

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization
Carilion Stonewall Jackson Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 12385

City or town, state or province, country, and ZIP or foreign postal code
Roanoke, VA 24025

D Employer identification number
54-0568001

E Telephone number
(540) 224-5112

G Gross receipts \$ 74,765,457

F Name and address of principal officer
GREGORY T MADSEN
PO BOX 12385
Roanoke, VA 24025

H(a) Is this a group return for subordinates? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CARILIONCLINIC ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1955

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Our mission is to improve the health of the communities we serve through our commitment to a common purpose of better patient care, better community health, and lower cost

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

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	310
6 Total number of volunteers (estimate if necessary)	64
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	89,421	73,800
9 Program service revenue (Part VIII, line 2g)	39,881,816	44,408,198
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	612,038	923,812
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,580,998	701,042
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,164,273	46,106,852
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	63,997	63,211
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)	15,683,459	16,109,776
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)	23,731,728	26,444,803
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	39,479,184	42,617,790
19 Revenue less expenses Subtract line 18 from line 12	2,685,089	3,489,062
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	55,362,643	63,003,950
21 Total liabilities (Part X, line 26)	23,173,575	27,272,733
22 Net assets or fund balances Subtract line 21 from line 20	32,189,068	35,731,217

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-08-16

G ROBERT VAUGHAN JR ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our mission is to improve the health of the communities we serve through our commitment to a common purpose of better patient care, better community health, and lower cost

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 \$ 36,911,700 including grants of \$ 63,211) (Revenue \$ 44,714,803)
See Additional Data

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

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

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

4e Total program service expenses ▶ 36,911,700

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
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	

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 310			
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds.				
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (Yes); 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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (VA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: 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, address, and telephone number of the person who possesses the organization's books and records: THE CORPORATION ATTN H KIRK 213 S JEFFERSON ST ROANOKE, VA 24011 (540) 224-5102

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	73,000		
	e Government grants (contributions)	1e	0		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	800		
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		73,800			

Program Service Revenue			Business Code				
	2a Net Patient Revenue		622110	44,349,818	44,349,818		
	b Exempt Affiliate Rent		900099	58,380	58,380		
	c _____						
	d _____						
	e _____						
	f All other program service revenue			0	0	0	0
g Total. Add lines 2a-2f			44,408,198				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			407,549			407,549	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		203,877						
		b Less rental expenses						
		c Rental income or (loss)	203,877	0				
	d Net rental income or (loss)			203,877			203,877	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		29,166,468	8,400					
		b Less cost or other basis and sales expenses	28,657,508	1,097				
		c Gain or (loss)	508,960	7,303				
	d Net gain or (loss)			516,263			516,263	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b					
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities See Part IV, line 19	a							
	b Less direct expenses	b						
	c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11a Contract Revenue		900099	240,666	240,666				
b Cafeteria		722514	190,560			190,560		
c Wellness Memberships		900099	17,240	17,240				
d All other revenue			48,699	48,699	0	0		
e Total. Add lines 11a-11d			497,165					
12 Total revenue. See Instructions			46,106,852	44,714,803	0	1,318,249		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	63,211	63,211		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	262,761		262,761	
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.	12,527,406	12,515,232	12,174	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	835,079	834,267	812	
9 Other employee benefits.	1,642,977	1,595,873	47,104	
10 Payroll taxes.	841,553	825,892	15,661	
11 Fees for services (non-employees)				
a Management.	5,027,490		5,027,490	
b Legal.	1,576		1,576	
c Accounting.				
d Lobbying.	2,763	2,763		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	32,172		32,172	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,938,363	3,818,686	119,677	0
12 Advertising and promotion.	423	423		
13 Office expenses.	668,087	656,988	11,099	
14 Information technology.	76,117	76,117		
15 Royalties.				
16 Occupancy.	796,999	796,999		
17 Travel.	70,781	66,567	4,214	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	856,533	856,533		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,157,078	2,157,078		
23 Insurance.	308,555	172,244	136,311	
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 Med Supplies.	3,447,526	3,447,526		
b Bad Debt.	5,339,281	5,339,281		
c Intercompany Practice Subsidy.	3,647,915	3,647,915		
d Dues & Subscriptions.	33,856	33,856		
e All other expenses.	39,288	4,249	35,039	0
25 Total functional expenses. Add lines 1 through 24e.	42,617,790	36,911,700	5,706,090	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	1,199	1	1,311	
	2 Savings and temporary cash investments	23,678	2	23,466	
	3 Pledges and grants receivable, net		3	0	
	4 Accounts receivable, net	6,627,763	4	9,878,974	
	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	0	
	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	0	
	7 Notes and loans receivable, net		7	0	
	8 Inventories for sale or use	393,807	8	365,650	
	9 Prepaid expenses and deferred charges	129,813	9	136,981	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	55,520,542			
	b Less accumulated depreciation	38,577,632			
			14,979,764	10c	16,942,910
	11 Investments—publicly traded securities	6,087,949	11	5,769,476	
	12 Investments—other securities See Part IV, line 11	23,840,033	12	25,169,545	
	13 Investments—program-related See Part IV, line 11	0	13		
	14 Intangible assets		14		
15 Other assets See Part IV, line 11	3,278,637	15	4,715,637		
16 Total assets. Add lines 1 through 15 (must equal line 34)	55,362,643	16	63,003,950		
Liabilities	17 Accounts payable and accrued expenses	5,060,635	17	10,538,863	
	18 Grants payable		18	0	
	19 Deferred revenue		19	0	
	20 Tax-exempt bond liabilities	17,380,788	20	15,958,134	
	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	0	
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	598,741	24	578,107	
	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	133,411	25	197,629	
	26 Total liabilities. Add lines 17 through 25	23,173,575	26	27,272,733	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	32,189,068	27	35,731,217	
	28 Temporarily restricted net assets		28	0	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	32,189,068	33	35,731,217		
34 Total liabilities and net assets/fund balances	55,362,643	34	63,003,950		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,106,852
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,617,790
3	Revenue less expenses Subtract line 2 from line 1	3	3,489,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,189,068
5	Net unrealized gains (losses) on investments	5	121,329
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	-68,242
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,731,217

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 54-0568001

Name: Carilion Stonewall Jackson Hospital

Form 990 (2018)

Form 990, Part III, Line 4a:

See schedule O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Howard Boetsch Jr DML Director/Secretary/Treasurer	12 24	X		X				0	10,575	0
Juliet GIBSON Director/Vice Chair	12 0	X		X				0	0	0
Greg Madsen Director/Hospital VP	50 0	X		X				199,541	7,015	50,792
Richard TEAFF PhD Director/Chair	25 0	X		X				0	0	0
Robert Berkstresser Director	12 0	X						0	0	0
Gregory Cavallaro Director	12 0	X						0	736	0
James Crews MD Director	12 0	X						0	0	0
Sidney Evans Director	12 0	X						0	0	0
Ayesha KELLY MD Director	12 488	X						0	339,792	41,115
Tracy Lyons Director	12 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM J SAYRE MD Director	1 2 48 8	X						0	363,796	26,861
John SEDOVY MD Director	1 2 48 8	X						0	496,095	21,539
Lisa Sprinkel Director	1 2 48 8	X						0	149,335	19,314
Kerri Thornton Director	1 2 48 8	X						0	282,391	9,394
James Williams Jr Director	1 2 0	X						0	0	0
Cheryl Wright Director	1 2 0	X						0	0	0
Nicholas Conte Asst Secretary	1 0 49 0			X				0	523,989	136,049
David Hagadorn Asst Treasurer	0 5 49 5			X				0	143,606	8,062
Donald Halliwill Asst Treasurer	0 5 49 5			X				0	591,117	93,970
Lauren Schantz Asst Secretary	1 5 38 5			X				0	74,069	12,875

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
G Robert Vaughan Jr Asst Treasurer	0 5 49 5			X				0	294,528	26,998
Nancy Howell Agee CEO, Carilion Clinic	2 0 48 0				X			0	1,733,867	125,927
Steven Arner Executive Vice President	2 0 48 0				X			0	617,874	97,360
LISA C CRAFT RN Lead	50 0 0						X	138,588	0	18,322
Regina Donald Pharmacy Manager	50 0 0						X	163,486	0	34,125
Tracy Kiely RN Lead	50 0 0						X	112,716	0	20,526
Karen Lafon Unit Director	50 0 0						X	125,706	0	23,673
Phyllis Snyder RN Lead	50 0 0						X	133,334	0	32,572
Charles Carr Former Director/Officer	50 0 0						X	75,954	144,369	52,366
Karen Lyons MD Former Director/Officer	5 0 45 0						X	26,585	203,947	31,037

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Carlion Stonewall Jackson Hospital

Employer identification number

54-0568001

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 54-0568001

Name: Carilion Stonewall Jackson Hospital

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Carlion Stonewall Jackson Hospital	Employer identification number 54-0568001
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		2,763
j Total Add lines 1c through 1i			2,763
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	A portion of dues paid to various hospital industry associations is attributable to lobbying activities

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
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Name of the organization
Carilion Stonewall Jackson Hospital

Employer identification number
54-0568001

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		430,816		430,816
b Buildings		32,365,691	20,921,439	11,444,252
c Leasehold improvements		0	0	0
d Equipment		21,473,398	16,504,697	4,968,701
e Other		1,250,637	1,151,496	99,141
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				16,942,910

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	11,249	F
(2) Closely-held equity interests		
(3) Other _____		
(A) Alternative Investments	20,990,630	F
(B) Comingled Funds	4,167,166	F
(C) Investment- Stock	500	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	25,169,545	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Due From Affiliate	4,439,000
(2) Assets Held for Foundation	276,637
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	4,715,637

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Pension Liability	143,817
Swap Liability	53,812
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	197,629

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

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

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

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2018
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Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1b If "Yes," was it a written policy?

