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DLN: 93493228001130

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 C Name of organization Carilion Stonewall Jackson Hospital D Employer identification number B Check if applicable Please use IRS Address change 54-0568001 label or Doing Business As E Telephone number print or Name change type. See (540) 224-5112 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 35,737,967 PO Box 12385 Termination Amended return City or town, state or country, and ZIP + 4 Roanoke, VA 240252385 Application pending Name and address of principal officer Is this a group return for Thomas McNamara DO affiliates? PO Box 12385 Roanoke, VA 24025 H(b) Are all affiliates included? □ Yes □ No If "No," attach a list (see instructions) Group exemption number 🕨 Website: ► www.carilion.com K Type of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1955 M State of legal domicile VA Part I Summary Briefly describe the organization's mission or most significant activities The Hospital, part of Carilion Clinic, a multi-specialty group practice with hospital and ancillary services, is focused on the goal of providing the best possible health outcome and health care experience for each patient and to improve health status and promote Activities & Governance healthy lifestyles in the community served Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) $\,$. $\,$. Number of independent voting members of the governing body (Part VI, line 1b) . . . Total number of employees (Part V, line 2a) . . . 332 121 Total number of volunteers (estimate if necessary) . . . 0 Total gross unrelated business revenue from Part VIII, line 12, column (C) . . Net unrelated business taxable income from Form 990-T, line 34 . **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 95,880 274,861 Program service revenue (Part VIII, line 2g) . 31,910,149 34,691,452 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,442,880 658,512 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 378,534 373,482 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 33,896,915 33,043,075 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 12,087,512 13,270,077 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright^0 17 19,690,936 21,676,062 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 31.778.448 18 34,946,139 19 Revenue less expenses Subtract line 18 from line 12 . 1,264,627 -1,049,224 (Assets or defined) **Beginning of Year End of Year** 20 Total assets (Part X, line 16) . . . 49,080,444 48,133,182 21 Total liabilities (Part X, line 26) . . . 34,690,878 36,743,537 2 P. B. 22 Net assets or fund balances Subtract line 21 from line 20 . 12,336,907 13,442,304 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 2010-08-13 Sign Signature of officer Here Donald Lorton Assistant Treasurer Type or print name and title Date Check if Preparer's identifying number Preparer's signature empolyed 🕨 🦵 Paid Preparer's Firm's name (or yours Deloitte Tax LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 150 Fayetteville Street Mall Suite Phone no Raleigh, NC 27601

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

ΓYes **Γ**Nο

| 2 Did the org the prior For If "Yes," de 3 Did the org services? If "Yes," de 4 Describe the Section 50 allocations 4 (Code Carilion Stones and services are comprise 21 events touc | tement of Program | | shments (see insti | ructions.) | |
|--|--|---|--|---|---|
| 2 Did the org the prior For If "Yes," de 3 Did the org services? If "Yes," de 4 Describe the Section 50 allocations 4a (Code Carillon Ston hospital adrendoscopic proposition, provides an services are covents to de countremburse 4b (Code | scribe the organization's m | iission | | | |
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| services? If "Yes," de 4 Describe t Section 50 allocations 4a (Code Carillon Sto hospital adr endoscopic population, provides an services are comprise 21 events touc unreimburse 4b (Code | escribe these new services | | | | |
| 4 Describe t Section 50 allocations 4a (Code Carilion Sto hospital adr endoscopic population, provides an services are comprise 21 events touc unreimburse 4b (Code | ganization cease conductir | | | ducts, any program • • • • • • • | ┌ Yes ┌ No |
| Section 50 allocations 4a (Code Carilion Sto hospital adr endoscopic population, provides an services are comprise 21 events touc unreimburse 4b (Code | escribe these changes on | Schedule O | | | |
| Carilion Sto hospital adr endoscopic population, provides an services are comprise 21 events touc unreimburse 4b (Code | he exempt purpose achiev D1(c)(3) and 501(c)(4) org s to others, the total exper | anızatıons and section | 4947(a)(1) trusts are | e required to report the am | |
| hospital adriendoscopic population, provides an services are comprise 21 events touc unreimburse 4b (Code |) (Expenses | \$ 30,574,527 ı | ncluding grants of \$ |) (Revenue \$ | 34,940,642) |
| | mitted 1,728 patients and provid services and mammography, Co- including diabetes management in emergency department with 24 e a critical component of the hea in percent of ED visits. Stonewall thing over 11,500 people. In furthed Medicaid costs for the year establishment. | F, and MRI diagnostic imaging the health physical, speed health physical, speed health care, speed health are service as supports community screen therance of its mission, Stong the health care in the health are serviced as the health are serviced in the health | ig Stonewall provides a nu ch, and occupational thera sportation, and a chest pai irea, acting as a key healtl ngs and education on chro | umber of services targeting the s py programs and cardiac and re in and stroke program. With 17, h provider for a significant numb onc disease prevention and man | specific health needs of its spiratory rehab Stonewall also 535 visits, Stonewalls emergency er of uninsured patients, who agement, sponsoring over 165 |
| 4c (Code |) (Expenses | \$ Ir | ncluding grants of \$ |) (Revenue \$ |) |
| 4c (Code | | | | | |
| |) (Expenses | \$ Ir | ncluding grants of \$ |) (Revenue \$ |) |
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| • | ogram services (Describe | • | |) /B | |
| (Expense | s \$ gram service expenses►\$ | including grants of \$ 30,574,527 | |) (Revenue \$ Line 25, column (B).) |) |

| Part IV Checklist of Required Schedule | dules | Sche | Required | Checklist of | Part IV |
|--|-------|------|----------|--------------|---------|
|--|-------|------|----------|--------------|---------|

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

Part IV Checklist of Required Schedules (Continued)

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

| | Claterante Basedine Other IDC Filippe and Tax Carrelians | | | Page |
|--------|---|------------|-----|----------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| _ | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| | 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| | 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 163 | |
| | Statements filed for the calendar year ending with or within the year covered by this | | | |
| _ | return | | | |
| 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 this return (see | 2b | Yes | |
| | instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this | | | |
| | return? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | Νo |
| b | If "Yes," enter the name of the foreign country 🕨 | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | 5b | | <u> </u> |
| ٠ | Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | <i>c</i> 1 | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than | 7a | | N o |
| a | \$75? | , a | | |
| 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 | | | N. a |
| d | file Form 8282? | 7c | | No |
| u | The res, indicate the number of forms 62.62 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | _ | | |
| | benefit contract? | 7e 7f | | No No |
| f a | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 71 7g | Yes | NO |
| _ | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | 79 | 163 | |
| •• | required? | 7h | Yes | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | | | | |
| | facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a h | Gross income from members or shareholders | | | |
| D | against amounts due or received from them) | | | |
| 12~ | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | 120 | | |
| | year 12b | | | |

