and Support Over Expenses and Losses:* The Consolidated Statements of Operations and Changes in Net Assets includes the caption *Deficit of Revenue, Gains and Support Over Expenses and Losses* (the Performance Indicator). Changes in unrestricted net assets which are excluded from the Performance Indicator include transfers of assets to and from affiliates and contributions of long-lived assets or amounts restricted to the purchase of long-lived assets, if any.

*Income Taxes:* The Hospital is classified as an organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. As such, no provision for income taxes has been made in the accompanying consolidated financial statements for the Hospital. SWCH is a taxable entity and accounts for income taxes in accordance with FASB ASC 740, *Income Taxes* (Note J). At June 30, 2011, tax returns for fiscal years 2008 through 2010 are subject to examination by the Internal Revenue Service. The Hospital had no uncertain tax positions at June 30, 2011 and 2010.

*Temporarily Restricted Net Assets:* Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. When a donor or time restriction expires; that is, when a stipulated time restriction ends or purpose restriction is fulfilled, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the Statements of Operations and Changes in Net Assets as net assets released from restrictions.

*Fair Value of Financial Instruments:* FASB ASC 820, *Fair Value Measurements and Disclosures*, defines fair value and, establishes a framework for measuring fair value under generally accepted accounting principles and expands disclosures about fair value measurements.

In January 2011, the FASB issued Accounting Standards Update (ASU) 2010-06, *Fair Value Measurements and Disclosures (Topic 820) - Improving Disclosures about Fair Value Measurements* (ASU 2010-06). ASU 2010-06 requires new disclosures regarding significant

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended June 30, 2011 and 2010*

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#### NOTE B--SIGNIFICANT ACCOUNTING POLICIES - Continued

transfers in and out of Levels 1 and 2, as well as information about activity in Level 3 fair value measurements, including presenting information about purchases, sales, issuances and settlements on a gross versus a net basis in the Level 3 activity roll forward. In addition, ASU 2010-06 clarifies existing disclosures regarding input and valuation techniques, as well as the level of disaggregation for each class of assets and liabilities. The Hospital adopted ASU 2010-06 in 2011, except for the disclosures related to Level 3 purchases, sales, issuance and settlements, which will be effective for the Hospital in 2012. The adoption of ASU 2010-06 did not have, and is not expected to have an impact on the Hospital's consolidated financial statements.

*Date of Management's Review:* The Hospital evaluated all events or transactions that occurred after June 30, 2011, through November 29, 2011, the date the consolidated financial statements were available to be issued. During this period, management did not note any material subsequent events that required recognition or disclosure in the June 30, 2011 consolidated financial statements, other than the items disclosed in Note P.

*New Accounting Pronouncements:* In August 2010, the FASB issued Accounting Standards Update (ASU) 2010-23, *Health Care Entities – Measuring Charity Care for Disclosure*. ASU 2010-23 is intended to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care. ASU 2010-23 requires that cost, identified as the direct and indirect costs of providing the charity care, be used as the measurement basis for disclosure purposes. ASU 2010-23 also requires disclosure of the method used to identify or determine such costs. The Hospital will adopt ASU 2010-23 in fiscal year 2012. Management does not expect the adoption of ASU 2010-23 to have a material impact on the consolidated financial statements.

In August 2010, the FASB issued ASU 2010-24, *Health Care Entities – Presentation of Insurance Claims and Related Insurance Recoveries*. The amendments in the ASU clarify that a health care entity may not net insurance recoveries against related claim liabilities. In addition, the amount of the claim liability must be determined without consideration of insurance recoveries. ASU 2010-24 is effective for the Hospital beginning July 1, 2011 and management is currently evaluating the impact of this ASU on the consolidated financial statements.

In July 2011, the FASB issued ASU 2011-07, *Healthcare Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and Allowance for Doubtful Accounts for Certain Healthcare Entities*, which will require certain healthcare entities to reclassify the provision for bad debts associated with providing patient care from an operating expense to a deduction from net patient service revenue in the statement of operations and changes in net assets. Additionally, ASU 2011-07 requires enhanced disclosures about an entity's policies for recognizing revenue and assessing bad debts and qualitative and quantitative information about changes in the allowance for doubtful accounts. The Alliance intends to adopt

# SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

## Notes to Consolidated Financial Statements - Continued

Years Ended June 30, 2011 and 2010

### NOTE B--SIGNIFICANT ACCOUNTING POLICIES - Continued

ASU 2011-07 in fiscal year 2013. Management does not expect the adoption of ASU 2011-07 to have a material impact on the consolidated financial statements.