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities

Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

100% 150% 200% Other _____ %

b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

200% 250% 300% 350% 400% Other _____ %

c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Did the organization prepare a community benefit report during the tax year?

b If "Yes," did the organization make it available to the public?

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

	Yes	No
1a	Yes	
1b	Yes	
3a	Yes	
3b	Yes	
4		No
5a	Yes	
5b		No
5c		
6a	Yes	
6b	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1,492,377		1,492,377	3.98 %
b Medicaid (from Worksheet 3, column a)			1,873,642	1,549,979	323,663	0.86 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	3,366,019	1,549,979	1,816,040	4.84 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	66	2,625	24,536		24,536	0.07 %
f Health professions education (from Worksheet 5)					0	0.0 %
g Subsidized health services (from Worksheet 6)					0	0.0 %
h Research (from Worksheet 7)					0	0.0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	18	50	25,144		25,144	0.07 %
j Total Other Benefits	84	2,675	49,680	0	49,680	0.13 %
k Total Add lines 7d and 7j	84	2,675	3,415,699	1,549,979	1,865,720	4.97 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development	25		10,464		10,464	0 03 %
3 Community support	10		1,077		1,077	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building	24		6,645		6,645	0 02 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	59	0	18,186	0	18,186	0 05 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	5,298,511
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	12,918,701
6 Enter Medicare allowable costs of care relating to payments on line 5	6	13,380,862
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-462,161
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.carilionclinic.org/locations/carilion-stonewall-jackson-hospital</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>https://www.carilionclinic.org/community-health-assessments#rockbridge-area</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>https://www.carilionclinic.org/community-health-assessments#rockbridge-area</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

CARILION STONEWALL JACKSON HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>400 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.carilionclinic.org/billing/financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.carilionclinic.org/billing/financial-assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.carilionclinic.org/billing/financial-assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

CARILION STONEWALL JACKSON HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

CARILION STONEWALL JACKSON HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
1 CARILION CLINIC INTERNAL MEDICINE 108 HOUSTON STREET SUITE A LEXINGTON, VA 24450	PHYSICIAN OFFICES
2 CARILION CLINIC FAMILY MEDICINE-SOUTH MAIN 146 SOUTH MAIN STREET LEXINGTON, VA 24450	PHYSICIAN OFFICES
3 CARILION CLINIC FAMILY MEDICINE 108 HOUSTON STREET SUITE C LEXINGTON, VA 24450	PHYSICIAN OFFICES
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)</p>	<p>(Continued from Part V, Section C) Carilion Clinic is committed to improving the health of the communities we serve by addressing key health priorities identified through our triennial Community Health Needs Assessments. Carilion fulfills this commitment in many ways, one of which is through targeted grants for community health improvement programs and those affecting the social determinants of health. Carilion provides a multitude of community grants and community health sponsorships to help local charitable organizations fulfill their missions related to the health and well-being of our communities. Community grant dollars are allocated across the entire Carilion Clinic service area based on requests received. During the 2019 fiscal year (2018 tax year), \$10,000 was awarded to a community organization to offer community-based palliative care in the Rockbridge Area. The Stonewall Jackson Hospital Community Health Foundation provides additional monies for grants to local organizations that aim to improve the health of our community. Members of the Board of Directors for the Foundation sit on a committee of the CSJH Board of Directors to determine which grants to award. For the next three years, all grants will go toward programs and initiatives aimed at addressing needs identified in this Community Health Needs Assessment. -Significant Health Priorities to be Addressed- Health Behaviors Needs include alcohol and drug use, poor diet, high prevalence of chronic disease, healthy behaviors not a priority, lack of knowledge of healthy behaviors, tobacco use. Carilion Clinic addressed health behavior-related priorities from the 2018 RACHNA. Improving poor diets and the general health culture served as a start to making healthy behaviors more of a priority. Carilion provides a variety of free health education classes, screenings and flu immunizations in community settings. Community health education is provided by the Community Health and Outreach department, as well as on occasion by other departments. Health and wellness education topics include-general wellness, healthy eating and activity, exercise for balance and confidence building for seniors, and other topics as requested. The local health educator also leads guided public walks and hikes to increase access to exercise opportunities. Resources committed to these programs include staff time and often food and giveaway items that encourage healthy behaviors. In addition to traditional health education, CSJH participates in health behavior related programs including- (1) Veggie Brigade - a program put on in partnerships with Live Healthy Rockbridge Kids to encourage local elementary school children to try new fruits and vegetables. (2) Eat Healthy Rockbridge - a collaborative program encouraging healthy eating through prescription vouchers to access healthy food paired with education and coaching. In addition to community events, Carilion works to encourage healthy behaviors by offering classes to its employees and through partnerships with other employers in the Rockbridge Area. As the largest employer in the region, efforts to engage employees and their families in their own health impact community health overall. Carilion has rolled out the Virgin Pulse program to employees. This program enables employees to connect personal activity trackers and include others on the platform to encourage daily healthy behaviors such as exercise, climbing stairs, and planning healthy diets. Carilion remains committed to the Healthier Hospital Initiative pledge and continues to work to improve the amount of healthy, local, sustainable foods purchased and served through its cafeterias. -Tobacco Use- Carilion makes available a "Preparing to Quit" speakers bureau that can be requested by community groups or companies. Carilion employees and their dependents will now be eligible for a new, pharmacist-led smoking cessation program. This program includes group sessions, individual follow-up, resource referrals and free access to nicotine replacement therapy products. Another option includes free participation in the Quit for Life program. Employees are offered a financial incentive when they are tobacco free. -Alcohol and drug use- Carilion's Opioid Task Force brings together expertise from throughout the Carilion system to better understand and address the opioid epidemic in Southwest Virginia. The Opioid Task Force is working to address this epidemic internally and in the community. Efforts arising from this task force include-developing system-wide guidelines and a system dashboard for opioid prescriptions, developing treatment pathways for opioid addiction in specific high-risk groups, developing best practices for risk assessment, treatment and standard orders in Carilion's electronic medical record system, developing an inventory of community resources related to prevention, treatment and recovery services for opioid patients and community members, and providing locations</p>

