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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
400 NORTH STATE OF FRANKLIN ROAD

City or town, state or country, and ZIP + 4
JOHNSON CITY, TN 37604

D Employer identification number
58-1418345

E Telephone number
(423) 302-3372

G Gross receipts $ 1,179,841

F Name and address of principal officer
LYNNIS HORNSBY
400 NORTH STATE OF FRANKLIN ROAD
JOHNSON CITY, TN 37604

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MSHA COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1980

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PART III, LINE 1 - THE PURPOSE OF THE ORGANIZATION IS TO RENDER SERVICES TO MOUNTAIN STATES HEALTH ALLIANCE (MSHA) AND ITS RELATED HOSPITALS, ITS PATIENTS, GUESTS, AND TEAM MEMBERS, WHILE ASSISTING MSHA IN PROMOTING THE HEALTH AND WELFARE OF THE COMMUNITY SERVED, AND TO FUNCTION AS AN ADVISORY BOARD TO THE MSHA VOLUNTEER AND AUXILIARY RESOURCES LEADERSHIP TEAM

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	2,304
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,000	0
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,074	1,212
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	570,857	481,855
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	578,931	483,067
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	33,180	3,715
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	323,751	253,346
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	232,938	202,687
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	589,869	459,748
	19 Revenue less expenses Subtract line 18 from line 12	-10,938	23,319

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,272,613	1,252,630
	21 Total liabilities (Part X, line 26)	113,200	69,898
	22 Net assets or fund balances Subtract line 21 from line 20	1,159,413	1,182,732

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2013-10-14
Signature of officer | Date

MARVIN EICHORN SENIOR VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

PART III, LINE 1 - THE PURPOSE OF THE ORGANIZATION IS TO RENDER SERVICES TO MOUNTAIN STATES HEALTH ALLIANCE (MSHA) AND ITS RELATED HOSPITALS, ITS PATIENTS, GUESTS, AND TEAM MEMBERS, WHILE ASSISTING MSHA IN PROMOTING THE HEALTH AND WELFARE OF THE COMMUNITY SERVED, AND TO FUNCTION AS AN ADVISORY BOARD TO THE MSHA VOLUNTEER AND AUXILIARY RESOURCES LEADERSHIP TEAM

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 442,405 including grants of $ 3,715) (Revenue $ 433,011)

MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY (AUXILIARY) SUPPORTS THE HOSPITALS WITHIN THE MOUNTAIN STATES HEALTH ALLIANCE (MSHA) SYSTEM COMMUNITY MEMBERS NOT EMPLOYED BY MSHA THAT SERVE ON THE AUXILIARY BOARD ARE ALSO VOLUNTEERS WHO FREELY GIVE OF THEIR TIME AND EXPERTISE TO COMMUNITY, FOUNDATION AND AUXILIARY BOARDS OF DIRECTORS AND RELATED COMMITTEES (CONTINUED ON SCHEDULE O) (CONT'D) THE VOLUNTEERS WITHIN MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY (AUXILIARY) ARE A TEAM OF PEOPLE DEDICATED TO HIGH-QUALITY, PATIENT-CENTERED CARE IT IS OUR BELIEF THAT WORKING TOGETHER AS A TEAM, SHARING A COMMON OBJECTIVE OF EXCELLENT SERVICE, IS WHAT HAS EARNED MSHA FACILITIES THE RECOGINITION OF BEING PART OF THE FINEST HEALTH CARE PROVIDER IN OUR REGION WE ARE COMMITTED TO PROVIDING SERVICES TO PATIENTS IN A CARING, LOVING, AND RESPECTFUL WAY VOLUNTEERS ARE HELPING MSHA TO MEET THE NEEDS OF ALL OUR PATIENTS AND THEIR FAMILIES IN AN ENVIRONMENT OF CARE, UNDERSTANDING AND COMPASSION THERE ARE MANY DIFFERENT SERVICE AND SPECIAL PROJECT OPPORTUNITIES FOR VOLUNTEERS TO GET INVOLVED WITH THROUGHOUT MSHA'S SERVICE AREAS THE VOLUNTEER AND AUXILIARY RESOURCES DEPARTMENT WORKS VERY CLOSELY WITH VOLUNTEERS TO ENSURE APPROPRIATE VOLUNTEER PLACEMENT SO THAT EACH VOLUNTEER MAY PROVIDE SERVICE IN AN AREA THAT IS A GOOD MATCH FOR THEM IN ADDITION TO THE MANY VOLUNTEER HOURS PROVIDED TO THE HOSPITALS, THE AUXILIARY RAISES MONEY FOR THE HOSPITALS TO HELP FUND NEEDED PROJECTS INDIVIDUAL MSHA HOSPITALS MAKE A REQUEST FOR DONATION TO THE AUXILIARY FUNDING IS MADE TO A HOSPITAL ONLY AFTER THE AUXILIARY BOARD HAS REVIEWED AND APPROVED A REQUEST MOST OFTEN, DONATIONS FUND SMALL CAPITAL ITEMS SUCH AS A PIECE OF MEDICAL EQUIPMENT OR ITEMS DIRECTED TOWARD IMPROVED PATIENT CARE OR COMFORT AUXILIARY VOLUNTEERS GO THROUGH THE SAME ONBOARDING PROCESS AS PAID TEAM MEMBERS, INCLUDING, BUT NOT LIMITED TO, ORIENTATION, BACKGROUND CHECKS AND UNIT/DEPARTMENT TRAINING WHERE THEY WILL BE ASSIGNED ANNUAL EVALUATIONS ARE CONDUCTED TO ENSURE A CONSISTENT PROVISION OF QUALITY SERVICE TO PATIENTS, VISITORS, AND TEAM MEMBERS VOLUNTEERS WORK THROUGHOUT THE YEAR TO ASSIST HOSPITAL STAFF, PATIENTS AND PATIENT FAMILIES SOME OF THE SERVICES PROVIDED BY AUXILIARY VOLUNTEERS DURING FY13 INCLUDE PATIENT AMBASSADOR PROGRAMS AT JOHNSON CITY MEDICAL CENTER (JCMC), INDIAN PATH MEDICAL CENTER (IPMC), FRANKLIN WOODS COMMUNITY HOSPITAL (FWCH), SYCAMORE SHOALS HOSPITAL (SSH), AND SMYTH COUNTY COMMUNITY HOSPITAL (SCCH) CONSIST OF TRAINED VOLUNTEERS VISITING WITH PATIENTS AND OR FAMILIES, HANDLING OR PROCESSING THEIR CONCERNS AS WELL AS RECOGNIZING TEAM MEMBERS RECEIVING COMPLIMENTS BY PATIENTS AND VISITORS MENDED HEARTS PROGRAM (JCMC, AND, NEW IN FY13, IPMC) FREE MONTHLY PROGRAM FOR PERSONS WITH A HISTORY OF HEART PROBLEMS THE PROGRAM INSPIRES HOPE IN HEART DISEASE PATIENTS AND THEIR FAMILIES BY PROVIDING SUPPORT PROGRAMS THAT HELP HEART PATIENTS THROUGH HOSPITALIZATION, REHABILITATION AND BEYOND THE AUXILIARY HAS 21 TRAINED AND ACCREDITED HOSPITAL VISITORS THE HEART VISITORS ARE THERE EVERY DAY TO ANSWER QUESTIONS FOR HEART PATIENTS AND THEIR FAMILIES, RELIEVING SOME OF THE PATIENT'S AND FAMILY'S ANXIETY COURTESY CARTS (JCMC, NISWONGER CHILDREN'S HOSPITAL (NICH)) DELIVER PATIENTS, STAFF AND VISITORS TO/FROM THEIR CARS AND ANY DOOR OF EITHER HOSPITAL A RED DIRECT LINE PHONE IS IN