(540) 224-5112

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

| Se | ection A. Governing Body and Management | | | |
|------------------------------------|---|--------------------------------------|--------------------------|----|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $process$, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body 11 | | | |
| b | Enter the number of voting members that are independent 1b 7 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | Yes | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | Yes | |
| | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | No |
| Se | ection B. Policies | | | |
| | | | | |
| | | | Yes | No |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | No |
| Ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a 12b | | No |
| Ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | Yes | No |
| b c | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | No |
| b c 13 | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c | Yes Yes Yes | No |
| b c 13 14 15 | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 | Yes Yes Yes | No |
| b c 13 14 15 | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 | Yes Yes Yes Yes Yes | No |
| b c 13 14 15 | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 | Yes Yes Yes Yes | No |
| b c 13 14 15 | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 | Yes Yes Yes Yes Yes | No |
| b c 13 14 15 a b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 | Yes Yes Yes Yes Yes | No |
| b c 13 14 15 a b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | |
| b c 13 14 15 a b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | |
| b c 13 14 15 a b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | |
| 13 14 15 a b 16a b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | |
| 13 14 15 a b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | |
| 13 14 15 a b 16a b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b 16a | Yes Yes Yes Yes Yes Yes | No |
| 13 14 15 a b 16a b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b 16a | Yes Yes Yes Yes Yes Yes | No |

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
 - List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if the organization did not compensate any officer, director, trustee or key employee | | | | | | | | | | |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (5) | (F) |
| (A) Name and Title | | x <u>I</u> ndividual | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| Charles Carr Director | 2 00 | Х | | | | | | 0 | 0 | 0 |
| Rayburn Thompson Director | 40 00 | Х | | | | | | 0 | 427,316 | 98,995 |
| Melina Perdue Director | 40 00 | Х | | | | | | 0 | 264,780 | 31,681 |
| W Lyle McClung MD Director | 2 00 | Х | | | | | | 0 | 0 | 0 |
| Rebecca Gates Director | 2 00 | Х | | | | | | 0 | 0 | 0 |
| Joseph Troise MD Chairman | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| Kermıt Rockett Treasurer | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| Rıchard Teaff Vıce Chaırman | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| H E Derrick Jr Vice Chairman | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| Donald Lorton Asst Treasurer | 40 00 | | | х | | | | 0 | 542,160 | 208,770 |
| Farris Hotchkiss Secretary | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| Briggs Andrews Asst Secretary | 40 00 | | | х | | | | 0 | 329,763 | 86,210 |
| Thomas McNamara DO CEO/President | 40 00 | Х | | х | | | | 0 | 288,530 | 23,017 |
| Sheila Hatmaker Director | 40 00 | | | | | х | | 122,360 | 0 | 18,891 |
| Amy Graves Director | 40 00 | | | | | Х | | 105,516 | 0 | 18,114 |
| | | | | | | | | | | |
| | | | | | | | | | | |

from the organization ▶3

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

| | | (C) Position (check all that apply) | | | | | | (D) | (E) | | (F Estim | - |
|--|--|---|-----------------------|--|--------------|------------------------------|-------------|--|--|-----------------|--------------|---|
| (A) Name and Title | (B) Average hours per week | x <u>I</u> ndividual | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W- 2/1099- MISC) | Reportabl compensat from relate organizatio (W- 2/109 MISC) | on othe compens | | nt of er is ation the zation lated |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | _ | - | - | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | | | | | | | | |
| 1b Total | | | <u> </u> | <u>. </u> | | - | | 227,876 | 1,852,5 | 49 | | 485,678 |
| 2 Total number o compensation f | | s (including those in 1a) who rece anization ≯ 2 | ıved m | ore ' | than | \$100 | 0,000 | ın reportable | | , | | |
| | | | | | | | | | | | Yes | No |
| _ | | ny former officer, director or trust ete Schedule J for such individual | ee, key • • | em • | ploy • | ee, oi | r high • | est compensate | d employee | 3 | | No |
| | | n line 1a, is the sum of reportable ganizations greater than \$150,00 | | | | | | | om the | 4 | Yes | |
| 5 Did any person | | ne 1a receive or accrue compension? If "Yes," complete Schedule J fo | | | | unrela | ated o | organization for s | services | 5 | Tes | No |
| Section B. Inde | ependent | Contractors | | | | | | | | | | |
| 1 Complete this t | table for you | ur five highest compensated inder | enden | t co | ntra | ctors | thatı | eceived more th | an | | | |
| \$100,000 01 00 | ompensatio | (A) Name and business address | | | | | | Descriptio | (B) on of services | | (C Comper | |
| Lexington VA Emergency PO Box 17571 Baltimore, MD 21297157 | | name and business address | | | | | | Physician service | | | Соптрет | 398,446 |
| Anesthesia Healthcare Par 3079 Peachtree Industrial Duluth, GA 30097 | rtners | | | | | | | Anesthesia servic | ces | | | 159,941 |
| Cardinal Health PO Box 905867 Charlotte, NC 28290 | | | _ | | | _ | | Equipment main | tenance | | | 109,644 |
| 7 Total number of | ındanandan | t contractors (including those in 1 |) who | rece | 217.0 | d more | 2 +b2r | \$100,000 in 6 | omnoncation | | | |