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)</p>	<p>for free, safe, prescription drug returns or deactivation bags CSJH is also a participant in the Rockbridge Area Prevention Coalition and provides space for weekly AA meetings -Clinical Care- Needs include access to mental / behavioral health services, access to primary care, access to specialty care Issues with access to care are a focus for CSJH when addressing community health needs In addition to providing financial support to qualifying patients who cannot afford care, Carilion is working to improve affordable access to care and resources Carilion is committed to helping improve access to affordable medical care in our communities With expansion of Medicaid in the Commonwealth of Virginia, in 2019, Carilion worked diligently to help patients and community members with enrollment in Medicaid for newly eligible beneficiaries To improve access to care, impacting the need for access to primary care and specialty care, a new urgent care was opened in Raphine, VA at White's Travel Center In the 2015 Rockbridge Area Community Health Needs Assessment, access to urgent care services was the top need Carilion responded by opening one urgent care in Lexington and now a second was opened in Rockbridge County to serve residents and travelers Carilion continues to bring specialty service to Lexington on a rotating basis CSJH will continue to work with the Carilion Clinic Planning department to explore the specific specialty care needs in the region -Mental health and substance use services- In an ongoing effort to increase access to psychiatry and mental health services, the technological infrastructure to provide telepsych services has been put in place in the CSJH Emergency Department Carilion is committed to serving the needs of its communities and continues to work toward providing telepsych services in the Rockbridge Area CSJH also continues to work with partners in the region to align patients and community members with available services, such as those available through the Rockbridge Area Health Center CSJH also partners with Rockbridge Area Community Services, offering space to host free Mental Health First Aid classes Additionally, CSJH participated on the planning committee for the Rockbridge Area Prevention Coalition's Prevention Forum geared toward parents, guardians and teachers and focused on risk factors for teens who might be inclined to use alcohol, tobacco and other drugs or self-harm -Social and Economic Factors, Including Poverty- In its commitment to reducing inequity of care, Carilion provides financial support for people who cannot afford insurance or health care Carilion also replenishes medication carried aboard emergency medical services vehicles Support is also provided to a variety of not-for-profit organizations, helping to reduce the impacts of poverty on health through investments in social determinants such as housing, transportation, employment, education, access to healthy foods and many other important causes Each year, Carilion Clinic coordinates a system-wide United Way campaign through which employees can provide additional support to these causes</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)	<p>-Physical Environment- While physical environment did not necessarily arise as a top priority in the 2018 RACHNA, Carilion still recognizes the impact the environment has on the health of our communities. Therefore, efforts continue to improve the efficiency of Carilion's hospitals and other structures, the utilization of recycling and recyclable or bio-degradable materials where possible, the reduction of waste and the utilization of local, sustainable foods.</p> <p>-Implementation and Measurement- Carilion has invested in multiple systems to manage data and track outcomes of our community work. Clear Impact software will be utilized to develop community, system-wide, hospital-specific and project-specific scorecards with appropriate outcome measures. Community health education programs and screenings will contain program level outcomes assigned based on the topic. These outcomes will be tracked with pre- and post-tests as well as through screening results. Community programs supported by Carilion grants will be responsible for regularly reporting program outcomes. Scorecards developed contain key secondary data points which are updated annually to track the impact of community health initiatives. Specifically, Carilion tracked and measured impact on certain aligned indicators contributing to the Robert Wood Johnson Foundation County Health Factors Ranking and County Health Outcomes Ranking. Our goal is to improve County Health Rankings for the entire Rockbridge Area, but we understand that by the nature of County Health Rankings, improvements are relative to progress in other communities within the Commonwealth of Virginia.</p> <p>-Priority Areas Not being Addressed and the Reasons- A community approach to determine and address priority needs as described earlier in this document was used to determine which needs cannot be immediately addressed. The needs not identified as "priority" are those that will not be actively addressed in this time period. It is CSJH's intent to address all identified priority health issues through the aforementioned initiatives, programs and/or grants if possible. After completing the 2018 RACHNA, CSJH worked with Rockbridge 2020 (now Live Healthy Rockbridge) to develop a plan for addressing key issues in the community with the focus of program provision for those living in poverty and/or in medically underserved areas. Please visit https://carilionclinic.org/community-health-assessments#rockbridge-area to review the 2018 Rockbridge Area Community Health Needs Assessment. Learn more about Carilion Clinic Community Health and Outreach at https://www.carilionclinic.org/community-health-outreach.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Other Financial Assistance Eligibility Criteria	Patients' eligibility is determined by family size, family income, real property equity and liquid assets. Families with family income equal or below 200% of the FPG and assets equal or below \$15,000 receive 100% adjustment under FAP. Families with family income greater than 200% of the FPG but less than or equal to 400% of the FPG or assets above \$15,000 and less than or equal to \$100,000 receive a partial adjustment under FAP. The partial adjustment matches the AGB percentage for each service area.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Public Availability of Community Benefit Report	Information on community benefit is reported annually through a consolidated report prepared by Carilion Clinic (EIN 54-1190771). Printed copies of this report are distributed throughout communities served by hospitals affiliated with Carilion Clinic. Additionally, the community benefit report is available on Carilion Clinic's website: https://www.carilionclinic.org/about-carilion-clinic#our-values

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance</p>	<p>Part I, Line 7, Column (f) Bad debt expense of \$5,298,511, as included in Part IX, Statement of Expenses on line 25 was excluded from the calculation of Part I Line 7 Column (f) Percent of total expense Line 7e - Community Health Improvement Services and Community Benefit Operations - This line is reported at actual cost Carilion's commitment to community service is evident at all levels of the organization Carilion's commitment to community health is evidenced by its population health infrastructure including its Community Health and Outreach (CHO) department dedicated to assessing and addressing community needs The department is responsible for leading and facilitating the Community Health Improvement Plan, Community Health Needs Assessments, the system's community grants process, community health education, community benefit collection, and neighborhood health initiatives CHO staff works with the hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health needs The hospital has a Community Benefit Team overseeing the hospital's plan to address community need in partnership with the local community health assessment team There is also a Community Benefit Council providing oversight for Carilion's community health improvement work and for community benefit strategy, collection and submission Carilion Stonewall Jackson Hospital (CSJH) provides education to the public about health risks and steps that can be taken to improve health Events include regularly scheduled youth nutrition education events in schools called Veggie Brigades, Healthy Walks and Talks, as well as support of community partners' events such as YMCA's Healthy Kids Day Carilion's community health and outreach department also provides screenings for cholesterol as well as free community flu immunization clinics Community benefit operations include expenses associated with tracking community health improvement activities and the cost associated with coordinating responses to community health needs identified through the most recent Rockbridge Area Community Health Needs Assessment This coordination includes participation in and leadership of Live Healthy Rockbridge (previously Rockbridge 2020), a collaboration of health and human service organizations coming together to address community health needs 7f - Health professions education - n/a 7g - Subsidized Health Services - n/a 7h - Research - n/a 7i - Cash and In-Kind Contributions - At cost Carilion has long been committed to improving the health of the communities we serve We know significant change doesn't happen without collaboration, it takes a community of partners working toward common goals Carilion's dedication to this mission is evidenced by the support provided annually to various nonprofit partners, furthering its efforts to positively impact health Financial and in-kind contributions are made each year to dozens of organizations directly impacting the issues identified in our triennial Community Health Needs Assessment and a variety of social determinants that impact people's health Support provided in fiscal year 2019 (tax year 2018) primarily helped with access to healthcare through partners such as the Rockbridge Area Health Center, Rockbridge Area Hospice, and the local Emergency Medical Services</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part II Community Building Activities</p>	<p>Line 1 - Physical improvements and housing - n/a Line 2 - Economic development - As the largest employer in Southwest Virginia, Carilion participates in programming and supports local Chambers of Commerce, improving economic development efforts through pro-business advocacy Carilion Stonewall Jackson Hospital takes an active role in local economic development endeavors by conversing with local businesses about the region's current business climate and prospects and through participation in Main Street Lexington, a volunteer-led non-profit organization that improves and promotes Downtown Lexington Line 3 - Community support - Research demonstrates the strong connection between social determinants of health such as transportation, housing and education, and the overall health and well-being of communities Support is provided in a variety of ways for nonprofit organizations that address barriers to good health arising from these social determinants Through support of local partners, Carilion can help provide better education and opportunities for children and families as well as improved housing, better nutrition and additional supportive resources for its neighbors in need, removing a range of obstacles to good health Carilion Stonewall Jackson Hospital is deeply involved with a variety of health and social determinant-related initiatives and supports local organizations through coordination of activities and participation as volunteers and on boards in addition to providing financial support For example, in fiscal year 2019 (tax year 2018) Carilion employees dedicated their time to impact the need for access to exercise opportunities and health programming by providing support for the local YMCA Financial support also promoted community engagement and volunteerism through organizations such as the Lexington Rockbridge Jaycees, Rockbridge NAACP and Fellowship of Christian Athletes Line 4 - Environmental improvements - n/a Line 5 - Leadership development and training for community members - n/a Line 6 - Coalition building - Carilion believes in the power of collaboration and understands that community health issues must be addressed in concert with the community To ensure lasting community impact from the health assessment and community health improvement process, Carilion participates in community health coalitions that address health, safety and social determinant needs in the Rockbridge Area In addition, Carilion partners with multiple community and business organizations around initiatives to improve health and wellness and to impact the social determinants of health for all who live in the Rockbridge Area This includes Carilion's representation and participation in the Local Emergency Preparedness Committee, Live Healthy Rockbridge Kids, the Rockbridge Area Prevention Coalition, and the Rockbridge Area Outdoor Partnership as well as the Virginia Rural Health Association and the Community Foundation of Rockbridge, Bath and Alleghany Line 7 - Community health improvement advocacy - n/a Line 8 - Workforce development - n/a</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Carilion Stonewall Jackson Hospital estimates bad debt expense by reserving a percentage of all self-pay patient accounts receivable by aging category, based on collection history, adjusted for expected recoveries and, if present, anticipated changes in trends