THE JCMC LOBBY FOR PERSONS TO CALL FOR PICK UP SURGERY WAITING AREAS (IPMC, JCMC, FWCH, AND SCCH) ARE STAFFED BY VOLUNTEERS THE VOLUNTEERS KEEP FAMILIES INFORMED ABOUT THE STATUS OF PATIENTS, ARRANGE PRIVATE MEETINGS WITH THE PHYSICIAN AND FAMILY MEMBERS, AND STRIVE TO MEET ANY IMMEDIATE NEED THAT A VOLUNTEER CAN PROVIDE SUCH AS DIRECTIONS, PHONE NUMBERS, SNACKS, ETC SCHEDULED MUSIC PROGRAMS ARE PROVIDED BY VOLUNTEERS AT ALL MSHA HOSPITALS FRESH BAKED COOKIES ARE BAKED AND DELIVERED AT NO CHARGE TO WAITING AREAS BY VOLUNTEERS (JCMC, NICH, FWCH, IPMC, SSH) VISUAL ARTS PROGRAM (JCMC, IPMC) DIRECTS ROTATING ART EXHIBITS BY LOCAL ARTISTS, WHICH ARE DISPLAYED IN MAIN HALLWAYS OF THE HOSPITALS AUXILIARY OPERATED GIFT SHOPS (ALL HOSPITALS) PROVIDE MERCHANDISE FOR PATIENTS, VISITORS AND TEAM MEMBERS THE GIFT SHOP VOLUNTEERS NOT ONLY SELL MERCHANDISE, BUT, MORE OFTEN THAN NOT, PROVIDE A LISTENING EAR TO FAMILY MEMBERS NEEDING TO VERBALIZE CONCERNS ABOUT THEIR HOSPITALIZED FAMILY MEMBERS THE CADET PROGRAM (JCMC) IS A VOLUNTEER PROGRAM FOR STUDENTS AGED 10-13 TO NOT ONLY ACQUAINT THEM WITH CAREERS IN HEALTHCARE BUT TO HOPEFULLY INSTILL IN THEM A LIFELONG LOVE OF PROVIDING VOLUNTEER SERVICE IN HEALTHCARE JUNIOR VOLUNTEER PROGRAM (JCMC, FWCH, IPMC, SSH) IS A SUMMER EDUCATIONAL/VOLUNTEER PROGRAM FOR HIGH SCHOOL STUDENTS WHICH ALLOWS THEM TO TOUR AND PARTICIPATE IN LEARNING ACTIVITIES AT THE MEDICAL SCHOOL, THE PHARMACY SCHOOL, MSHA INFORMATICS, LABS, AND MANY OTHER DEPARTMENTS THE STUDENTS ALSO VOLUNTEER IN VARIOUS DEPARTMENTS OF INTEREST TO THEM VOLUNTEER CHAPLAINS WORK IN THE HOSPITALS THROUGHOUT MSHA THEY PROVIDE PASTORAL CARE VISITATION AND SUPPORT TO PATIENTS, FAMILIES OF PATIENTS AND TEAM MEMBERS VOLUNTEERS ARE ON CALL AT SOME HOSPITALS 7 DAYS A WEEK, 24 HOURS A DAY, WHILE AT THE LARGER HOSPITALS, VOLUNTEER CHAPLAINS PROVIDE SCHEDULED COVERAGE ON NURSING UNITS 5 DAYS A WEEK, COVERING 8 TO 16 HOUR DAYS THE AUXILIARY CONTINUES TO BE RESPONSIBLE FOR THE STUDENT OBSERVATION/SHADOWING PROGRAM THIS IS A LARGE SYSTEM-WIDE PROGRAM AND HAS INCREASED VOLUNTEER HOURS DRAMATICALLY FOR THE AUXILIARY THE MAJORITY OF THESE STUDENTS ARE WITHIN WASHINGTON COUNTY, TENNESSEE AS MOST OF THE HIGHER EDUCATION INSTITUTIONS ARE HIGH SCHOOL HEALTH OCCUPATIONS SCIENCE ASSOCIATION (HOSA) STUDENTS IN OR CLOSELY AROUND JOHNSON CITY WE ANTICIPATE THAT OUR NUMBERS OF STUDENT VOLUNTEERS WILL CONTINUE TO INCREASE AS THE PROGRAMS IMPROVE AND WORD SPREADS ABOUT THESE IN-HOSPITAL OPPORTUNITIES THE AUXILIARY BEGAN SERVING IN THE EMERGENCY DEPARTMENT AT JCMC, MEETING WITH CONGESTIVE HEART FAILURE PATIENTS PRIOR TO DISCHARGE IN ADDITION, A PATIENT DISCHARGE LIAISON PROGRAM UTILIZES AUXILIARY VOLUNTEERS TO VISIT WITH PATIENTS PRIOR TO DISCHARGE TO CONFIRM THAT EDUCATIONAL NEEDS WERE MET A NEW PROGRAM BEGAN IN THE CANCER TREATMENT CENTER AT IPMC TO PROVIDE DIVERSIONARY ACTIVITIES FOR CHEMO PATIENTS SUCH AS ART THERAPY, GAMES, ETC THE AUXILIARY BEGAN PROVIDING WEEKLY ASSISTANCE FOR THE HEALTHCARE RESOURCE CENTER(HRC) IN THE KINGSPORT TOWN CENTER DURING FY13 THE HRC IS AN OUTREACH SERVICE OF MSHA THAT OFFERS HEALTH PROGRAMS AND SCREENINGS DESIGNED TO HELP INDIVIDUALS LIVE HEALTHIER LIVES THE HRC STAFFS EXPERIENCED REGISTERED NURSES AND OTHER HEALTH PROFESSIONS WHO WILL HELP ANSWER MEDICAL QUESTIONS, AND DISTRIBUTE LITERATURE TO PROVIDE UP-TO-DATE HEALTH INFORMATION FOR THE COMMUNITY