| | | | | (A) Total revenue | Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512,513,or 514 |
|--------------|---|-------------------------------------|-----------------------|----------------------|---|---|---|
| 1a | Federated cam | paigns 1a | | | | | |
| ь | Membership du | es 1b | | | | | |
| С | Fundraising eve | ents 1c | | | | | |
| d | Related organiz | zations 1d | | | | | |
| e | Government grants | | 68,395 | | | | |
| f | All other contribute | ons, gifts, grants, and 1f | | ŀ | | | |
| ' | sımılar amounts no | | | | | | |
| g | | butions included in | | | | | |
| la b c d e f | lines 1a-1f \$ _ | | | 274,861 | | | |
| h | Total. Add lines | 5 1a-1f | | 274,801 | | | |
| | | | Business Code | | | | |
| 2a | Net Patient Service | Revenues | 900,099 | 34,526,096 | 34,526,096 | | |
| b | Rents from Affiliate | es | 900,099 | 165,356 | 165,356 | | |
| С | | | | | | | |
| d | | | | | | | |
| e | - | | | | | | |
| f | All other progra | am service revenue | | | | | |
| • | | | | | | | |
| g | Total. Add lines | s 2a – 2f | ▶ | 34,691,452 | | | |
| 3 | Investment inc | ome (including dividen | ds, interest | | | | |
| | and other simils | aramounts) | | 394,959 | | | 394,959 |
| 4 | Income from inves | stment of tax-exempt bond | proceeds | 3,213 | | | 3,213 |
| 5 | Royalties | | | | | | |
| | | (ı) Real | (II) Personal | | | | |
| 6a | Gross Rents | 37,048 | | | | | |
| Ь | Less rental expenses | | | | | | |
| С | Rental income | 37,048 | | | | | |
| d | or (loss) Net rental inco | me or (loss) | | 37,048 | | | 37,048 |
| | | (ı) Securities | (II) O ther | | | | |
| 7a | Gross amount | (1) | (11) 5 (115) | | | | |
| | from sales of assets other | | | | | | |
| | than inventory | 1 044 053 | | | | | |
| Ь | Less cost or other basis and | 1,841,052 | | | | | |
| | sales expenses Gain or (loss) | -1,841,052 | | | | | |
| C . | | | <u> </u> | -1,841,052 | | | -1,841,052 |
| d 8a | | s) | | -1,641,032 | | | -1,041,032 |
| | events (not inc \$ of contributions | s reported on line 1c) | | | | | |
| | | a . | | | | | |
| Ь | | penses b | | | | | |
| C | | (loss) from fundraising | events | | | | |
| 9a | | rom gaming activities ne 19 a | | | | | |
| ь | | penses b | | | | | |
| С | Net income or (| (loss) from gaming acti | vities | | | | |
| 10a | Gross sales of returns and allo | | | | | | |
| ь | Less cost of a | oods sold b | | | | | |
| С | _ | (loss) from sales of inve | entory 🟲 | | | | |
| | Miscellaneous | · · · · | Business Code | | | | 1 |
| 11a | Contract Rever | | 900,099 | 135,373 | 135,373 | | |
| ь | | ·=- | 900,099 | 87,244 | | | 87,24 |
| | Cafeteria | | 900,099 | 73,679 | 73,679 | | 1 |
| C | Other Revenue | | 300,039 | 40,138 | 40,138 | | |
| d | All other reven | | | 336,434 | 40,138 | | <u> </u> |
| e | Total. Add lines | | | 33,896,915 | 34,940,642 | | -1,318,588 |
| 12 | Total Revenue. | Add lines 1h, 2g, 3, 4, | . 5, 6d, 7d, 8c, ▶ | 216,060,66 | 24,740,042 | | -1,310,388 |

Part IX Statement of Functional Expenses

| | Section 501(c)(3) and 501(c)(4) organizations mu | | | | |
|----|--|-----------------------|-----------------------------|---------------------------------|-------------------------|
| | ll other organizations must complete column (A) but are not required to | | (B), (C), and (B) | (D). (C) | (D) |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$ | 0 | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | 1 | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 10,906,553 | 10,667,605 | 238,948 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 264,807 | 264,807 | | |
| 9 | Other employee benefits | 1,301,579 | 1,255,367 | 46,212 | |
| 10 | Payroll taxes | 797,138 | 797,138 | | _ |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 3,750,326 | | 3,750,326 | |
| b | Legal | 13,436 | | 13,436 | |
| c | Accounting | 38,750 | | 38,750 | |
| d | Lobbying | 3,442 | 3,442 | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 34,757 | | 34,757 | |
| g | Other | 3,288,513 | 3,226,689 | 61,824 | _ |
| 12 | Advertising and promotion | 6,148 | 6,148 | | |
| 13 | Office expenses | 3,191,215 | 3,179,467 | 11,748 | |
| 14 | Information technology | 200,944 | 200,944 | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 513,114 | 513,114 | | |
| 17 | Travel | 168,720 | 157,199 | 11,521 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | _ |
| 20 | Interest | 2,089,055 | 2,089,055 | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 2,455,936 | 2,455,936 | | |
| 23 | Insurance | 185,249 | 98,177 | 87,072 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | Bad Debt | 5,097,418 | 5,097,418 | | |
| b | Other Physician Expense | 393,837 | 372,903 | 20,934 | |
| c | Dues Subscriptions | 60,680 | 35,819 | 24,861 | |
| d | Donations Sponsorships | 75,366 | 75,366 | | |
| e | Miscellaneous | 55,222 | 42,659 | 12,563 | |
| f | All other expenses | 53,934 | 35,274 | 18,660 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 34,946,139 | 30,574,527 | 4,371,612 | 0 |
| 26 | Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Pa | rt X | Balance Sheet | | | | | <u> </u> | ~g~ |
|-------------|--|--|-----------------------|---------------------|--------------------------|-----------|-----------|-----------|
| | | | | | (A) | | (B | - |
| | ١ | | | | Beginning of year 935 | | End of | • |
| | 1 | Cash—non-interest-bearing | | | | | | 1,135 |
| | 2 | Savings and temporary cash investments | • | | 444,993 | | | 1,736,191 |
| | 3 | Pledges and grants receivable, net | • | | 108,329 | 3 | | 1 000 710 |
| | 4 | Accounts receivable, net | | | 4,509,844 | 4 | | 4,620,742 |
| | 5 | Receivables from current and former officers, directors, trustees other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S | | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | | 7 | | |
| ets | 8 | Inventories for sale or use | | | 180,912 | 8 | | 220,939 |
| Assets | 9 | Prepaid expenses and deferred charges | | | 95,530 | 9 | | 197,301 |
| ⋖ | 10a | Land, buildings, and equipment cost basis | 10a | 43,307,458 | | | | |
| | b | Less accumulated depreciation <i>Complete Part VI of Schedule D</i> | 10b 23,123,887 | | 20,061,815 | 10c | 20 | 0,183,571 |
| | 11 | Investments—publicly traded securities | 18,579,817 | 11 | 1. | 1,024,648 | | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | - | 7,031,214 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | | |
| | 14 | Intangible assets | | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | | 4,151,007 | 15 | | 4,064,703 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | • | 48,133,182 | 16 | | 9,080,444 |
| | 17 | Accounts payable and accrued expenses . | • | | 5,014,356 | | | 4,679,496 |
| | 18 | Grants payable | | | 5,514,555 | 18 | | 4,070,400 |
| | 19 | Deferred revenue | | | 61,975 | | | 34,821 |
| | 1 | | | | 28,848,824 | 20 | 21 | 8,092,492 |
| S. | 20 | Tax-exempt bond liabilities | 20,040,024 | | | 5,092,492 | | |
| Liabilities | 21 22 | Escrow account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key | | 21 | | | | |
| ्रह | | employees, highest compensated employees, and disqualified | | 22 | | | | |
| <u>ا</u> | | persons Complete Part II of Schedule L | | • | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | • | • | 765,723 | 23 | | 3.057.900 |
| | 24 | Unsecured notes and loans payable | | | 765,723 | 24 | • | · · · |
| | 25 | Other liabilities Complete Part X of Schedule D | • | | 04.000.070 | 25 | | 878,828 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 34,690,878 | 26 | | 6,743,537 |
| ces. | | Organizations that follow SFAS 117, check here ▶ and complete through 29, and lines 33 and 34. | lete lii | nes 27 | | | | |
| Balance | 27 | Unrestricted net assets | | | 13,101,186 | 27 | 12 | 2,336,907 |
| 8 | 28 | Temporarily restricted net assets | | | | 28 | | |
| 돧 | 29 | Permanently restricted net assets | | | 341,118 | 29 | | |
| or Fund | | Organizations that do not follow SFAS 117, check here ► and lines 30 through 34. | d com | plete | | | | |
| 9 | 30 | Capital stock or trust principal, or current funds | | | | 30 | | |
| sets | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | | | 31 | | |
| AS | 32 | Retained earnings, endowment, accumulated income, or other fu | | | | 32 | | |
| š | 33 | Total net assets or fund balances | | | 13,442,304 | 33 | 12 | 2,336,907 |
| Z | 34 | Total liabilities and net assets/fund balances | | 48,133,182 | 34 | 4: | 9,080,444 | |
| Pa | rt XI | Financial Statements and Reporting | | | | | | |
| | | , , | | | | | Yes | No |
| 1 | Acco | ounting method used to prepare the Form 990 Cash | Accru | ual 「Other | | | 103 | 110 |
| 2a | Were | the organization's financial statements compiled or reviewed by a | ant? | 2a | | Νo | | |
| ь | Were the organization's financial statements audited by an independent accountant? | | | | | | | |
| c | If "Ye | oversight of the | 2c | Yes | | | | |
| 3a | Asa | review, or compilation of its financial statements and selection of result of a federal award, was the organization required to undergoe Audit Act and OMB Circular A-133? | o an a | udıt or audıts as s | et forth in the | 3a | | |
| b | | | 3b | | | | | |