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Accounts receivable are stated at net realizable amounts due from patients, third-party payors, and other insurers for which Carilion Stonewall Jackson Hospital expects to be entitled in exchange for providing patient care. For patient accounts receivable resulting from revenue recognized prior to October 1, 2018, an allowance for doubtful accounts was established to reduce the carrying value of such receivables to net realizable value. Subsequent to the adoption of Accounting Standards Update (ASU) No. 2014-09, Revenue from Contracts with Customers (Topic 606) (ASU 2014-09), the estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to patient accounts receivable rather than an allowance for doubtful accounts.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The Hospital believes our Medicare shortfall is a cost we incur as a benefit to the community. IRS Rev. Rul. 69-545, provides that one of the factors demonstrating community benefit is operating an emergency room open to all persons regardless of ability to pay and providing hospital care for all patients able to pay, including those who pay their bills through public programs such as Medicare. In order to operate for the benefit of the broad community that we serve we must include our significant Medicare population, even if we are required to subsidize care to our Medicare patients due to being reimbursed at less than cost by Medicare's nonnegotiable rates. Medicare allowable costs are determined from the Medicare cost report using the cost-to-charge ratio.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance</p>	<p>When accounts receivable efforts are exhausted, the account may be placed with a collection agency and Extraordinary Collection Actions (ECAs) may be considered. Accounts will not be placed with a collection agency prior to 120 days from the date the first billing statement is provided except when mailings are returned with no forwarding address and combining multiple accounts of varying age with those already transferred or for legal verification regarding other liabilities. Reasonable efforts will be made to identify appropriate forwarding addresses. When a Financial assistance application (FAA) is received during the application period (within 240 days after the date the first billing statement is provided), but after initiation of ECAs, all ECAs will be suspended. Best efforts will be made to process completed applications within 30 days of receipt of the application, financial assistance eligibility will be determined and communicated to the individual. Incomplete applications must be completed within 30 days of the initial notification of additional items required, otherwise, the application will be deemed incomplete and closed. If an individual is eligible for financial assistance, ECAs, other than the sale of debt, will be reversed and any payments related to eligible care refunded to the extent no longer owed. ECAs will be reinstated if the individual is not eligible for financial assistance or does not complete the FAA by the deadline. At least 30 days before initiating an ECA, Carilion will send the patient written notice of intended ECA(s), a plain language summary explaining financial assistance available and the process for determining eligibility, and the deadline for applying for assistance. Carilion will also attempt to call individuals at least 30 days before initiating an ECA to make them aware of the financial assistance available and how to obtain assistance with the application process. Carilion shall enter into a written contract with any collection agency to which it refers bad debt. The contract will obligate the collection agency to observe and comply with Carilion's obligations under this Policy and the Financial Assistance Policy. A collection agency to which bad debt is referred for collection may not engage in any ECAs without the prior written consent of Carilion. After making reasonable efforts to determine if a patient qualifies for Financial Assistance and the patient either does not qualify for Financial Assistance or fails to submit an application as requested, within 240 days from the date the first billing statement is provided, Carilion may engage in one or more of the following ECAs - 1 Place a lien on an individual's property, 2 Attach or seize an individual's bank account or any other personal property, 3 Commence a civil action against an individual, 4 Garnish an individual's wages, 5 Sell an individual's debt to another party, or 6 Report the account to credit agencies. Individual account balances greater than \$5,000 are not sent to a collection agency. These are handled through the Debt Recovery Department before further collection activity occurs. DRD will also investigate any accounts that require special handling. For example, when the billing office becomes aware that a patient is deceased, auto accident or any other unique circumstances requiring special handling, the accounts are placed with the DRD. When all collection efforts have been exhausted, all hospital accounts will be returned and closed as uncollectible. No further collection activity is taken at that time. Accounts with satisfactory payment arrangements, legal activity or accounts with pending payment will be considered active and are not returned.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- CARILION STONEWALL JACKSON HOSPITAL Line 16a URL https://www.carilionclinic.org/billing/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- CARILION STONEWALL JACKSON HOSPITAL Line 16b URL https://www.carilionclinic.org/billing/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- CARILION STONEWALL JACKSON HOSPITAL Line 16c URL https://www.carilionclinic.org/billing/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>In addition to conducting regular Community Health Needs Assessments, Carilion closely monitors community health indicators and responds to needs as they arise. Each year, Carilion updates scorecards with refreshed County Health Rankings indicators provided by the Robert Wood Johnson Foundation. Carilion is also responsive to needs identified through clinical data and departments. Carilion's call center is available for community members to ask questions and to direct callers to community resources as issues are raised. The Planning department monitors data such as self-pay and Medicaid rates, patient origin and travel time, and age and income distributions to drive Carilion's access to care strategies. Carilion Clinic's community health improvement process was adapted from Associates in Process Improvement's Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle developed by Walter Shewhart. It consists of five steps: (1) conducting the CHNA, (2) strategic planning, (3) creating the implementation strategy, (4) program implementation, and (5) evaluation. This cycle is repeated every three years. Carilion Clinic fosters community development in its CHNA and community health improvement processes by using the Strive Collective Impact Model for the CHAT. This evidence-based model focuses on solving problems together with coalitions of cross-sector partners and has been proven to lead to large-scale changes. It focuses on relationship-building between organizations and the progress towards shared strategies. Carilion Clinic and Rockbridge 2020 (now Live Healthy Rockbridge) partnered to conduct the 2018 Rockbridge Area Community Health Needs Assessment. This process was community-driven and focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers, the target population, and the community as a whole.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Information on Financial Assistance is provided to the patient at hospital admission and ambulatory areas in the form of signage, a plain language summary which includes contact information, financial assistance application and documentation in the inpatient handbook. Patient Access staff, Hospital social workers and customer service representatives verbally inform patients on availability of assistance. Each patient statement and patient financial responsibility letter includes information on the Financial Assistance policy including who to contact for additional information and location of in-person assisters. The Application, the Policy, and the plain language summary are available free of charge to the patient. They are available by mail and on the web site if the patient did not receive written information at the time of service. Financial Assistance policy and application are also distributed to community partners through electronic mailing groups. Carilion Clinic employs an Eligibility staff that counsel patients on federal and state programs. The staff completes applications for Medicaid, Social Security, Social Security Disability and Medicare. The staff provides support services ensuring the applications are processed correctly based on federal and state policy. In addition, the Eligibility staff is trained as Certified Application Counselors and will assist patients in enrollment in the insurance exchange Marketplace. Eligibility staff will also complete Carilion's financial assistance application and counsel patient on the requirements for financial assistance.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>The 2018 RACHNA revealed distinct communities with significant differences in size and population and significant disparities both in health and in social determinants. The 2014-2018 American Community Survey (ACS) found the total population of the cities of Lexington and Buena Vista to be 7,110 and 6,399 respectively and the population of Rockbridge County to be 22,509 (U S Census Bureau, 2014-2018 5-year American Community Survey, Table S0101 https://data.census.gov/cedsci/table?q=S0101&tid=ACST5Y2018_S0101&hidePreview=true) For all communities, the U S Census Bureau predicts positive future population change, but to varying degrees (Virginia Employment Commission Community Profiles (2020) https://virginiaworks.com/community-profiles) Median age in the Rockbridge Area localities ranges from 21.7 in the City of Lexington to 48.7 in Rockbridge County (U S Census Bureau, 2014-2018 5-year American Community Survey, Table S0101 https://data.census.gov/cedsci/table?q=S0101&tid=ACST5Y2018_S0101&hidePreview=true) The ACS finds that for most of the Rockbridge Area, a larger percentage of the population is White than in the State of Virginia as a whole (U S Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 https://data.census.gov/cedsci/table?tid=ACSDP5Y2018_DP05&hidePreview=true) In Rockbridge County, 93.6% of the population is White, 3.3% of the population is Black and 2% identify as more than one race (U S Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 https://data.census.gov/cedsci/table?tid=ACSDP5Y2018_DP05&hidePreview=true) All other races make up just over 1% of the population (U S Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 https://data.census.gov/cedsci/table?tid=ACSDP5Y2018_DP05&hidePreview=true) Hispanic or Latino residents make up 1.8% of the population (U S Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 https://data.census.gov/cedsci/table?tid=ACSDP5Y2018_DP05&hidePreview=true) Lexington and Buena Vista are slightly more racially and ethnically diverse than Rockbridge County, with populations that are 86.7% and 88.7% White, 6.4% and 6.0% Black, and 3.7% and 4.3% Asian, with 3.2% and 0.6% respectively representing more than one race and the remainder representing small minorities of American Indian/Alaskan Native, Native Hawaiian/Pacific Islander or some other race at less than 1% (U S Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 https://data.census.gov/cedsci/table?tid=ACSDP5Y2018_DP05&hidePreview=true) Of the population, 5.1% of Lexington and 1.0% of Buena Vista identify as Hispanic or Latino (U S Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 https://data.census.gov/cedsci/table?tid=ACSDP5Y2018_DP05&hidePreview=true) The region is divided into urban and rural areas, which vary greatly in the economic means of the residents who live there. The low-income population in the Rockbridge Area has a federal designation as a Medically Underserved Area (MUA) (Department of Health and Human Services, Health Resources and Services Administration Data Warehouse (2020) https://data.hrsa.gov/geo) Many communities are designated as Primary and Dental Health Professional Shortage Areas (HPSA) and the entire Rockbridge Service Area is designated as a Mental Health HPSA (Department of Health and Human Services, Health Resources and Services Administration Data Warehouse (2020) https://data.hrsa.gov/geo) Key safety net providers in the region in addition to Carilion Clinic include the Central Shenandoah Health District, Rockridge Area Health Center, and many other service organizations. Despite the presence of these entities, there remain thousands of low-income, uninsured, and underinsured residents who do not have access to affordable health care services.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Carilion Clinic is a not-for-profit, integrated health care system located among the Blue Ridge Mountains with its flagship hospital in the heart of the City of Roanoke, which serves as the largest urban hub in western Virginia. Quality care is provided for nearly one million individuals through a comprehensive network of hospitals, primary and specialty physician practices, wellness centers and other complementary services. Carilion's roots go back more than a century, when a group of dedicated citizens came together and built a hospital to meet the health care needs of the community. Today, Carilion is a key anchor institution focusing on more than just health care, Carilion is dedicated to its mission of improving the health of the communities it serves. With an enduring commitment to the health of our region, care is advanced through clinical services, medical education, research and community health investments. Carilion believes in service, collaboration and caring for all. Through ongoing investment in discovering and responding to the health needs of its community comes the understanding that additional stakeholders must be involved to effectively address community health issues and create change. Carilion Stonewall Jackson Hospital (CSJH) is a non-profit, critical access hospital dedicated to quality care and patient comfort. The hospital was founded in 1907 by the United Daughters of the Confederacy, and was originally located in the former home of confederate general Thomas "Stonewall" Jackson. Commitment and support through the last century allowed the hospital to grow, expand, and in 1954 move across town to its present site. A new structure and enhanced patient care tower was completed on the same site in 2002. Carilion Health System (now Carilion Clinic) purchased 80% of Stonewall Jackson Hospital in 2006. The other 20% continues to be owned by the community in the trust of the SJH Community Health Foundation. The Foundation provides monies for grants to local organizations that aim to improve the health of our community. Members of the Board of Directors for the Foundation sit on a committee of the CSJH Board of Directors to determine which grants to award. For the next three years, all grants will go toward programs and initiatives aimed at addressing needs identified in this Community Health Needs Assessment. Carilion Stonewall Jackson Hospital serves all patients regardless of their ability to pay. The Hospital's governing Board is elected annually and the majority of members are neither employees nor contractors of the Hospital. Medical staff privileges are extended to qualified providers. Surplus funds are reinvested in new technology, clinical initiatives, education and charitable efforts. This includes providing free, discounted and subsidized care as well as critical medical services that operate at a loss (https://www.carilionclinic.org/locations/carilion-stonewall-jackson-hospital)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 Affiliated health care system</p>	<p>Carilion Stonewall Jackson Hospital is 80% owned by Carilion Clinic, a not-for-profit health care organization based in Roanoke, Virginia Through a comprehensive network of hospitals, primary and specialty physician practices, and complementary services, Carilion provides exceptional care for nearly one million Virginians With an enduring commitment to the health of the region, Carilion also seeks to advance care through medical education and research, help its community stay healthy and inspire the region to grow stronger In the mid-2000s, Carilion made the strategic decision to transform from a collection of hospitals to a physician-led, integrated health care system It was a courageous move In every moment since, Carilion has worked to evolve further-developing a multi-specialty physician group, transforming our primary care practices into patient-centered medical homes, implementing electronic health records system-wide, creating a robust partnership with Virginia Tech, and opening a medical school and research institute Each decision, each adaptation, has fundamentally changed the way Carilion collaborates and provides care (https://www.carilionclinic.org/about-carilion-clinic) Carilion's Community Health and Outreach (CHO) department is the health system's engine for providing collaborative opportunities to improve and promote the health of the community The department's Community Health Assessments process helps identify the strengths and barriers impacting health It's community-based programs reflect the Robert Wood Johnson Foundation's framework of four main influences of health health behaviors, social and economic factors, clinical care access and quality, and physical environment CHO is also the driving force for the health system's many partnerships with cross-sector organizations that create a collaborative culture of community health and wellness To advance the education of health professionals, Carilion Medical Center operated Jefferson College of Health Sciences a private higher education institution within the hospital that "prepares, within a scholarly environment, ethical, knowledgeable, competent and caring healthcare professionals " Jefferson College provided more than 1,100 students with opportunities to become part of the health care profession, serving communities ranging from southwest Virginia to the Shenandoah Valley and beyond Jefferson College merged with Radford University July 1, 2019 and remains in partnership with Carilion Clinic, teaching students in our clinical setting on the campus of Carilion Medical Center to continue to meet the healthcare workforce needs in the community and beyond Through a unique public-private partnership between Virginia Tech and Carilion Clinic, the Virginia Tech Carilion School of Medicine within Virginia Tech educates physician thought leaders through inquiry, research, and discovery on Carilion Clinic's main campus in Roanoke Virginia Tech students learn, train, and work side by side with Carilion's highly experienced medical staff This innovative approach stresses the importance of research, quality, safety, evidence-based medicine, interdisciplinary and interprofessional teamwork, chronic disease management, wellness and prevention and public health</p>