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 442,405

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 instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 United States? *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 United States? *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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	19		
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	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds 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?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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** 11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 10		
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	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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**		No
b	Other officers or key employees of the organization	**15b**		No
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶LYNN KRUTAK 1021 W OAKLAND AVE STE 207 JOHNSON CITY, TN (423) 915-5105

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAM GREER TREASURER	4 00	X						506	0	0
(2) LYNN FRIERSON PRESIDENT	4 00	X						0	0	0
(3) LORETTA COX SECRETARY	2 00	X						0	0	0
(4) VIVIAN LYLE DIRECTOR	1 00	X						0	0	0
(5) NANCY JEWELL ASSISTANT TR	1 00	X						0	0	0
(6) CAROLYN SLUDER PAST PRESIDE	1 00	X						0	0	0
(7) PHYLLIS EGGERS ASSISTANT SE	2 00	X						0	0	0
(8) VICKIE FORD DIRECTOR	2 00	X						0	0	0
(9) PATSY SORAH DIRECTOR	1 00	X						0	0	0
(10) MARY BRUMIT DIRECTOR	1 00	X						0	0	0
(11) FRANCES ADAMS DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								506		

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

			(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				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,212			1,212
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a 263,621				
	b	Less direct expenses . . . b 214,777				
	c	Net income or (loss) from fundraising events . . ▶	48,844			48,844
	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 915,008				
	b	Less cost of goods sold . . b 481,997				
	c	Net income or (loss) from sales of inventory . . ▶	433,011	433,011		
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . . . ▶	483,067	433,011		50,056

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,715	3,715		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	460	460		
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	214,055	214,055		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	21,832	21,832		
10 Payroll taxes	16,999	16,999		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	2,608		2,608	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	62,536	62,536		
12 Advertising and promotion	1,676	1,676		
13 Office expenses	23,524	11,174	12,350	
14 Information technology				
15 Royalties . .	14,819	14,819		
16 Occupancy				
17 Travel	3,500	3,500		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	440	440		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,335	71,335		
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MAINTENANCE & REPAIRS	12,754	12,754		
b TAXES	7,110	7,110		
c DUES & SUBSCRIPTIONS	2,259		2,259	
d OTHER EXPENSES	126		126	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	459,748	442,405	17,343	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		136,210	1	261,713
	2	Savings and temporary cash investments		332,186	2	256,316
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		52,130	4	73,769
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		283,901	8	263,314
	9	Prepaid expenses and deferred charges		5,255	9	5,922
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 851,309			
	b	Less accumulated depreciation	10b 466,900	453,869	10c	384,409
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		9,062	15	7,187
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,272,613	16	1,252,630
Liabilities	17	Accounts payable and accrued expenses		113,200	17	69,898
	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	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		113,200	26	69,898
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,159,413	27	1,182,732
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		1,159,413	33	1,182,732
	34	Total liabilities and net assets/fund balances		1,272,613	34	1,252,630

Part XI Reconcilliation 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	483,067
2	Total expenses (must equal Part IX, column (A), line 25)	2	459,748
3	Revenue less expenses Subtract line 2 from line 1	3	23,319
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,159,413
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,182,732

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

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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

2012

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY

Employer identification number
58-1418345

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 - Non-functionally integrated

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?

	Yes	No
(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 supported organization? **11g(i)**		No
(ii) A family member of a person described in (i) above? **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) MOUNTAIN STATES HEALTH ALLIANCE	620476282	3	Yes		Yes		Yes		20,810
Total									20,810

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **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).

Facts And Circumstances Test

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY

Employer identification number
58-1418345

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? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		294,352	103,667	190,685
c Leasehold improvements		168,520	98,439	70,081
d Equipment		388,437	264,794	123,643
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				384,409

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	LINE 2 MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY IS INCLUDED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF MOUNTAIN STATES HEALTH ALLIANCE (MSHA) THE FOOTNOTE EXPLANATION RELATIVE TO INCOME TAXES READS "THE ALLIANCE 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 ALLIANCE AND ITS TAX-EXEMPT SUBSIDIARIES TAXABLE ENTITIES ACCOUNT FOR INCOME TAXES IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES THE ALLIANCE HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT JUNE 30, 2013 AND 2012 "

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE
AUXILIARY

Employer identification number
58-1418345

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 UNIFORM SALE (event type)	(b) Event #2 JEWELRY SALE (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	134,984	93,565	31,939	260,488
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	134,984	93,565	31,939	260,488
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	115,224	74,852	22,233	212,309
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(212,309)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				48,179

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (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

2012

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY

Employer identification number
58-1418345

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	PART III, LINE 1 - THE PURPOSE OF THE ORGANIZATION IS TO RENDER SERVICES TO MOUNTAIN STATES HEALTH ALLIANCE (MSHA) AND ITS RELATED HOSPITALS, ITS PATIENTS, GUESTS, AND TEAM MEMBERS, WHILE ASSISTING MSHA IN PROMOTING THE HEALTH AND WELFARE OF THE COMMUNITY SERVED, AND TO FUNCTION AS AN ADVISORY BOARD TO THE MSHA VOLUNTEER AND AUXILIARY RESOURCES LEADERSHIP TEAM