### NOTE C--HELD-TO-MATURITY SECURITIES AND ASSETS LIMITED AS TO USE

Assets limited as to use, which are reported at fair value (except for the Guaranteed Investment Contract which is reported at contract value), and held-to-maturity securities, which are reported at amortized cost, consist of the following at June 30:

	2011	2010
<u>Assets limited as to use:</u>		
Cash, cash equivalents and money market funds	\$ 3,012,838	\$ 10,000
Guaranteed investment contract	-	575,707
Fixed income and equity mutual funds	7,588,501	7,198,284
Equity securities	1,080,595	2,148,754
Due from Member	22,400,000	30,100,000
Other	2,239,609	1,933,139
	<u>\$ 36,321,543</u>	<u>\$ 41,965,884</u>
<u>Held-to-maturity securities:</u>		
Cash equivalents	\$ 47,995	\$ 107,264
Corporate bonds	11,460,562	11,314,571
Municipal bonds	880,861	303,825
	<u>\$ 12,389,418</u>	<u>\$ 11,725,660</u>

The Hospital's reported amount in the guaranteed investment contract represents amounts related to an Alliance bond indenture which is held by the Alliance under an investment agreement with a financial institution and allocated to the Hospital. During 2011, the investment in the guaranteed investment contract matured and was liquidated.

At June 30, 2011 and 2010, the Hospital held debt securities and uninvested cash of \$12,389,418 and \$11,725,660, respectively, in a held-to-maturity portfolio. Such securities had net unrealized gains of \$651,732 and \$488,671 at June 30, 2011 and 2010, respectively. No security within the held-to-maturity portfolio had been at an unrealized loss position for over one year as of June 30, 2011. The contractual maturities of held-to-maturity securities are \$2,064,114 due in one year or less, \$4,507,479 due from one to five years and \$5,817,825 due after five years.

At June 30, 2011 and 2010, the Hospital held assets limited as to use in certain investments structured as a limited liability company of approximately \$2,240,000 and \$1,933,000,



## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended June 30, 2011 and 2010*

#### NOTE C--HELD-TO-MATURITY SECURITIES AND ASSETS LIMITED AS TO USE

- Continued

respectively. The Hospital elected the fair value option, pursuant to FASB ASC 825, *Financial Instruments*, for its investment in this limited partnership. The objective of this election was to report the entire portfolio on the same measurement basis, thereby eliminating the mixed-attribute approach and better reflecting the overall economic position and result of the investment portfolio. The fair value of these instruments is estimated by the fund manager, based upon estimated market prices of the underlying assets.

Investment fees of approximately \$94,000 and \$79,000 were recognized during the years ended June 30, 2011 and 2010, respectively, and are deducted from interest and dividends in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Total net unrealized losses from assets limited as to use (excluding the guaranteed investment contract and held-to-maturity securities) as of June 30, 2011 and 2010 were \$3,038,998 and \$5,466,695, respectively.

At June 30, 2011, the Hospital held the following position in trading securities which individually exceeded 10% of the trading security portfolio:

<i>Fund</i>	<i>Percentage Held</i>
Alliance Bernstein International Value Fund	10.4%
UBS Trumbull Property Fund	16.5%
American Europacific Growth Fund	14.4%
Fidelity Government Portfolio	19.9%
Wells Fargo Asset Allocation	17.6%

#### NOTE D--PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment consist of the following at June 30:

	<i>2011</i>	<i>2010</i>
Land	\$ 2,121,752	\$ 2,246,002
Buildings and leasehold improvements	16,582,935	15,284,262
Equipment	40,976,524	42,736,433
Equipment held under capital lease obligations	280,148	280,148
	<u>59,961,359</u>	<u>60,546,845</u>

# SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

## Notes to Consolidated Financial Statements - Continued

Years Ended June 30, 2011 and 2010

### NOTE D--PROPERTY, PLANT AND EQUIPMENT - Continued

	2011	2010
Less: Allowances for depreciation and amortization	(47,845,624)	(45,497,648)
	12,115,735	15,049,197
Construction in progress (Note L)	24,226,366	3,069,206
	<u>\$ 36,342,101</u>	<u>\$ 18,118,403</u>

Interest capitalized related to the construction in progress, which primarily consists of the replacement hospital as discussed in Note L, is recorded by the Alliance, as the debt associated with the proceeds used for the construction is the obligation of the Alliance.