Additional Data**Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 54-0568001**Name:** Carilion Stonewall Jackson Hospital**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	CARILION STONEWALL JACKSON HOSPITAL 1 HEALTH CIRCLE LEXINGTON, VA 24450 https://carilionclinic.org/locations/carilion-stonewall-jackson-hospital H 1906	X	X			X		X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The Community Health Needs Assessment report prioritizes the community's significant health needs that were identified by the assessment, and explains how the health needs were prioritized

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - Carilion Stonewall Jackson Hospital Carilion Clinic's Community Health Needs Assessments (CHNAs) are community-driven projects and success is highly dependent on involving citizens, health and human service agencies, businesses, and community leaders Community stakeholder collaborations known as "Community Health Assessment Teams" (CHAT) lead the CHNA projects The CHAT consists of health and human service agency leaders, persons with special knowledge of, or expertise in, public health, the local health department, and leaders, representatives, or members of populations that are medically underserved, low-income, minority, and suffer from chronic diseases The following organizations served on the CHAT for the 2018 (tax year 2017) Rockbridge Area Community Health Needs Assessment (RACHNA)-Lexington/Rockbridge County Chamber of Commerce, City of Buena Vista, HCAT/Live Healthy Rockbridge, RACI, Rockbridge Area Community Services, Rockbridge Area Health Center , Rockbridge Area Hospice, Rockbridge Area Transportation System, Valley Program for Aging Services, Maury River Senior Center, Virginia Cooperative Extension, Rockbridge Area YMCA, Central Shenandoah Health District of the Virginia Department of Health In addition to the CHAT, the RACHNA conducted focus groups among stakeholders and target populations, and administered a community health survey During the CHNA process, community stakeholders, leaders, and providers were encouraged to complete the Stakeholder Survey (print and electronic versions available) This survey provided an additional perspective about the health needs and barriers facing our community Stakeholder focus groups were conducted with the Community Health Assessment Team and with groups of stakeholders that attended a Community Visioning event Target population focus groups were conducted to capture the story of needs and barriers to health for the uninsured, underinsured, low-income, minority, senior, and chronically ill populations Focus group locations were chosen based on their proximity and convenience to target populations, and where existing groups meet Six target population focus groups were held and participants discussed health needs and barriers to health , as well as access to primary, oral, and mental health care Target population focus groups were conducted with Americare Plus, Rockbridge Area Hospice clinicians and volunteers, residents of the Kendal retirement community, two groups with different participants at the Maury River Senior Center, and a Women Small Business Owners Group A 38-question survey was developed including questions about socioeconomic factors, access to medical, dental, and mental health care, health behaviors, physical environment, health outcomes, and demographics The survey included commonly used questions and metrics from previously validated community surveys, including (1) Community Themes and Strengths Assessments, National Association of County and City H</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Health Officials (NACCHO), Mobilizing for Action through Planning and Partnerships (MAPP) (2) Community Healthy Living Index, YMCA (3) Behavioral Risk Factor Surveillance System, Centers for Disease Control (CDC) (4) National Health Interview Survey, Centers for Disease Control (CDC) (5) Youth Risk Behavior Surveillance System, Centers for Disease Control (CDC) (6) Martin County Community Health Assessment, Martin County, North Carolina (7) Previous Carilion Clinic Community Health Surveys Both English and Spanish versions were available The CHAT identified target populations, collection sites, and methods of survey distribution The population of interest was Rockbridge Area residents 18 years of age and older The Rockbridge Area included the CHNA service area of Buena Vista City, Lexington City and Rockbridge County Special efforts were made to ensure inclusion of Underserved/vulnerable populations disproportionately impacted by the social determinants of health including , Income, Race/ethnicity, Education, Insurance status The survey was also made available to all residents living in the Rockbridge Area and oversampling of the target populations occurred through targeted outreach efforts In total, 568 surveys were collected</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Carilion Stonewall Jackson Hospital Lexington/Rockbridge County Chamber of Commerce, City of Buena Vista, HCAT/Live Healthy Rockbridge, RACI, Rockbridge Area Community Services, Rockbridge Area Health Center, Rockbridge Area Hospice, Rockbridge Area Transportation System, Valley Program for Aging Services, Maury River Senior Center, Virginia Cooperative Extension, Rockbridge Area YMCA, Central Shenandoah Health District of the Virginia Department of Health

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Carilion Stonewall Jackson Hospital The 2018 Rockbridge Area CHNA was also shared to be posted to Community Health Assessment Team partner websites and social media