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	(CONT'D) THE VOLUNTEERS WITHIN MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY (AUXILIARY) ARE A TEAM OF PEOPLE DEDICATED TO HIGH-QUALITY, PATIENT-CENTERED CARE. IT IS OUR BELIEF THAT WO RKING TOGETHER AS A TEAM, SHARING A COMMON OBJECTIVE OF EXCELLENT SERVICE, IS WHAT HAS EAR NED MSHA FACILITIES THE RECOGINITION OF BEING PART OF THE FINEST HEALTH CARE PROVIDER IN O UR REGION. WE ARE COMMITTED TO PROVIDING SERVICES TO PATIENTS IN A CARING, LOVING, AND RES PECTFUL WAY. VOLUNTEERS ARE HELPING MSHA TO MEET THE NEEDS OF ALL OUR PATIENTS AND THEIR F AMILIES IN AN ENVIRONMENT OF CARE, UNDERSTANDING AND COMPASSION. THERE ARE MANY DIFFERENT SERVICE AND SPECIAL PROJECT OPPORTUNITIES FOR VOLUNTEERS TO GET INVOLVED WITH THROUGHOUT M SHA'S SERVICE AREAS. THE VOLUNTEER AND AUXILIARY RESOURCES DEPARTMENT WORKS VERY CLOSELY W ITH VOLUNTEERS TO ENSURE APPROPRIATE VOLUNTEER PLACEMENT SO THAT EACH VOLUNTEER MAY PROVID E SERVICE IN AN AREA THAT IS A GOOD MATCH FOR THEM. IN ADDITION TO THE MANY VOLUNTEER HOUR S PROVIDED TO THE HOSPITALS, THE AUXILIARY RAISES MONEY FOR THE HOSPITALS TO HELP FUND NEE DED PROJECTS. INDIVIDUAL MSHA HOSPITALS MAKE A REQUEST FOR DONATION TO THE AUXILIARY. FUND ING IS MADE TO A HOSPITAL ONLY AFTER THE AUXILIARY BOARD HAS REVIEWED AND APPROVED A REQUE ST. MOST OFTEN, DONATIONS FUND SMALL CAPITAL ITEMS SUCH AS A PIECE OF MEDICAL EQUIPMENT OR ITEMS DIRECTED TOWARD IMPROVED PATIENT CARE OR COMFORT. AUXILIARY VOLUNTEERS GO THROUGH T HE SAME ONBOARDING PROCESS AS PAID TEAM MEMBERS, INCLUDING, BUT NOT LIMITED TO, ORIENTATIO N, BACKGROUND CHECKS AND UNIT/DEPARTMENT TRAINING WHERE THEY WILL BE ASSIGNED. ANNUAL EVAL UATIONS ARE CONDUCTED TO ENSURE A CONSISTENT PROVISION OF QUALITY SERVICE TO PATIENTS, VIS ITORS, AND TEAM MEMBERS. VOLUNTEERS WORK THROUGHOUT THE YEAR TO ASSIST HOSPITAL STAFF, PAT IENTS AND PATIENT FAMILIES. SOME OF THE SERVICES PROVIDED BY AUXILIARY VOLUNTEERS DURING F Y13 INCLUDE. PATIENT AMBASSADOR PROGRAMS AT JOHNSON CITY MEDICAL CENTER (JCMC), INDIAN PAT H MEDICAL CENTER (IPMC), FRANKLIN WOODS COMMUNITY HOSPITAL (FWCH), SYCAMORE SHOALS HOSPITA L (SSH), AND SMYTH COUNTY COMMUNITY HOSPITAL (SCCH) CONSIST OF TRAINED VOLUNTEERS VISITING WITH PATIENTS AND OR FAMILIES, HANDLING OR PROCESSING THEIR CONCERNS AS WELL AS RECOGNIZI NG TEAM MEMBERS RECEIVING COMPLIMENTS BY PATIENTS AND VISITORS. MENDED HEARTS PROGRAM (JCM C, AND, NEW IN FY13, IPMC) FREE MONTHLY PROGRAM FOR PERSONS WITH A HISTORY OF HEART PROBL EMS. THE PROGRAM INSPIRES HOPE IN HEART DISEASE PATIENTS AND THEIR FAMILIES BY PROVIDING S UPPORT PROGRAMS THAT HELP HEART PATIENTS THROUGH HOSPITALIZATION, REHABILITATION AND BEYON D. THE AUXILIARY HAS 21 TRAINED AND ACCREDITED HOSPITAL VISITORS. THE HEART VISITORS ARE T HERE EVERY DAY TO ANSWER QUESTIONS FOR HEART PATIENTS AND THEIR FAMILIES, RELIEVING SOME O F THE PATIENT'S AND FAMILY'S ANXIETY. COURTESY CARTS (JCMC, NISWONGER CHILDREN'S HOSPITAL (NICH)) DELIVER PATIENTS, STAFF AND VISITORS TO/FROM THEIR CARS AND ANY DOOR OF EITHER HOS PITAL. A RED DIRECT LINE PHONE IS IN THE JCMC LOBBY FOR PERSONS TO CALL FOR PICK UP. SURGE RY WAITING AREAS (IPMC, JCMC, FWCH, AND SCCH) ARE STAFFED BY VOLUNTEERS. THE VOLUNTEERS KE EP FAMILIES INFORMED ABOUT THE STATUS OF PATIENTS, ARRANGE PRIVATE MEETINGS WITH THE PHYSI CIAN AND FAMILY MEMBERS, AND STRIVE TO MEET ANY IMMEDIATE NEED THAT A VOLUNTEER CAN PROVID E SUCH AS DIRECTIONS, PHONE NUMBERS, SNACKS, ETC. SCHEDULED MUSIC PROGRAMS ARE PROVIDED BY VOLUNTEERS AT ALL MSHA HOSPITALS. FRESH BAKED COOKIES ARE BAKED AND DELIVERED AT NO CHARG E TO WAITING AREAS BY VOLUNTEERS (JCMC, NICH, FWCH, IPMC, SSH). VISUAL ARTS PROGRAM (JCMC, IPMC) DIRECTS ROTATING ART EXHIBITS BY LOCAL ARTISTS, WHICH ARE DISPLAYED IN MAIN HALLWAY S OF THE HOSPITALS. AUXILIARY OPERATED GIFT SHOPS (ALL HOSPITALS) PROVIDE MERCHANDISE FOR PATIENTS, VISITORS AND TEAM MEMBERS. THE GIFT SHOP VOLUNTEERS NOT ONLY SELL MERCHANDISE, B UT, MORE OFTEN THAN NOT, PROVIDE A LISTENING EAR TO FAMILY MEMBERS NEEDING TO VERBALIZE CO NCERNS ABOUT THEIR HOSPITALIZED FAMILY MEMBERS. THE CADET PROGRAM (JCMC) IS A VOLUNTEER PR OGRAM FOR STUDENTS AGED 10-13 TO NOT ONLY ACQUAINT THEM WITH CAREERS IN HEALTHCARE BUT TO HOPEFULLY INSTILL IN THEM A LIFELONG LOVE OF PROVIDING VOLUNTEER SERVICE IN HEALTHCARE. JU NIOR VOLUNTEER PROGRAM (JCMC, FWCH, IPMC, SSH) IS A SUMMER EDUCATIONAL/VOLUNTEER PROGRAM F OR HIGH SCHOOL STUDENTS WHICH ALLOWS THEM TO TOUR AND PARTICIPATE IN LEARNING ACTIVITIES A T THE MEDICAL SCHOOL, THE PHARMACY SCHOOL, MSHA INFORMATICS, LABS, AND MANY OTHER DEPARTME NTS. THE STUDENTS ALSO VOLUNTEER IN VARIOUS DEPARTMENTS OF INTEREST TO THEM. VOLUNTEER CHA PLAINS WORK IN THE HOSPITALS THROUGHOUT MSHA. THEY PROVIDE PASTORAL CARE, VISITATION AND SU PPORT TO PATIENTS, FAMILIES OF PATIENTS AND TEAM MEMBERS. VOLUNTEERS ARE ON CALL AT SOME H OSPITALS 7 DAYS A WEEK, 24 HOURS A DAY, WHILE AT THE LARGER HOSPITALS, VOLUNTEER CHAPLAINS PROVIDE SCHEDULED COVERAGE ON NURSING UNITS 5 DAYS A WEEK, COVERING 8 TO 16 HOUR DAYS. TH E AUXILIARY CONTINUES TO BE RESPONSIBLE FOR THE ST