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As Filed Data -

DLN: 93493228001130

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ) Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public Inspection

| | | e organizati | | | | | | Em | ployer ide | nt if icat io | n number | | | |
|---------|----------|--|------------------|--|---------------|--------------------|------------|---------------|-----------------|---------------|--------------------------|--|--|--|
| Carillo | n Stone | wall Jackson F | iospitai | | | | | E 4 | -056800: | 1 | | | | |
| Pa | rt I | Reason | for Public C | harity Status (to be co | mnleted | hy all or | nanizatio | | | | | | | |
| | | | | ation because it is (Please | | - | | | THISCI GCC | 10113) | | | | |
| 1 | | | | nurches, or association of ch | | | | | (A)(i). | | | | | |
| 2 | į. | • | | tion 170(b)(1)(A)(ii). (Atta | | | | (-) (-) (| 7 (- 7 - | | | | | |
| 3 | <u>.</u> | | | e hospital service organizati | | | tion 170() | λ)(1)(Δ)(i | iii). (Attac | h Schedul | le H) | | | |
| 4 | , | • | • | zation operated in conjuncti | | | - | | • ' | | • | | | |
| - | , | | name, city, and | • | | | | | _, _(_, | (,(,- | | | | |
| 5 | Г | · · | | for the benefit of a college or | runiversit | v owned o | r operated | hv а поуб | rnmental | unit desc | rihed in | | | |
| _ | , | | | (Complete Part II) | | , | | -, - 9 | | | | | | |
| 6 | Г | | . , , , , , , | overnment or governmental | unit desci | ribed in Se | ction 170 | (b)(1)(A) | (v). | | | | | |
| 7 | Ţ. | An organization that normally receives a substantial part of its support from a governmental unit or from the general public | | | | | | | | | | | | |
| - | , | = | | o)(1)(A)(vi) (Complete Par | | - чрро. с | J a go. a. | | | 90 | | | | |
| 8 | Г | | - | ped in Section 170(b)(1)(A) | • | nplete Par | tII) | | | | | | | |
| 9 | Ė | | • | ally receives (1) more than | | • | • | ontribution | ns. membe | rship fees | and aross | | | |
| | , | | | | | | | | | | | | | |
| | | · | | es related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of sinvestment income and unrelated business taxable income (less section 511 tax) from businesses | | | | | | | | | | |
| | | acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) | | | | | | | | | | | | |
| 10 | Г | | | and operated exclusively to | | | • | | • | e instruc | tions) | | | |
| 11 | | = | = | and operated exclusively fo | - | | - | | | | · · | | | |
| | · | one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | | | | | |
| | | the box that describes the type of supporting organization and complete lines 11e through 11h a | | | | | | | | | | | | |
| _ | _ | | • • | | | | - | | | | | | | |
| е | ı | • | | rtify that the organization is agers and other than one or | | | • | | | | • | | | |
| | | section 50 | | agers and other than one or | more pub | iici, supp | orica orga | IIIZations . | acsembea | III SCCCIOI | 1303(4)(1)01 | | | |
| f | | If the organ | nization receive | d a written determination fro | m the IRS | 5 that it is | a Type I, | Type II o | r Type III | supportin | ng organizatio <u>n,</u> | | | |
| | | check this | | | | | | 6 41 | | | Г | | | |
| g | | following pe | | as the organization accepted | d any gift | or contrib | ution from | any or the |) | | | | | |
| | | | | r indirectly controls, either a | alone or to | gether wi | th persons | describe | d ın (ıı) | | Yes No | | | |
| | | and (III) be | low, the govern | ng body of the the supported | d organiza | tion? | | | | 11g | (i) | | | |
| | | (ii) a family | y member of a p | erson described in (i) above | ? | | | | | 11g(| ii) | | | |
| | | (iii) a 35% | controlled ent | ty of a person described in (| (ı) or (ıı) a | bove? | | | | 11g(| iii) | | | |
| h | | Provide the | following infor | mation about the organizatio | ns the org | janızatıon | supports | | | | <u> </u> | | | |
| - | | | | | | | | | | | | | | |
| | | me of | (ii) EIN | (iii) Type of organization | (iv) I | s the | (v) Did y | ou notify | (vi) I | s the | (vii) A mount of | | | |
| | | orted | | (described on lines 1-9 above or IRC section | , , | ation in | _ | nization | _ | ation in | support? | | | |
| | O rgan | nization above or IRC section col (i) listed in in col (i) of y (See Instructions) your governing support? | | | | | | | rganized US? | | | | | |
| | | | | (See Instructions) | | ment? | 346 | ,010 | "" "" | 0 5 | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Total