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - Carilion Stonewall Jackson Hospital Carilion Clinic is a not-for-profit, integrated healthcare system located in Virginia's Blue Ridge Mountains with its flagship hospital in the heart of the City of Roanoke, the largest urban hub in western Virginia. There, through a comprehensive network of hospitals, primary and specialty physician practices, wellness centers and other complementary services, the system provides quality care close to home for nearly one million Virginians. Carilion's roots go back to 1899, when a group of dedicated citizens came together and built a hospital to meet the healthcare needs of the community. Today, Carilion is a key anchor institution focusing on more than just healthcare, Carilion is dedicated to its mission of improving the health of the communities we serve. With an enduring commitment to the health of our region, Carilion advances care through clinical services, medical education, research and community health investments. Carilion believes in service, collaboration and caring for all. Through ongoing investment in discovering and responding to the health needs of the community comes the understanding that the involvement of additional stakeholders is essential to effectively address community health issues and create change. The purpose of the Rockbridge Area Health Improvement implementation strategy is to describe what Carilion Stonewall Jackson Hospital (CSJH) plans to do to address the community health needs identified in the 2018 Rockbridge Area Community Health Needs Assessment (RACHNA). After all primary and secondary data collection was completed, the CHAT reviewed all data then identified and prioritized the ten most pertinent community needs using the Robert Wood Johnson Foundation framework for what influences health. The data were combined and overall priorities chosen based on the number of times a category was selected in the top 10, with the average ranking serving as a tie-breaker. Once the priorities were clearly identified, the CHAT rated the feasibility and potential impact of solutions for each health issue. The 2018 RACHNA prioritized the following 10 health-related issues in the community, identified by the Community Health Assessment Team after the data was collected: (1) Alcohol and drug use (2) Poverty / low average household income (3) Access to mental / behavioral health services (4) Poor diet (5) High prevalence of chronic disease (6) Culture-healthy behaviors not a priority (7) Lack of health literacy / lack of knowledge of healthy behaviors (8) Access to primary care (9) Access to specialty care (10) Tobacco use. According to the Robert Wood Johnson Foundation's (RWJF) County Health Rankings, where an individual lives, works and plays is a strong predictor of their health outcomes (http://www.countyhealthrankings.org/). Currently in the United States, a person's zip code can help predict their life expectancy due to its direct link to the social determinants of health.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>lth such as poverty, race/ethnicity, education and employment status in these areas (http://www.rwjf.org/en/library/interactives/wheretheyouliveaffectshowlongyoulive.html) These factors are so important to our overall health, that they were added to the 10-year national Healthy People 2020 objectives with a goal to "create social and physical environments that promote good health for all" (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) Carilion responds to community health needs in innovative ways-making sure our regions have access to state-of-the-art health care close to home, providing community grants and sponsorships to extend our mission and support other organizations addressing health needs, creating and implementing community-wide strategies to reduce barriers, coordinate resources and enhance community strengths, and providing community-based health and wellness programs. Carilion Clinic's response strategies are organized by the RWJF framework for what influences health-health behaviors, social and economic factors, clinical care access and quality, and physical environment. Commitment to community service is evident at all levels of the organization. Carilion's commitment to community health is evidenced by its commitment to a population health infrastructure including a Community Health and Outreach (CHO) department dedicated to assessing and addressing community need. The department is responsible for leading and facilitating the Community Health Improvement Plan (CHIP), CHNAs, the system's community grant process, community health education, community benefit collection, and neighborhood health initiatives. CHO has staff at the system level and at each community hospital and works with each hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health needs. Each Carilion Clinic hospital has a Community Benefit Team which oversees the local hospital's plan to address community need in partnership with the local CHAT. There is also a Community Benefit Council at the system level providing oversight for Carilion Clinic as a whole. This council is responsible for overseeing and strategically guiding Carilion's community health improvement work and for community benefit strategy, collection and submission. Carilion Clinic believes in the power of collaboration and understands community health issues must be addressed in cooperation with the community. To ensure lasting community impact from the health assessment and community health improvement process, Carilion participates in and provides financial and in-kind support to community health coalitions addressing health needs. Carilion partners with Rockbridge 2020 in the Rockbridge Area. In addition, Carilion partners with multiple community and business organizations on initiatives to improve health and wellness and to impact the social determinants of health for all.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>who live in the Rockbridge Area Forming a true community collaborative with lasting impact is no small feat Rockbridge 2020 (now Live Healthy Rockbridge) was founded in 1995 by Stonewall Jackson Hospital It brought together providers of health care and related services in the Rockbridge Area for the purpose of collaboration and planning for healthcare over the next quarter of a century Informal monthly meetings allowed participants to network and educate each other about services available through each of the agencies represented Through the early years a few surveys were conducted to identify needs in the community The work of Rockbridge 2020 continued in 2006 when Stonewall Jackson Hospital became part of the Carilion Health System (now Carilion Clinic) In 2011, Carilion Stonewall Jackson Hospital partnered with the Rockbridge Area Free Clinic (now the Rockbridge Area Health Center) and the Central Shenandoah Health District to conduct a Community Health Assessment The 12-month project defined and assessed the health of our community, and enabled members of Rockbridge 2020 to develop a 3-year strategic plan to address the most pressing needs (Access to Health Services, Nutrition, Physical Activity and Obesity, Oral Health, and Mental Health) The completed assessment and community-wide strategic plan were made available to the general public in 2012 One of the key outcomes from this assessment was the transition of the Rockbridge Area Free Clinic to the Rockbridge Area Health Center Three years later, Rockbridge 2020 undertook a second assessment The 2015 RACHNA identified the top priorities as a need for Urgent Care, General Wellness (including nutrition, physical activity and chronic disease management), Mental Health, and Coordination of Care In the spring of 2016, Carilion Clinic opened Velocity Care in Lexington as a direct result of the assessment Since that time, Rockbridge 2020 has been working to implement the 2015 strategic plan Rockbridge 2020 (now Live Healthy Rockbridge) continues to meet monthly to ensure we are implementing the community-wide strategic plan in the most efficient and effective manner While each of the member organizations of Rockbridge 2020 has its own mission, as a coalition, its mission is working together for community well-being (continued in Part VI)</p>

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Carilion Stonewall Jackson Hospital

Employer identification number

54-0568001

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

Summary table with 2 rows: 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	For Carilion Clinic's Community Grant Program, each grantee must sign a letter of agreement with Carilion Clinic that delineates the terms and specific objectives of the project. By accepting a Carilion award, grantees are asked to acknowledge the support of Carilion Clinic in all materials and/or related special events or fundraisers throughout the award cycle where other donors are publicly recognized. One mid-cycle progress report and a final program evaluation are required for every funded project. Site visits may be made to grantees. Program evaluation includes alignment with Community Health Assessment priorities, program impact, organizational effectiveness and community benefit through collection of data including clients served, cost effectiveness of the program (cost per client or service), tangible community or client outcomes, and specific efforts to cultivate diverse funding sources for program sustainability. Each grantee must agree to submit requested data and reports on a timely basis and to complete the evaluation process as requested.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 54-0568001
Name: Carilion Stonewall Jackson Hospital

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Roanoke Valley 790 N Lee Highway Lexington, VA 24450	54-0515736	501 (c) (3)	15,500				Enrich Summer Camp Programs
Washington & Lee University 204 W Washington St Lexington, VA 24450	54-0505977	501 (c) (3)	5,000				Fresh Foods prescription program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rockbridge Area Transportation 712 N Main St Lexington, VA 244502032	04-3586915	501 (c) (3)	5,000				Wheelchair accessible Vehicle
Rockbridge Church of the Nazarene PO Box 1007 Buena Vista, VA 24416	13-4210449	501 (c) (3)	5,000				Emergency supplies for homeless

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Samuel's Supper Po Box 132 Fairfield, VA 24435	83-1702290	501 (c) (3)	5,250				Funding families struggling financially due to a child's life-threatening medical crisis
Rockbridge Area Hospice 315 Myers St Lexington, VA 24450	54-1288305	501 (c) (3)	10,000				Community palliative care program

Schedule J
(Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Carlton Stonewall Jackson Hospital

Employer identification number
54-0568001

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	No								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Employees are occasionally awarded small gifts or prizes which are grossed up for taxes at management's discretion and included in taxable compensation. During the reporting period, Ms. Lafon and Ms. Snyder received such benefit.

Return Reference	Explanation
Schedule J, Part I, Line 1b Written policy regarding payment or reimbursement of expenses	Management determines tax gross-up decisions based on IRS requirements, amount, and the non-cash status of the benefits

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The organization's majority member, Carilion Clinic, serves as the parent company of the Carilion Clinic integrated health care delivery system. Executive compensation, including that of the Hospital Vice President, is reviewed annually by the Carilion Clinic Board of Directors Compensation Committee. This Committee is made up of Board Members of Carilion Clinic who do not have a conflict of interest with any of the executives being reviewed. In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders. This review included review of a comprehensive report from an independent, outside compensation consultant specializing in healthcare organizations for select positions and the prior year's report on all of the reviewed positions. The reports reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonus, 'at-risk' and other cash compensation, and benefits, including deferred and retirement benefits. Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, which list was reviewed by the Compensation Committee. The Compensation Committee maintained detailed minutes of its meetings, setting forth the deliberations and decisions of the Committee regarding the compensation of these executives.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Mr Arner, Mr Conte, Mr Halliwill, and Mr Vaughan participate in a Defined Contribution Supplemental Executive Retirement Plan (DC SERP) in which the employer, at the discretion of Carilion Clinic's Compensation Committee, makes a contribution to an account established on its books for each eligible participant. If a participant ceases to be a participant prior to the vesting date, the account shall be forfeited. A lump sum distribution shall be made upon the participant's vesting date, death, or disability. Unvested contributions made to the DC SERP in 2018 are included on the Form 990 as "retirement and other deferred compensation." No distributions were made under this plan in the reporting year. Ms Agee participated in an executive flexible benefit plan, in which an allowance is provided annually to the participant for use in obtaining certain insurance benefits. In prior years, the amount of allowance in excess of elected benefits was credited to a capital accumulation account (CAA) with a deferred vesting date of at least two years from the first day of the plan year, distributable upon vesting while employed by a Carilion Clinic affiliate, death, disability, or 24 months following certain qualifying separations from service. Deferrals no longer occur under this plan. No distributions of prior deferred amounts were made under this plan in the reporting year.