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	UDENT OBSERVATION/SHADOWING PROGRAM THIS IS A LARGE SYSTEM-WIDE PROGRAM AND HAS INCREASED VOLUNTEER HOURS DRAMATICALLY FOR THE AUXILIARY THE MAJORITY OF THESE STUDENTS ARE WITHIN WASHINGTON COUNTY, TENNESSEE AS MOST OF THE HIGHER EDUCATION INSTITUTIONS ARE HIGH SCHOOL HEALTH OCCUPATIONS SCIENCE ASSOCIATION (HOSA) STUDENTS IN OR CLOSELY AROUND JOHNSON CITY WE ANTICIPATE THAT OUR NUMBERS OF STUDENT VOLUNTEERS WILL CONTINUE TO INCREASE AS THE PRO GRAMS IMPROVE AND WORD SPREADS ABOUT THESE IN-HOSPITAL OPPORTUNITIES THE AUXILIARY BEGAN SERVING IN THE EMERGENCY DEPARTMENT AT JCMC, MEETING WITH CONGESTIVE HEART FAILURE PATIENT S PRIOR TO DISCHARGE IN ADDITION, A PATIENT DISCHARGE LIAISON PROGRAM UTILIZES AUXILIARY VOLUNTEERS TO VISIT WITH PATIENTS PRIOR TO DISCHARGE TO CONFIRM THAT EDUCATIONAL NEEDS WER E MET A NEW PROGRAM BEGAN IN THE CANCER TREATMENT CENTER AT IPMC TO PROVIDE DIVERSIONARY ACTIVITIES FOR CHEMO PATIENTS SUCH AS ART THERAPY, GAMES, ETC THE AUXILIARY BEGAN PROVIDI NG WEEKLY ASSISTANCE FOR THE HEALTHCARE RESOURCE CENTER(HRC) IN THE KINGSPORT TOWN CENTER DURING FY13 THE HRC IS AN OUTREACH SERVICE OF MSHA THAT OFFERS HEALTH PROGRAMS AND SCREEN INGS DESIGNED TO HELP INDIVIDUALS LIVE HEALTHIER LIVES THE HRC STAFFS EXPERIENCED REGISTE RED NURSES AND OTHER HEALTH PROFESSIONS WHO WILL HELP ANSWER MEDICAL QUESTIONS, AND DISTRI BUTE LITERATURE TO PROVIDE UP-TO-DATE HEALTH INFORMATION FOR THE COMMUNITY