### NOTE E--LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS

Long-term debt and capital lease obligations consist of the following at June 30, 2011 and 2010:

Description	Maturities	Rates	Outstanding Balance	
			2011	2010
Note payable secured by deed of trust related to property with a net book value of \$1,924,049 and \$1,174,294 at June 30, 2011 and 2010, respectively	Monthly interest payments through October 2011 and payment of \$575,568 in November 2011	5.50%	\$ 572,892	\$ 1,064,978
Line of credit secured by deed of trust related to property with a net book value of \$348,624 and \$384,887 at June 30, 2011 and 2010, respectively	Monthly principal and interest payments of \$9,441 maturing March 2015, remaining principal and accrued interest due March 2015	Prime - 0.50% (stated minimum and maximum interest rates of 3.50% and 6.25%, respectively)	1,872,949	262,607
Capital lease obligations secured by equipment with a net book value of \$0 and \$20,023 at June 30, 2011 and 2010, respectively	Monthly principal and interest payments through April 2013	6.37% to 7.66%	11,553	36,448
			2,457,394	1,364,033
	Less current portion		(628,300)	(1,101,065)
			<u>\$ 1,829,094</u>	<u>\$ 262,968</u>

The scheduled principal maturities of long-term debt and capital lease obligations at June 30, 2011 are as follows:

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended June 30, 2011 and 2010*

#### NOTE E--LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS - Continued

<u>Year Ending June 30,</u>	
2012	\$ 628,300
2013	54,873
2014	52,022
2015	1,722,199
	<u>\$ 2,457,394</u>

During 2010, the Hospital entered into a line of credit for the construction of a medical office building. The line of credit is secured by property. Approximately \$1,873,000 and \$263,000 was outstanding on the line of credit at June 30, 2011 and 2010, respectively.

#### NOTE F--ASSET RETIREMENT OBLIGATION

FASB ASC 410, *Asset Retirement and Environmental Obligations*, requires that an asset retirement obligation associated with the retirement of a tangible long-lived asset be recognized as a liability in the period in which it is incurred or becomes determinable, even when the timing and/or method of settlement may be conditional on a future event. The Hospital has recorded an estimated asset retirement obligation related to asbestos contained in certain buildings owned by the Hospital. In the event these buildings undergo major renovations or are demolished, the state of Virginia imposes regulations that require the Hospital to handle and dispose of the asbestos in a special manner. The estimated net present value of the asset retirement obligation as of June 30, 2011 and 2010 was approximately \$673,000 and \$472,000, respectively, which is included in other long-term liabilities on the accompanying Consolidated Balance Sheets.

#### NOTE G--NET PATIENT SERVICE REVENUE

A reconciliation of the amount of services provided to patients at established rates to net patient service revenue as presented in the accompanying Consolidated Statements of Operations and Changes in Net Assets is as follows for the years ended June 30, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Inpatient service charges	\$ 61,064,858	\$ 62,695,175
Outpatient service charges	113,811,926	114,557,190
Gross patient service charges	174,876,784	177,252,365

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

*Years Ended June 30, 2011 and 2010*

#### NOTE G--NET PATIENT SERVICE REVENUE - Continued

	<u>2011</u>	<u>2010</u>
Less:		
Estimated contractual adjustments and self-pay discounts	118,654,168	119,556,003
Estimated uncollectible self-pay - Note B	5,766,506	5,470,758
Charity care	4,106,727	3,583,051
	<u>128,527,401</u>	<u>128,609,812</u>
Net patient service revenue	<u>\$ 46,349,383</u>	<u>\$ 48,642,553</u>

The Hospital renders services to patients under contractual arrangements with Medicare, Medicaid, Blue Cross and various other commercial payors. The Medicare program pays for inpatient services on a prospective basis. Payments are based upon diagnosis related group assignments, which are determined by the patient's clinical diagnosis and medical procedures utilized. The Hospital also receives additional payments from Medicare based on the provision of services to a disproportionate share of Medicaid and other low income patients. Most Medicare outpatient services are reimbursed on a prospectively determined payment methodology. The Medicare program also reimburses certain other services on the basis of reasonable cost, subject to various prescribed limitations and reductions.

The Virginia Medicaid program reimbursement for inpatient hospital services is also based on a prospective payment system using both per case and per diem methodologies. Additional payments are made for the allowable costs of capital. Payments for outpatient services are based on Medicare cost reimbursement principles and settled through the filing of an annual Medicaid cost report.