| Part II | Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) |
|---------|---|
| | (Complete only if you checked the box on line 5, 7, or 8 of Part I.) |

| Pι | ıblic Support | | | | _ | | | |
|------|---|------------------|--------------------|---------------------|------------------|---|------------|---|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not | | | | | | | |
| | include any "unusual grants ") | | | | | | | |
| 2 | Tax revenues levied for the organization's | | | | | | | |
| | benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | | | | | | | |
| 5 | · | | | | | | | |
| | person (other than a government unit or publicly supported organization) included | | | | | | | |
| | on line 1 that exceed 2% of the amount | | | | | | | |
| | shown on line 11, column | | | | | | | |
| | (f) | | | | | | | |
| 6 | Public Support subtract line 5 from line | | | | | | | |
| T | otal Support | | | 1 | | | | <u> </u> |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| | Amounts from line 4 | (=) = = = : | (=,==== | (-) | (, | \ | | (1) 1 1 1 1 1 |
| 8 | Gross income from interest, dividends, | | | | | | | |
| | payments received on securities loans, | | | | | | | |
| | rents, royalties and income from similar | | | | | | | |
| | sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss | | | | | | | |
| | from the sale of capital assets (Explain in | | | | | | | |
| | Part IV) | | | | | | | |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | |
| 12 | Gross receipts from related activities, etc | (See instructio | ns) | | | 12 | | |
| 13 | First Five Years. If the Form 990 is for the | = | irst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(| 3) | _ |
| | organization, check this box and stop here | | | | | | | ▶ ┌ |
| C | omputation of Public Support Perc | entage | | | | | | |
| | Public Support Percentage for 2008 (line 6 | | ded by line 11 c | olumn (f)) | | 14 | | 0 % |
| 15 | Public Support Percentage for 2007 Scheo | | • | (-// | | 15 | | • • • • • • • • • • • • • • • • • • • |
| | 33 1/3% Test - 2008. If the organization di | | | and line 14 is 3 | 3 1/3% or more | | this hox | |
| -04 | and stop here. The organization qualifies a | | , | | 5 1,570 OF MOTE, | CHCCK | CIIIS DOX | ▶ □ |
| ь | 33 1/3% Test - 2007. If the organization di | | | | 15 is 33 1/3% d | r more | , check th | · |
| | box and stop here. The organization qualifi | es as a publicly | supported organ | nızatıon | | | | ► □ |
| 17a | 10% Facts and Circumstances Test - 2008. | - | | | | | | |
| | more, and if the organization meets the "fa | | | | | | | |
| h | organization meets the "facts and circums 10% Facts and Circumstances Test - 2007. | | | | | | | ▶ □ |
| U | more, and if the organization meets the "fa | | | | | | | |
| | the organization meets the "facts and circu | | · | | | | | _ |
| 18 | Private Foundation. If the organization did | | = | • | | | - | · |
| | instructions | | | | | | | ▶ ┌ |

| Pa | Support Schedule for O (Complete only if you ched | | | | (2) | | |
|-----|--|-------------------------|------------------|----------------------|-----------------------|-----------------|-------------|
| Se | ection A. Public Support | erea the box e | THINE 9 OF FU | 101.7 | | | |
| | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | | . , | | | | | , , |
| | 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 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| Ь | A mounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| С | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| | line 6) | | | | | | |
| | tal Support | 1 1 2 2 2 2 4 | 422225 | () 2006 | (N 2 2 2 7 | () 2 2 2 2 | (6) = |
| | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| ь | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or loss | ; | | | | | |
| | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| 14 | 12) First Five Years If the Form 990 is for the | organization's fi | rst second thir | d fourth or fifth | l Stav vear as a 5 | | l zation |
| | check this box and stop here | organization s n | rst, second, tim | a, loartii, or iiiti | itax year as a s | or(c)(3) organi | ▶ □ |
| Co | mputation of Public Support Per | centage | | | | | |
| 15 | Public Support Percentage for 2008 (line | | ded by line 13 c | olumn (f)) | | 15 | 0 % |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27a | | | 16 | |
| | ,, <u>,</u> , ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | | | |
| Co | mputation of Investment Income | e Percentage | l | | | | |
| 17 | Investment Income Percentage for 2008 (| | | ne 13 column (f |)) | 17 | 0 % |
| 18 | Investment Income Percentage from 200 | 7 Schedule A, Pa | rt IV-A, line 27 | h | | 18 | |
| 19a | 33 1/3% Tests - 2008. If the organization | | | | more than 33 1/ | | |

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Schedule A (Form 990 or 990-EZ) 2008