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	The organization pays annual "at-risk" compensation to certain members of management based on performance of an applicable scorecard. While the scorecard contains a formula as a basis for determining overall performance, in certain cases, senior managers have discretion to include additional elements in their assessment of managers reporting to them. In addition, for top management, the actual non-fixed payment awarded is in the discretion of the Carilion Clinic Board of Directors Compensation Committee, although it is based on the scorecard measures.



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 54-0568001
Name: Carilion Stonewall Jackson Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Charles Carr	(i)	75,954	0	0	15,909	2,144	94,007	0
Former Director/Officer	(ii)	119,492	22,303	2,574	30,239	4,074	178,682	0
Karen Lyons MD	(i)	26,585	0	0	0	0	26,585	0
Former Director/Officer	(ii)	122,877	78,295	2,775	30,739	298	234,984	0
Greg Madsen	(i)	176,576	21,761	1,204	41,544	9,248	250,333	0
Director/Hospital VP	(ii)	7,015	0	0	0	0	7,015	0
Ayesha KELLY MD	(i)	0	0	0	0	0	0	0
Director	(ii)	311,542	26,150	2,100	26,683	14,432	380,907	0
WILLIAM J SAYRE MD	(i)	0	0	0	0	0	0	0
Director	(ii)	275,191	86,577	2,028	10,553	16,308	390,657	0
John SEDOVY MD	(i)	0	0	0	0	0	0	0
Director	(ii)	452,130	40,412	3,553	5,308	16,231	517,634	0
Lisa Sprinkel	(i)	0	0	0	0	0	0	0
Director	(ii)	138,876	1,800	8,659	10,279	9,035	168,649	0
Kerri Thornton	(i)	0	0	0	0	0	0	0
Director	(ii)	239,741	40,758	1,892	3,352	6,042	291,785	0
Nicholas Conte	(i)	0	0	0	0	0	0	0
Asst Secretary	(ii)	455,282	62,409	6,298	118,913	17,136	660,038	0
David Hagadorn	(i)	0	0	0	0	0	0	0
Asst Treasurer	(ii)	133,333	1,800	8,473	7,243	819	151,668	0
Donald Halliwill	(i)	0	0	0	0	0	0	0
Asst Treasurer	(ii)	515,337	70,983	4,797	78,134	15,836	685,087	0
G Robert Vaughan Jr	(i)	0	0	0	0	0	0	0
Asst Treasurer	(ii)	259,842	30,582	4,104	10,275	16,723	321,526	0
Nancy Howell Agee	(i)	0	0	0	0	0	0	0
CEO, Carilion Clinic	(ii)	1,242,837	285,745	205,285	114,597	11,330	1,859,794	0
Steven Arner	(i)	0	0	0	0	0	0	0
Executive Vice President	(ii)	539,549	73,492	4,833	80,224	17,136	715,234	0
LISA C CRAFT	(i)	133,123	400	5,065	6,758	11,564	156,910	0
RN Lead	(ii)	0	0	0	0	0	0	0
Regina Donald	(i)	151,677	1,200	10,609	28,770	5,355	197,611	0
Pharmacy Manager	(ii)	0	0	0	0	0	0	0
Phyllis Snyder	(i)	131,382	400	1,552	21,043	11,529	165,906	0
RN Lead	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

Carilion Stonewall Jackson Hospital

Employer identification number

54-0568001

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 6 Volunteers	Volunteers greet and assist visitors, answer phones, help with general restocking of supplies, transport of patients, make up swing bed packages, make up IV kits for nursing as well as many other activities. Volunteers take patients back to the pre-op rooms prior to surgery. Volunteers provide escort service, assist with mailings, resource materials, special projects, assist the Emergency Department staff by maintaining the waiting room desk and helping to facilitate good customer service. Areas the Volunteers assist in are the Emergency Department, Med/Surg, Second Floor Lobby and waiting area, Physical Therapy, Cardiac Rehab, Fit for Life and the Patient Access (front) desk.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS</p>	<p>Carilion Stonewall Jackson Hospital, part of Carilion Clinic, is a not-for-profit health care organization committed to improving health outcomes for every patient while advancing the quality of care in the community it serves. Located in Lexington, Virginia, this 25-bed critical access facility provides a full range of inpatient and outpatient services, specializing in imaging services, orthopaedic services, surgical services and therapy services.</p> <p>Carilion Stonewall Jackson Hospital, a critical access hospital, exists to serve the health care needs of its community, regardless of a patient's ability to pay. The acute hospital admitted 1,204 patients and provided 4,474 days of care during the year. Hospital programs include the provision of nursing care, extensive outpatient and inpatient surgical and endoscopic services, respiratory therapy, and diagnostic imaging services including CT, MRI, mammography, ultrasound, DEXA scan and nuclear medicine, women's services and sleep medicine. The hospital also offers integrated and comprehensive primary care services through two Rural Health Clinics. The hospital provides several services targeting the specific health needs of its population, including diabetes management, physical, speech, and occupational therapy programs, and cardiac and respiratory rehab. Further, the hospital served 13,559 patient visits in its emergency department, which provides 24-hour care, emergency transportation, and a chest pain program. Emergency services are a critical component of the health safety net in the hospital's service area, acting as a vital health provider for a significant number of uninsured patients, who comprise 13 percent of ED visits. In June 2016, the VelocityCare urgent care center opened in a medical office complex adjacent to the hospital. In August 2019, an additional VelocityCare facility opened at White's Truck Stop in Raphine, expanding services to northeastern part of the community and motorists visiting the travel center. The hospital supports community screenings and education on chronic disease prevention and management, sponsoring 143 events touching over 2,675 people. In furtherance of its mission, the hospital provides extensive uncompensated care. Stated at cost, charity and unreimbursed Medicaid costs for the year exceeded \$1.8 million.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 11f Disclosure of Uncertain Tax Positions	Management has evaluated their income tax positions under the guidance included in ASC 740 Based on their review, management has not identified any material uncertain tax positions to be recorded or disclosed in the financial statements

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a FORMS 1099	1099's are issued on Carilion Stonewall Jackson Hospital's behalf by Carilion Services, Inc, a related organization providing management and administrative services, including payment processing

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a VOTING MEMBERS OF GOVERNING BODY	The Board consists of eleven (11) to fifteen (15) members divided into two (2) classes the Carilion Class which consists of three (3) members and the Stonewall Class which consists of eight (8) to twelve (12) members The Carilion Class has 80% of the vote on any issue that properly comes before the Board and the Stonewall Class has 20% of the vote on any issue that properly comes before the Board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Nancy Howell Agee, Steve Arner, Nicholas Conte, David Hagadorn, Donald Halliwill, Ayesha Kelly, William Sayre, Lauren Schantz, John Sedovy, Lisa Sprinkel, Kerri Thornton, and G Robert Vaughan, Jr - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 3 Delegation of management duties	Certain management and related services for the organization are provided by the management and employees of Carilion Services, Inc , a related and supporting organization of the filing organization Some or all of the compensation of the following individuals listed in Part VII, Section A was provided by Carilion Services, Inc Nancy Howell Agee, Steve Arner, Nicholas C Conte, Donald B Halliwill, Lauren J Schantz, Lisa T Sprinkel, Kerri L Thornton, and G Robert Vaughan, Jr

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	The organization has two (2) members Carilion Clinic, a charitable tax-exempt health care organization, has an 80% membership interest and is entitled to elect directors having 80% of the vote on any issue The Stonewall Jackson Community Foundation, a tax-exempt community foundation which supports health care within the local community, has a 20% membership interest and is entitled to elect directors having 20% of the vote on any issue

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The organization has two (2) members Carilion Clinic, a charitable tax-exempt health care organization, has an 80% membership interest Carilion Clinic is entitled to appoint all three (3) members of the Carilion Class of directors, the Carilion Class has 80% of the vote on any issue that properly comes before the Board The Stonewall Jackson Community Health Foundation, a tax-exempt community foundation which supports health care within the local community, has a 20% membership interest The Stonewall Jackson Community Health Foundation is entitled to appoint one (1) member of the Stonewall Class of directors The remaining members of the Stonewall Class include one (1) ex officio director (Chief of the Carilion Stonewall Jackson Hospital Medical Staff) and six (6) to ten (10) members of the local community, who elect their own successors The Stonewall Class has 20% of the vote on any issue that properly comes before the Board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Under the laws of the Commonwealth of Virginia, certain extraordinary actions require member approval, such as mergers, consolidations, liquidations, and the sale of substantially all of the assets of the organization. See also Schedule O disclosure for Form 990, Part V I, Section A, Line 7a