Amounts earned under the contractual agreements with the Medicare and Medicaid programs are subject to review and final determination by the Medicare Administrative Contractor and other appropriate governmental authorities or their agents. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Activity with respect to audits and reviews of governmental programs has increased and is expected to increase in the future. No additional specific reserves or allowances have been established with regard to these increased audits and reviews as management is not able to estimate such amounts. Management believes that any adjustments from these increased audits and reviews will not have a material adverse impact on the consolidated financial statements. However, due to uncertainties in the estimation, it is at least reasonably possible that management's estimate will change in 2012, although the amount of any change cannot be estimated. During the years ended June 30, 2011 and 2010, net patient service revenue increased by approximately \$51,000 and \$260,000, respectively, relating to adjustments of prior years' estimates and final settlements of prior period cost reports.

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

*Years Ended June 30, 2011 and 2010*

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#### NOTE G--NET PATIENT SERVICE REVENUE - Continued

Participation in the Medicare and Medicaid programs subjects the Hospital to significant rules and regulations; failure to adhere to such could result in fines, penalties or expulsion from the program. Management believes that adequate provision has been made for any adjustments, fines or penalties which may result from final settlements or violations of other rules or regulations. Management has represented that the Hospital is in substantial compliance with these rules and regulations as of June 30, 2011.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, preferred provider organizations and employer groups. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

#### NOTE H--EMPLOYEE BENEFIT PLAN

The Hospital's employees are eligible to participate in a defined contribution plan sponsored by the Alliance and funded by employer and employee contributions. Contribution expenses under the terms of this plan totaled approximately \$714,000 and \$739,000 during the years ended June 2011 and 2010, respectively.

#### NOTE I--CONCENTRATIONS OF RISK

The Hospital operates in Smyth County, Virginia, which is a geographic concentration. The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors based on charges at established rates is as follows as of June 30, 2011 and 2010:

	<i>2011</i>	<i>2010</i>
Medicare	45%	42%
Medicaid	12%	19%
Commercial	30%	27%
Patient	11%	9%
Other	2%	3%
	<u>100%</u>	<u>100%</u>

Approximately 98% and 99% of the consolidated total revenue, gains and support was related to the provision of healthcare services for the years ended June 30, 2011 and 2010, respectively. Admitting physicians are primarily practitioners in the local area.

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended June 30, 2011 and 2010*

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#### NOTE I--CONCENTRATIONS OF RISK - Continued

The Hospital routinely invests in investment vehicles as listed in Note C. The Hospital's investment portfolio is managed by outside investment management companies. Investments in money market funds, equities and other vehicles that are held by safekeeping agents are not insured or guaranteed by the U.S. government.

At June 30, 2011, the Hospital had deposits in financial institutions in excess of the Federal Deposit Insurance Corporation's limits. Management believes that credit risk related to these deposits is minimal.

#### NOTE J--INCOME TAXES

SWCH had net operating loss carryforwards for state and federal tax purposes of approximately \$4,875,000 and \$4,376,000 at June 30, 2011 and 2010, respectively, which expire through 2030.

The net operating loss carryforwards may be offset against future taxable income to the extent permitted by the Internal Revenue Code and Commonwealth of Virginia. Net deferred tax assets related to these carryforwards, as well as other items (primarily related party interest expense), have been completely offset through valuation allowances equal to these amounts. Due to net operating losses, there were no income taxes paid or incurred for the years ended June 30, 2011 and 2010.

#### NOTE K--RELATED PARTY TRANSACTIONS

During 2007, the Alliance acquired an 80% interest in the Hospital through a commitment to provide \$48,100,000 to the Hospital (designated for capital) plus a \$4,700,000 contribution to the Foundation, who retained a 20% interest in the Hospital. At June 30, 2011 and 2010, \$22,400,000 and \$30,100,000, respectively, related to this transaction is due from the Alliance and included in assets limited as to use on the accompanying Consolidated Balance Sheets.

The Hospital had various net amounts due to Member and other affiliates totaling \$14,166,020 at June 30, 2011 and \$3,839,037 at June 30, 2010. The payable amounts relate primarily to costs incurred by the Alliance, or affiliates of the Alliance, on behalf of the Hospital. Corporate allocation expense related to the Alliance was approximately \$2,221,000 and \$1,881,000 during the years ended June 30, 2011 and 2010, respectively.