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	PRIOR TO FILING THE FORM 990 WITH THE IRS, THE COMPLETED RETURN WAS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE AUXILIARY'S BOARD OF DIRECTORS COPIES OF THE RETURN WERE ALSO PROVIDED FOR ABSENT BOARD MEMBERS THE REVIEW WAS CONDUCTED BY A MOUNTAIN STATES HEALTH ALLIANCE SENIOR TAX ACCOUNTANT THE AUXILIARY DIRECTOR, BOARD MEMBERS AND FINANCE DIRECTOR TOOK THE TIME TO REVIEW AND DISCUSS THE ENTIRE RETURN THE EXECUTIVE COMMITTEE IS COMPRISED OF INDIVIDUALS WITH LONG TENURE WITH THE AUXILIARY SO THEY ARE VERY FAMILIAR WITH THE FORM 990

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY, THE CORPORATE AUDIT AND COMPLIANCE DEPARTMENT OF MSHA FORWARDS THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM TO ALL MSHA MANAGEMENT TEAM MEMBERS AND BOARD MEMBERS EMPLOYEES AND BOARD MEMBERS MUST NOTE ANY CONFLICTS OR ATTEST THEY HAVE "NONE", AND RETURN THE FORM TO THE AUDIT AND COMPLIANCE DEPARTMENT ANY NOTED 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
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE AUXILIARY IS LED BY A DIRECTOR OF MOUNTAIN STATES HEALTH ALLIANCE AND UNDERGOES THE SAME EMPLOYMENT REQUIREMENTS OF ANY DIRECTOR LEVEL TEAM MEMBER SINCE THE DIRECTOR IS NOT A VICE-PRESIDENT OR IN A SENIOR LEADERSHIP POSITION, THE DIRECTOR'S COMPENSATION AND BENEFITS ARE CONSISTENT WITH OTHER MHSA NON-EXECUTIVE POSITIONS

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES	FORM 990, PART IX, LINE 11G	CONTRACT LABOR 62,536 0 0

Identifier	Return Reference	Explanation
CHANGE IN FINANCIAL REVIEW PROCESS	FORM 990, PAGE 12, PART XII, LINE 2C	THE AUXILIARY FALLS UNDER THE MOUNTAIN STATES HEALTH ALLIANCE CONSOLIDATED AUDIT MOUNTAIN STATES HEALTH ALLIANCE'S FINANCE AND AUDIT COMMITTEE ASSUMES RESPONSIBILITY AND OVERSIGHT OF THE AUDIT

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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

2012

Open to Public Inspection

Name of the organization
MOUNTAIN STATES HEALTH ALLIANCE
AUXILIARY

Employer identification number
58-1418345

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MOUNTAIN STATES HEALTH ALLIANCE 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604 62-0476282	HOSPITAL	TN	501C3	3	NA		No
(2) MOUNTAIN STATES FOUNDATION 2335 KNOB CREEK ROAD JOHNSON CITY, TN 37604 58-1418862	RAISEFUNDS	TN	501C3	11A	NA		No
(3) SMYTH COUNTY COMMUNITY HOSPITAL 245 MEDICAL PARK DRIVE MARION, VA 24354 54-0794913	HOSPITAL	VA	501C3	3	NA		No
(4) NORTON COMMUNITY HOSPITAL 100 15TH STREET NORTHWEST NORTON, VA 24273 54-0566029	HOSPITAL	VA	501C3	3	N/A		No
(5) DICKENSON COMMUNITY HOSPITAL PO BOX 1440 HOSPITAL DRIVE CLINTWOOD, VA 24228 77-0599553	HOSPITAL	VA	501C3	3	NA		No
(6) JOHNSTON MEMORIAL HOSPITAL 16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 54-0544705	HOSPITAL	VA	501C3	3	N/A		No
(7) ABINGDON PHYSICIAN PARTNERS 351 COURT ST NW ABINGDON, VA 24210 20-5485346	MED SERV	VA	501C3	3	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) INTEGRATED HEALTH SOLUTIONS NETWORK 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604 62-1711997	INVEST CO	TN	NA					No			No	
(2) EMMAUS 6070 HWY 11E PINEY FLATS, TN 37686 20-0577483	MED SERV	TN	NA					No			No	
(3) INTEGRATED HEALTH SOLUTIONS NETWORK 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604 62-1711997	INVEST CO	TN	NA					No			No	
(4) EMMAUS 6070 HWY 11E PINEY FLATS, TN 37686 20-0577483	MED SERV	TN	NA					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) Section 512 (b)(13) controlled entity? No
See Additional Data Table									