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

OMB No 1545-0047

Open to Public Inspection

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

| | ection 501(c)(4), (5), or (6) organi | ızatıons complete Part III | | | |
|-----|---|--|---|---|--|
| | me of the organization rilion Stonewall Jackson Hospital | | | Employer iden | tification number |
| | · | | | 54-0568001 | |
| Par | | by all organizations exemptee the instructions for Schedule | | n 501(c) and section | 527 |
| 1 | Provide a description of the or | ganızatıon's dırect and ındırect polı | tical campaign act | tivities in Part IV | |
| 2 | Political expenditures | | | | \$ |
| 3 | Volunteer hours | | | | |
| Par | To be completed I for Schedule C for d | by all organizations exempt letails.) | t under sectio | n 501(c)(3). (See the | instructions |
| 1 | Enter the amount of any excis | e tax incurred by the organization u | nder section 4955 | 5 | \$ |
| 2 | Enter the amount of any excis | e tax incurred by organization mana | igers under sectio | n 4955 | \$ |
| 3 | If the organization incurred in | a section 4955 tax, did it file Form | 4720 for this year | ، ک | ┌ Yes |
| 4a | Was a correction made? | | | | ┌ Yes |
| ь | If "Yes," describe in Part IV | | | | |
| Par | | by all organizations exempt s for Schedule C for details.) | t under sectio | n 501(c), except sect | ion 501(c)(3). |
| 1 | • | ended by the filing organization for s | section 527 exem | pt function activities | \$ |
| 2 | Enter the amount of the filing of 527 exempt funtion activities | organization's internal funds contrib | uted to other orga | nızatıons for section | \$ |
| 3 | Total of direct and indirect exe 1120-POL, line 17b | empt function expenditures Add line | es 1 and 2 and en | ter here and on Form | \$ |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | ┌ Yes |
| 5 | were made Enter the amount political contributions receive | nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition | paid from the filing ed to a separate po | g organization's own interna olitical organization, such a | l funds or were s a separate |
| _ | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's internal funds If none, enter - 0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0 - |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | 1 |

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

| P | art II-A To be completed by (election under sec | | | | | | 768 |
|----------|---|----------------------|-----------------------|-------------------|---------------|--|---|
| | Check If the filing organization | belongs to an affili | ated group | | | | |
| <u>B</u> | Check If the filing organization Limits on Lo (The term "expenditure | bbying Expend | litures— | | oly | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
| 1a | Total lobbying expenditures to influe | nce public opinion | (grass roots lob | bying) | | | |
| ь | Total lobbying expenditures to influe | nce a legislative b | ody (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add line | es 1a and 1b) | | | | | |
| d | Other exempt purpose expenditures | | | | | | |
| e | Total exempt purpose expenditures | (add lines 1c and 1 | Ld) | | | | |
| f | Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 | | taxable amount | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% o | of the excess over \$ | 500,000 | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% o | of the excess over \$ | 51,000,000 | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of | f the excess over \$1 | 1,500,000 | | | |
| | Over \$17,000,000 | \$1,000,000 | | | | | |
| | Grassroots nontaxable amount (ente | er 25% of line 1f) | | | | | |
| h | Subtract line 1g from line 1a Enter | 0- ıflıne g ıs more | than line a | | | | |
| i | Subtract line 1f from line 1c Enter- | 0- ıflıne fıs more t | than line c | | | | |
| j | If there is an amount other than zero section 4911 tax for this year? | on either line 1h c | or line 11, did the | organization file | Form 4720 rep | orting | ┌ Yes ┌ No |
| | (Some organizations tha columns below. | | on 501(h) el | ection do not | : have to cor | | he five |
| | Lobb | ying Expendit | ures During | 4-Year Avera | ging Period | | |
| | Calendar year (or fisca beginning in) | l year | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| _2a | Lobbying non-taxable amount | | | | | | |
| | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | |
| | : Total lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2008

| | 5768 (elect | ion under section | n 501(h)). (See the | instructions for Schedule C for o | | | | | |
|----------|---|--------------------------|----------------------------------|--|---------|---------------|------|----------|-------|
| | | | | <u> </u> | (a | 1) | | (b) | |
| | | | | | Yes | No | ' | A moun | ıt |
| 1 | During the year, did the f legislation, including any referendum, through the | attempt to influence | | • | | | | | |
| а | Volunteers? | use or | | | 1 | No | | | |
| ь | | t (ınclude compensatı | on in expenses reported | on lines c through i)? | | No | 1 | | |
| c | | - (| - | | | No | | | |
| d | Mailings to members, leg | uslators, or the public | ? | | | Νο | | | |
| e | Publications, or publishe | | | | | Νo | | | |
| f | | | | | | Νo | | | |
| g | Direct contact with legis | lators, their staffs, go | vernment officials, or a l | egislative body? | | Νo | | | |
| h | Rallies, demonstrations, | seminars, convention | s, speeches, lectures, o | rany other means? | | Νo | | | |
| i | Other activities If "Yes, | " describe in Part IV | | | Yes | | | | 3,442 |
| j | Total lines 1c through | | | | | | | | 3,442 |
| - | 1) | 1 | ion to be not decombed i | n control F01/a)/3)3 | | No | 1 | | |
| | Did the activities in line : If "Yes" enter the amoun | - | | in section 501(c)(5). | | NO | - | | |
| | If "Yes" enter the amoun | • | | s under section 4912 | | | | | |
| | If the filing organization i | | | | | l | | | |
| | | | | under section 501(c)(4), sec | tion | 501(| c)(5 |) or | |
| | | | nstructions for Sched | | | JU1(| ٠,(٥ | ,, 0. | |
| | | | | | | | | Yes | No |
| 1 | Were substantially all (9) | | | | | | 1 | | |
| 2 | Did the organization mak | | | | | | 2 | | |
| 3 | Did the organization agre | | | | | | 3 | | |
| Par | | | | under section 501(c)(4), sec 1 and 2 are answered "No" | | | | | |
| | | | | ons for Schedule C for details.) | OK II | rait | | ٠, | |
| 1 | Dues, assessments and | | | | | 1 \$ | | | |
| 2 | Section 162(e) non-dedu | actible lobbying and p | olitical expenditures <i>(do</i> | not include amounts of political | | | | | |
| | expenses for which the | section 527(f) tax w | as paid). | | | . . | | | |
| | Current Year | | | | - | 2a \$ | | | |
| | Carryover from last year | | | | H | 2b\$ | | | |
| c | Total | rad in acation 6033/a | \/1\/^ \ notices of nondo | dustible continue 162(a) duse | - ⊢ | 2c \$ 3 \$ | | | |
| 3 4 | | , | | ductible section 162(e) dues line 3, what portion of the excess | - | 3 \$ | | | |
| • | | | | nne 3, what portion of the excess nondeductible lobbying and political | | 4 \$ | | | |
| 5 | Taxable amount of lobby | ing and political exper | nditures (line 2c total mi | nus 3 and 4) | | 5 \$ | | | |
| Pa | art IV Supplement | tal Information | | | | | | | |
| | mplete this part to provide so, complete this part for a | | | Part I-B, line 4, Part I-C, line 5, and | Part II | l-B, lın | e 1ı | | |
| | Ident if ier | Ret | urn Reference | Explanat i | on | | | | |
| I - B | 3 | 11 | | Portion of dues paid to American Ho | spital | | | V ırgını | a |
| | | | | Hospital and Healthcare Assn spen | i on l | niyaao | y | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Part IV Supplemental Information | | | | | | | |
|----------------------------------|------------------|-------------|--|--|--|--|--|
| Ident if ier | Return Reference | Explanation | | | | | |
| | | | | | | | |
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Schedule C (Form 990 or 990EZ) 2008