#### NOTE L--COMMITMENTS AND CONTINGENCIES

*Professional Liability and Workers' Compensation:* The Hospital is covered for professional liability claims under the Alliance's \$25,000,000 umbrella liability policy that attaches over the 2011 self-insurance limits of \$10,000,000 per claim and a \$15,000,000 annual aggregate

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

#### *Years Ended June 30, 2011 and 2010*

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#### NOTE L--COMMITMENTS AND CONTINGENCIES - Continued

retention. The Hospital is not self-insured for workers' compensation claims and insures benefits for bodily injury caused by accident or by disease with a policy with 2011 coverage limits of \$1,000,000 per accident or employee.

At June 30, 2011, the Hospital is involved in litigation relating to medical malpractice, workers' compensation and other claims arising in the ordinary course of business. There are also known incidents occurring through June 30, 2011 that may result in the assertion of additional claims, and other unreported claims may be asserted arising from services provided in the past. The Hospital has estimated and accrued for the cost of these unreported claims based on historical data and actuarial assumptions. The discount rate utilized was 5% at June 30, 2011 and 2010. The Hospital has established accruals for both reported and unreported claims of approximately \$1,065,000 and \$403,000 as of June 30, 2011 and 2010, respectively.

Additionally, the Hospital is self-insured for employee health claims and recognizes expense each year based upon actual claims paid and an estimate of claims incurred but not yet paid.

*Operating Leases:* The Hospital leases certain facilities and equipment under various leasing arrangements. Total lease expense incurred during the years ending June 30, 2011 and 2010 was approximately \$739,000 and \$745,000, respectively, and is included as part of other expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Future minimum lease payments for facilities and equipment with noncancelable terms greater than one year are as follows:

<u><i>Year Ended June 30,</i></u>	
2012	\$ 109,214
2013	109,214
2014	109,214
2015	109,214
2016	109,214
	<u>\$ 546,070</u>

*Other Long-term Commitments:* Estimated future minimum payments under various noncancellable maintenance contracts with remaining terms in excess of one year at June 30, 2011 total in aggregate approximately through 2017.

*Construction in Progress:* During 2010, the Hospital and the Alliance gave final approval to construction of a replacement hospital. As of June 30, 2011 and 2010, the Hospital has incurred approximately \$19,317,000 and \$1,884,000, respectively, in costs associated with the planning,

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

*Years Ended June 30, 2011 and 2010*

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#### NOTE L--COMMITMENTS AND CONTINGENCIES - Continued

design and construction of the replacement hospital. Additionally, during 2010, the Hospital began construction of a medical office building. Estimated costs from outstanding contracts and other commitments related to the completion of these and other ongoing projects are approximately \$46,118,000, of which approximately \$40,783,000 is related to the replacement hospital.

In conjunction with the final approval of construction of the replacement hospital, management has changed the useful lives of certain buildings and equipment. Management has estimated the effect of accelerating depreciation on such buildings and equipment will be approximately \$4,100,000 over a twenty-four month period beginning July 1, 2010. The Hospital recognized approximately \$2,066,000 in accelerated depreciation related to the old facility during the year ended June 30, 2011.

*Healthcare Industry:* The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, Medicare fraud and abuse, and patient records privacy and security. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Management does not believe the increase in government activity will have a material adverse impact on the consolidated financial statements. However, due to uncertainties in the estimation, it is at least reasonably possible that management's estimate will change in 2012, although the amount of any change cannot be estimated. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

In March 2010, Congress adopted comprehensive healthcare insurance legislation, Patient Care Protection and Affordable Care Act and Health Care and Education Reconciliation Act. The legislation, among other matters, is designated to expand access to substantially all citizens by 2019 through a combination of public program expansion and private industry health insurance. Implementing regulations are generally required for these legislative acts which are to be adopted over a period of years and, accordingly, the specific impact of any future regulations is not determinable.

#### NOTE M--OPERATING EXPENSES BY FUNCTIONAL CLASSIFICATION

Direct expenses by functional classification are as follows for the years ended June 30, 2011 and 2010:



## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

*Years Ended June 30, 2011 and 2010*

#### NOTE M--OPERATING EXPENSES BY FUNCTIONAL CLASSIFICATION - Continued

	<i>2011</i>	<i>2010</i>
Healthcare services	\$ 41,972,653	\$ 44,258,847
Administrative and general	10,923,015	12,175,137
	<u>\$ 52,895,668</u>	<u>\$ 56,433,984</u>

#### NOTE N--FAIR VALUE MEASUREMENT

FASB ASC 820 emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability. As a basis for considering market participant assumptions in fair value measurements, FASB ASC 820 establishes a fair value hierarchy.