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 was prepared by Carilion's internal Tax Department with input from various Carilion departments, as applicable, and reviewed by internal Accounting management. Several days prior to filing, all Board Members were notified via email of its availability on Carilion's Board portal, which is the mechanism used to disseminate meeting materials to the directors, and directors were encouraged to call with any questions they might have.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>Our organization monitors and reviews proposed and current transactions for conflicts of interest in a variety of ways. At the governing board level, we have board members complete an initial (upon appointment) and annual conflict of interest questionnaire to disclose actual or potential conflicts. Board members are required to update their disclosure as needed in between questionnaires. All disclosures are reviewed by the Organizational Integrity & Compliance Office and as needed escalated to the appropriate leaders/board members for further discussion/review. If a disclosure is viewed as an actual or potential conflict, an action is recommended to the Compliance Committee of the Carilion Clinic Board and implemented as approved. Actions can include recusal in discussion/voting at board meetings, limitation/termination of the transaction, removal from board appointment or other appropriate controls. In addition, at any time, board members are encouraged to disclose any potential conflicts as they arise at a board meeting and to recuse themselves as deemed appropriate. The same process takes place as described above for key employees (upon hire and annually thereafter), including all Officers, members of the management team, physicians/mid-level practitioners, pharmacists and key supply chain buyers. After review and further discussion as needed, action may be required to manage an actual conflict or to reduce the appearance of such as approved by Organizational Integrity & Compliance Office and other key management team members. As needed, the governing board leaders are notified of any conflicts which may impact board proceedings.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The organization has two (2) members Carilion Clinic, a charitable tax-exempt health care organization, has an 80% membership interest and is entitled to elect directors having 80% of the vote on any issue The Stonewall Jackson Community Foundation, a tax-exempt community foundation which supports health care within the local community, has a 20% membership interest and is entitled to elect directors having 20% of the vote on any issue Executive compensation is reviewed annually by the Carilion Clinic Board of Directors Compensation Committee This Committee is made up of Board Members of Carilion Clinic who do not have a conflict of interest with any of the executives being reviewed With respect to Carilion Clinic, the Compensation Committee reviews the compensation of the Board of Governors annually, which includes the President and Chief Executive Officer, the Executive Vice Presidents (Chief Financial Officer, Chief Medical Officer, Chief Operating Officer, Chief Administrative Officer and Chief Legal Officer), and select Senior Vice Presidents who are the physician Chairs of the Clinical Departments For the fiscal year covered by this return, the Compensation Committee also used the same process to review the compensation of other Disqualified Individuals, including the Hospital Vice Presidents In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders, which includes Vice Presidents, Senior Vice Presidents, Executive Vice Presidents, and the CEO, as well as the compensation philosophy for employed physicians Some officers of the organization who are not compensated in their capacity as an officer but rather in their role as employee in a position not mentioned above are not subject to Committee review This review included review of a comprehensive report from an independent, outside compensation consultant specializing in healthcare organizations for select positions and the prior year's report on all of the reviewed positions The reports reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonus, 'at-risk' and other cash compensation, and benefits, including deferred and retirement benefits Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, which list was reviewed by the Compensation Committee The Compensation Committee maintained detailed minutes of its meetings, setting forth the deliberations and decisions of the Committee regarding the compensation of these executives</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	See response to line 15A

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization's governing documents, conflict of interest statement, and financial statements are released from time to time during the tax year upon request. The Articles of Incorporation are available from the Virginia State Corporation Commission. Limited financial information is available on our website.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	MISCELLANEOUS - Total Revenue 28016, Related or Exempt Function Revenue 28016, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , COURT COST RECOVERY - Total Revenue 10092, Related or Exempt Function Revenue 10092, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTHER REVENUE - Total Revenue 2201, Related or Exempt Function Revenue 2201, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , RETURNED CHECK FEES - Total Revenue 70, Related or Exempt Function Revenue 70, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , CONTRACT REVENUE - Total Revenue 8320, Related or Exempt Function Revenue 8320, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Line 20 Tax-Exempt Bond Liabilities	The amount reported as Tax-Exempt Bonds is the portion of Carilion Clinic Bonds allocated to Carilion Stonewall Jackson Hospital. Required information for the Bonds, including Schedule K, is reported in the Carilion Clinic (EIN 54-1190771) IRS Form 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Pension-related changes other than net periodic pension costs - -68242,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Carilion Stonewall Jackson Hospital

Employer identification number

54-0568001

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FRANKLIN COUNTY VENTURES LLC PO BOX 12385 ROANOKE, VA 24025 47-4365316	REAL ESTATE	VA	NA	N/A								
(2) COMMUNITY MEDICAL ASSOCIATES LLP PO BOX 12385 ROANOKE, VA 24025 54-1517662	REAL ESTATE	VA	NA	N/A								
(3) CARLILION CLINIC MEDICARE SHARED SAVINGS COMPANY LLC PO BOX 12385 ROANOKE, VA 24025 45-5235473	MEDICARE HMO	VA	NA	N/A								
(4) RAVEN ASSET-BASED OPPORTUNITY FUND IV LP 110 Greene Street Suite 9G New York, NY 10012 82-4119491	PRIVATE EQUITY	DE	NA	N/A								
(5) SOUTHWEST VIRGINIA HEALTH PROPERTIES LLC 1102 Jefferson Street SE Roanoke, VA 24016 01-0691570	REAL ESTATE	VA	NA	N/A								
(6) STARWOOD VEP II CO-INVEST LLC 591 W Putnam Avenue Greenwich, CT 06830 83-3262407	INVESTMENTS	DE	NA	N/A								
(7) TI PLATFORM CC SMA LP 1160 Battery Street East San Francisco, CA 94111 84-2852539	INVESTMENTS	DE	NA	N/A								

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

See Additional Data Table

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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 Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e Yes	
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 Yes	
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 Yes	
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	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 54-0568001
Name: Carilion Stonewall Jackson Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 12385 ROANOKE, VA 24025 54-1190771	SUPPORTING ORGANIZATION	VA	501(c)(3)	Type II	NA		No
PO BOX 12385 ROANOKE, VA 24025 54-1190773	FUNDRAISING	VA	501(c)(3)	7	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0480606	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0549603	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0506332	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0553805	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-1190879	SUPPORTING ORGANIZATION	VA	501(c)(3)	Type II	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-6074580	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
1 HEALTH CIRCLE LEXINGTON, VA 24450 20-3592795	SUPPORTING ORGANIZATION	VA	501(c)(3)	Type III-FI	NA		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
(1) SCA CREDIT SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-1180398	COLLECTION AGENCY	VA	NA	C Corporation				Yes	
(1) MEDKEY INC PO BOX 12385 ROANOKE, VA 24025 54-1645357	FINANCING SERVICES	VA	NA	C Corporation				Yes	
(2) CHS INC PO BOX 12385 ROANOKE, VA 24025 54-1725732	SERVICES	VA	NA	C Corporation				Yes	
(3) CARILION HEALTHCARE CORPORATION PO BOX 12385 ROANOKE, VA 24025 54-1586601	HEALTHCARE	VA	NA	C Corporation				Yes	
(4) CARILION EMERGENCY SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-2033006	HEALTHCARE	VA	NA	C Corporation				Yes	
(5) CARILION CLINIC MEDICARE RESOURCES LLC PO BOX 12385 ROANOKE, VA 24025 26-3729975	MEDICARE HMO	VA	NA	C Corporation				Yes	
(6) CARILION BEHAVIORAL HEALTH INC PO BOX 12385 ROANOKE, VA 24025 20-3136891	HEALTHCARE	VA	NA	C Corporation				Yes	
(7) SPROTT PRIVATE RESOURCE LENDING (C-CO- INVEST) LP 98-1378742	INVESTMENTS	CA	NA	C Corporation				Yes	
(8) BLACKMOOR OWNERSHIP HOLDINGS LIMITED	INVESTMENTS	CJ	NA	C Corporation				Yes	
(9) MAGNITUDE SYSTEMATIC LONGSHORT FUND	INVESTMENTS	CJ	NA	C Corporation				Yes	
(10) TANGIBLE SEGREGATED PORTFOLIO OF THE SOUTH AFRICA ALPHA SPC	INVESTMENTS	CJ	NA	C Corporation				Yes	

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

(a)	Name of related organization	(b)	Transaction type(a-s)	(c)	Amount Involved	(d) Method of determining amount involved
(1)	CARILION MEDICAL CENTER	A	9,276	COST		
(1)	CARILION HEALTHCARE CORPORATION	A	123,752	COST		
(2)	CARILION MEDICAL CENTER	M	1,791,987	COST		
(3)	CARILION SERVICES INC	M	5,847,027	COST		
(4)	CHS INC	M	172,422	COST		
(5)	CARILION HEALTHCARE CORPORATION	M	2,531,175	COST		
(6)	CARILION SERVICES INC	A	49,104	COST		
(7)	SJH COMMUNITY HEALTH FOUNDATION	C	73,000	COST		
(8)	SCA CREDIT SERVICES INC	M	65,298	COST		