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	**1a**	**Yes**	
b	Gift, grant, or capital contribution to related organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	**Yes**	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		**No**
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		**No**
o	Sharing of paid employees with related organization(s)	**1o**		**No**
p	Reimbursement paid to related organization(s) for expenses	**1p**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**		**No**
r	Other transfer of cash or property to related organization(s)	**1r**	**Yes**	
s	Other transfer of cash or property from related organization(s)	**1s**		**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-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-1418345
Name: MOUNTAIN STATES HEALTH ALLIANCE AUXILIARY

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
MOUNTAIN STATES HEALTH ALLIANCE 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604 62-0476282	HOSPITAL	TN	501C3	3	NA	No
MOUNTAIN STATES FOUNDATION 2335 KNOB CREEK ROAD JOHNSON CITY, TN 37604 58-1418862	RAISEFUNDS	TN	501C3	11A	NA	No
SMYTH COUNTY COMMUNITY HOSPITAL 245 MEDICAL PARK DRIVE MARION, VA 24354 54-0794913	HOSPITAL	VA	501C3	3	NA	No
NORTON COMMUNITY HOSPITAL 100 15TH STREET NORTHWEST NORTON, VA 24273 54-0566029	HOSPITAL	VA	501C3	3	N/A	No
DICKENSON COMMUNITY HOSPITAL PO BOX 1440 HOSPITAL DRIVE CLINTWOOD, VA 24228 77-0599553	HOSPITAL	VA	501C3	3	NA	No
JOHNSTON MEMORIAL HOSPITAL 16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211 54-0544705	HOSPITAL	VA	501C3	3	N/A	No
ABINGDON PHYSICIAN PARTNERS 351 COURT ST NW ABINGDON, VA 24210 20-5485346	MED SERV	VA	501C3	3	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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BLUE RIDGE MEDICAL MGMT CORP 1021 W OAKLAND AVENUE JOHNSON CITY, TN 37604 62-1490616	PHY OFF	TN	NA	C CORP					No
MEDISERVE MED EQUIP OF KINGSPORT 1021 W OAKLAND AVENUE JOHNSON CITY, TN 37604 62-1212286	DME	TN	NA	C CORP					No
MOUNTAIN STATES PROPERTIES 1021 W OAKLAND AVENUE JOHNSON CITY, TN 37604 62-1845895	PROP MGMT	TN	NA	C CORP					No
MOUNTAIN STATES MED GROUP 1021 W OAKLAND AVENUE JOHNSON CITY, TN 37604 62-1700412	HEALTHCARE	TN	NA	C CORP					No
COMMUNITY HOME CARE INC 100 15TH ST NW NORTON, VA 24273 54-1453810	MED EQUIP	VA	NA	C CORP					No
SOUTHWEST COMMUNITY HEALTH SERV 565 RADIO HILL RD PO BOX 880 MARION, VA 24354 54-1460695	MED SERV	VA	NA						No
BLUE RIDGE MEDICAL MGMT CORP 1021 W OAKLAND AVENUE JOHNSON CITY, TN 37604 62-1490616	PHY OFF	TN	NA	C CORP					No
MEDISERVE MED EQUIP OF KINGSPORT 1021 W OAKLAND AVENUE JOHNSON CITY, TN 37604 62-1212286	DME	TN	NA	C CORP					No
MOUNTAIN STATES PROPERTIES 1021 W OAKLAND AVENUE JOHNSON CITY, TN 37604 62-1845895	PROP MGMT	TN	NA	C CORP					No
MOUNTAIN STATES MED GROUP 1021 W OAKLAND AVENUE JOHNSON CITY, TN 37604 62-1700412	HEALTHCARE	TN	NA	C CORP					No
COMMUNITY HOME CARE INC 100 15TH ST NW NORTON, VA 24273 54-1453810	MED EQUIP	VA	NA	C CORP					No
SOUTHWEST COMMUNITY HEALTH SERV 565 RADIO HILL RD PO BOX 880 MARION, VA 24354 54-1460695	MED SERV	VA	NA						No

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