DLN: 93493228001130

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** Carilion Stonewall Jackson Hospital

| | | | 54-05 | | | | |
|-----------------------|---|---|------------|----------|-------------|-----------|-----------|
| | izations Maintaining Donor Ac zation answered "Yes" to Form 99 | dvised Funds or Other Similar Fu 10, Part IV, line 6. | unds o | r Ac | counts. | Comple | te if the |
| 0. 94 | | (a) Donor advised funds | (b |) Fun | ds and oth | ner accou | ınts |
| Total number a | t end of year | | | | | | |
| Aggregate cont | ributions to (during year) | | | | | | |
| A ggregate gran | its from (during year) | | | | | | |
| Aggregate valu | e at end of year | | | | | | |
| _ | | sors in writing that the assets held in don organization's exclusive legal control? | or advise | e d | | ☐ Yes | ┌ No |
| used only for c | - , , , , , , , , , , , , , , , , , , , | donor advisors in writing that grant funds efit of the donor or donor advisor or other | • | | | ┌ Yes | ∏ No |
| rt III Conse | rvation Easements. Complete | ıf the organızatıon answered "Yes" to | o Form | 990, | Part IV, | line 7. | |
| Preservati Protection | onservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space | - , , , , , | | | | | a |
| • | 2a-2d if the organization held a quali of the tax year | fied conservation contribution in the form | of a con | serva | ation easei | ment | |
| | | | | | Held at th | ne End of | the Ye |
| Total number | of conservation easements | | | 2a | | | |
| Total acreage | restricted by conservation easement | s | | 2b | | | |
| Number of co | nservation easements on a certified hi | istoric structure included in (a) | | 2c | | | |
| Number of co | nservation easements included in (c) a | acquired after 8/17/06 | | 2d | | | |
| Number of cons | servation easements modified, transfe | rred, released, extinguished, or terminate | d by the | orga | nızatıon du | uring | |
| the taxable yea | ar ► | | | | | | |
| Number of stat | es where property subject to conserva | ation easement is located b - | | | | | |
| Does the organ | • • • • | the periodic monitoring, inspection, viola | ations, ai | nd | | ┌ Yes | ∏ No |
| Staff or volunte | er hours devoted to monitoring, inspe | cting and enforcing easements during the | year ► | | | | |
| A mount of expe | enses incurred in monitoring, inspecti | ng, and enforcing easements during the ye | ear ► \$ | | | | |
| | servation easement reported on line 2) and 170(h)(4)(B)(ii)? | (d) above satisfy the requirements of sec | tion | | | ☐ Yes | ☐ No |
| balance sheet, | | onservation easements in its revenue and the footnote to the organization's financial nents | | | | | |
| | | ns of Art, Historical Treasures, ('Yes" to Form 990, Part IV, line 8. | or Othe | er S | imilar A | ssets. | |
| art, historical t | reasures, or other similar assets held | 116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it | h ın furtl | | | | e, |
| historical treas | · · | 116, to report in its revenue statement a public exhibition, education, or research ir s | | | | • | |
| (i) Revenues II | ncluded in Form 990, Part VIII, line 1 | | | j | ► \$ | | |
| (ii) Assets incl | luded in Form 990, Part X | | | Þ | \$ | | |
| If the organizat | • | orical treasures, or other similar assets fo S 116 relating to these items | r financi | | • | the | |
| Revenues inclu | uded in Form 990, Part VIII, line 1 | | | • | \$ | | |
| | d in Form 990 Part V | | | . | | | |

| 3 | Using the organization's accession and othe | | | | | | - | | | | (continuea) |
|--------------|---|-----------------------|--------|----------|---------|---------|------------------------------|----------|-------------------|--------------|------------------------------|
| • | items (check all that apply) | records, eneck ar | ., 0 | | _ | | - | | | | |
| а | Public exhibition | | d | Г | Loan | orexc | hange prog | rams | | | |
| b | Scholarly research | | e | Γ | O the | r | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIV | ollections and expla | ain ho | w the | y furth | erthe | organızatıor | ı's ex | empt purpose | ın | |
| 5 | During the year, did the organization solicit o | or receive donation | s of a | rt, his | torical | treas | ures or othe | rsım | ıılar | | _ |
| | assets to be sold to raise funds rather than t | | | | | | | | | Yes | |
| Par | Trust, Escrow and Custodial A Part IV, line 9, or reported an an | | | | | | anızatıon <i>a</i> | ınsw | ered "Yes" to | o Form | 990, |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | for o | ontribu | utions | or other ass | etsı | not | ☐ Yes | ☐ No |
| Ь | If "Yes," explain why in Part XIV and comple | te the following tab | ole | | | | Г | | A | mount | |
| с | Beginning balance | | | | | | ŀ | 1c | | | |
| d | Additions during the year | | | | | | ŀ | 1d | | | |
| e | Distributions during the year | | | | | | } | 1e | | | |
| f | Ending balance | | | | | | } | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 000 Dort V I | |) | | | L | | | ┌ Yes | ✓ No |
| | - | | ie Zīr | | | | | | | i res |)* NO |
| | If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i | | n and | SWAR | od "Ve | s" to | Form 990 | Dar | + IV line 10 | | |
| гa | Endowment Funds. Complete | (a)Current Year | |)Prior | | | vo Years Back | | Three Years Back | | r Years Back |
| 1a | Beginning of year balance | | ` | | | ` | | <u> </u> | | , , | |
| b | Contributions | | | | | | | | | | |
| c | Investment earnings or losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held | as | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | |
| ь | Permanent endowment 🕨 | | | | | | | | | | |
| С | Term endowment 🕨 | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiz | ation | that | are hel | d and a | admınıstere | d for | the | | |
| | organization by | | | | | | | | | Ye | s No |
| | (i) unrelated organizations | | • | | | • | | • | | (i) | |
| _ | (ii) related organizations | | | | | | | • | | (ii) | |
| | If "Yes" to 3a(II), are the related organizatio | | | | | • | | • | 3 | 8b | |
| 4 Dar | t VI Investments—Land, Buildings | | | | | 100 D | art V Juno | 10 | | | |
| FŒ | t VI investments—Land, Buildings | s, and Equipme | iii. S | | | | | | | | |
| | Description of investment | | | | Cost or | | (b)Cost or o basis (other | | (c) Depreciatio | n (d) | Book value |
| 1a | Land | | • | | | | 70 | 7,453 | | | 707,453 |
| b | Buildings | | • | | | | 25,060 | 5,793 | 9,550,6 | 58 | 15,516,135 |
| С | Leasehold improvements | | • | | | | | | | | |
| d | Equipment | | | | | | 16,48 | 2,380 | 12,635,7 | 08 | 3,846,672 |
| | Other | | | | | | 1,050 | 0,832 | 937,5 | 21 | 113,311 |
| Tota | I. Add lines 1a-1e (Column (d) should equal Fo | orm 990, Part X, colu | mn (B |), line | 10(c)., |) | | | ► | | 20,183,571 |
| c d e_ | Leasehold improvements | orm 990, Part X, colu | mn (B |), line | 10(c)., |) | 16,48 1,050 | 2,380 | 12,635,7 937,5 | 08 | 3,846,6 113,3 20,183,5 |