*Valuation Hierarchy:* FASB ASC 820 establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 - Quoted market prices in active markets for identical assets or liabilities.
- Level 2 - Observable market-based inputs or unobservable inputs that are corroborated by market data.
- Level 3 - Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Level 3 includes values determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the Hospital's own assumptions.

In instances where the determination of the fair value hierarchy measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The Hospital's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

The following table sets forth, by level within the fair value hierarchy, the financial assets recorded at fair value on a recurring basis as of June 30:

# SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

## Notes to Consolidated Financial Statements - Continued

Years Ended June 30, 2011 and 2010

### NOTE N--FAIR VALUE MEASUREMENT - Continued

	Carrying Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Assets Measured at Fair Value on a Recurring Basis as of June 30, 2011</b>				
Fixed income and equity mutual funds	\$ 7,588,501	\$ 7,588,501		\$ -
Equity securities	1,080,595	1,080,595	-	-
Other	2,239,609	-	-	2,239,609
	<u>\$ 10,908,705</u>	<u>\$ 8,669,096</u>	<u>\$ -</u>	<u>\$ 2,239,609</u>
<b>Assets Measured at Fair Value on a Recurring Basis as of June 30, 2010</b>				
Fixed income and equity mutual funds	\$ 7,198,284	\$ 7,198,284		\$ -
Equity securities	2,148,754	2,148,754	-	-
Other	1,933,139	-	-	1,933,139
	<u>\$ 11,280,177</u>	<u>\$ 9,347,038</u>	<u>\$ -</u>	<u>\$ 1,933,139</u>

Assets limited as to use classified as Level 1 are measured using quoted market prices. Assets limited as to use classified as Level 3 are estimated by the fund manager, based upon estimated market prices of the underlying assets.

The following table sets forth a summary of changes in the fair value of the Hospital's Level 3 assets for the years ended June 30:

	2010	2009
Balance, beginning of year	\$ 1,933,139	\$ 2,077,210
Total net realized and unrealized gains (losses)	204,822	(156,887)
Purchases, sales, issuances, and settlements, net	101,648	116,637
Transfers out, net	-	(103,821)
Balance, end of year	<u>\$ 2,239,609</u>	<u>\$ 1,933,139</u>

### NOTE O--FAIR VALUE OF FINANCIAL INSTRUMENTS

The fair value of financial instruments has been estimated by the Hospital using available market information as of June 30, 2011 and 2010, and valuation methodologies considered appropriate. The estimates presented are not necessarily indicative of amounts the Hospital could realize in a current market exchange. The carrying value of substantially all financial instruments approximates fair value due to the nature or term of the instruments, except as described below.

## SMYTH COUNTY COMMUNITY HOSPITAL AND SUBSIDIARY

### *Notes to Consolidated Financial Statements - Continued*

***Years Ended June 30, 2011 and 2010***

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#### NOTE O--FAIR VALUE OF FINANCIAL INSTRUMENTS - Continued

*Long-Term Debt and Capital Leases:* The Hospital's long-term debt and capital lease obligations secured by buildings and equipment were negotiated with various lenders. It is not practical to estimate the fair value of these obligations under current conditions.

#### NOTE P--SUBSEQUENT EVENTS

The Hospital entered into a Joint Operating Agreement (JOA) with Johnston Memorial Hospital, Inc. (JMH), an Alliance hospital affiliate, to fund and jointly operate a Cathertization Laboratory at JMH. The Hospital invested \$660,000 in August 2011 as required by the JOA, which represents 25% of the estimated budget for the start-up costs. On an annual basis, JMH shall distribute 25% of the net positive cash flow, as defined by the JOA, to the Hospital. In the event that negative net cash flow exists, the Hospital shall pay to JMH 25% of the difference between zero and the negative cash flow.

Subsequent to June 30, 2011, the Board of Directors of the Hospital authorized a resolution to become a member of the Mountain States Health Alliance Obligated Group as an obligated issuer under the terms of the Alliance's Amended and Restated Master Trust Indenture dated as of February 1, 2000. The obligated issuers of the Alliance were jointly and severally obligated for approximately \$1,800,000,000 in total debt service (principal and interest) as of October 14, 2011 and maturing through 2039.

Subsequent to June 30, 2011, the Alliance issued Series 2011C Bonds of which a portion of the proceeds totaling approximately \$16,460,000 will be used to fund certain capital projects and equipment acquisitions of the Hospital.