| Part VIII Investments—Other Securities. See | Form 990, Part X, line 12 | | |
|---|----------------------------|-----------------|-------------------|
| (a) Description of security or category | (b) Book value | | d of valuation |
| (including name of security) | . , | Cost or end-of- | year market value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | 7,031,214 | | F |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | 7,031,214 | | |
| Part VIII Investments—Program Related. Se | | 13 | |
| Part VIII Investments—Program Related. Se | e Form 990, Part X, line 1 | | d of valuation |
| (a) Description of investment type | (b) Book value | | year market value |
| | | | your market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶ | | | |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | | |
| (a) Descri | ption | | (b) Book value |
| 2002 Bond Principal Fund | | | 3,270,676 |
| Bond Issue Costs | | | 500 |
| Other Long Term Assets | | | 793,527 |
| Other Long Ferm Assets | | | 793,327 |
| | | | |
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| | | | |
| | 45) | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line | | | 4,064,703 |
| Part X Other Liabilities. See Form 990, Part X | | | |
| (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | | | |
| Deferred Physicians Payable | 398,098 | | |
| Due to Restricted Fund | 480,730 | | |
| " | | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ | 878,828 | | |

| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme | nts | |
|------|---|-----------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 33,896,915 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 34,946,139 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -1,049,224 |
| 4 | Net unrealized gains (losses) on investments | 4 | 847,072 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -903,245 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -56,173 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -1,105,397 |
| Pari | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue | er Retui | |
| 1 | Total revenue, gains, and other support per audited financial | | 34,743,987 |
| | statements | 1 | |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 34,743,987 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b -847,072 | | |
| c | Add lines 4a and 4b | 4c | -847,072 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 33,896,915 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses | s per Ret | urn |
| 1 | Total expenses and losses per audited financial statements | 1 | 34,946,139 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Losses reported on Form 990, Part IX, line 25 | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 34,946,139 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) 4b |] | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 34,946,139 |

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

| Ident if ier | Return Reference | Explanation |
|--------------|------------------|--|
| XI | 8 | Adjust for Pension 43,517 |
| XI | 8 | Transfer to Stonewall Jackson Foundation 946,760 |
| XI | 8 | Rounding 2 |
| XI | 8 | Total 903,245 |
| XII | 4 b | Unrealized Loss on Investments 847,072 |

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Hospitals

► Attach to Form 990.

Employer identification number

Carilion Stonewall Jackson Hospital 54-0568001 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a **1**a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 100% T 200% Other Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care 3b If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? Does the organization budget amounts for free or discounted care provided under its charity care policy? 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? 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 eligibile for free or discounted care? 5с **6a** Does the organization prepare an annual community benefit report? . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons activities or (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of **Means-Tested Government** served total expense benefit expense revenue expense programs (optional) **Programs** (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3. column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) d Total Charity Care and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8) j Total Other Benefits . . .

k Total (line 7d and 7j) . .

| activities) (Optional i | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsett revenue | (e) Net communit building expense | | (f) Perc total ex | |
|---|--|--|--------------------------------------|--|---|----------|------------------------------------|---------|
| 1 Physical improvements and housing | | | | | | | | |
| 2 Economic development | | | | | | | | |
| 3 Community support | | | | | | | | |
| 4 Environmental improvements | | | | | | | | |
| 5 Leadership development and training | | | | | | | | |
| for community members | | | | | | | | |
| Coalition buildingCommunity health improvement | | | | | | | | |
| advocacy | | | | | | | | |
| Workforce development Other | | | | | | | | |
| 9 Other 0 Total | | | | | | | | |
| Part IIII Bad Debt, Medicar | e, and Coll | ection Pract | tices (Optional fo | or 2008) | | | | |
| 1 Does the organization report b Statement No 15? | zation's bad de the organizate under the organizate under the organizate under the footnote to no methodological methodologica | ebt expense (ar lon's bad debt expense (ar lon's bad debt expense) and the organization of the organizatio | t cost) | anents that describes reported on lines 5 6 7 be treated as commine 6 and indicates Other Cother Illection practices cribe in Part VI | pes bad debt expense s 2 and 3, or rationale munity benefit, and which of the | 9a 9b | | |
| Management Com (a) Name of entity | | Doint Ventu Description of practivity of entity | rimary | (c) Organization's profit % or stock ownership % | (d) Officers, directors trustees, or key employees' profit % or stock ownership% | pro | e) Physic ofit % or wnership | r stock |
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Part V Facility Information (Required for 2008) ER-24 hours Children's hospital Teaching hospital Research facility ER-other Critical access hospital Name and address Other (Describe) - surgical Carilion Stonewall Jackson Hospital 1 Health Circle Х Х Х Lexington, VA 24450 Lexington Medical Building 8 Houston Street Physician offices Lexington, VA 24450

Schedule H (Form 990) 2008

| P | art VI Supplemental Information (Optional for 2008) |
|---|---|
| | mplete this part to provide the following information |
| | Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions |
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| _ | |
| 2 | Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves |
| _ | |
| | |
| 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 charity care policy |
| | |
| _ | |
| | |
| 4 | Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves |
| _ | |
| _ | |
| 5 | Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves |
| _ | |
| | |
| _ | |
| 6 | Provide any other information important to describing how the organization's hospitals 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) |
| _ | |
| _ | |
| 7 | 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 communites served |
| | Francisco de la communicació de |
| _ | |
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| _ | |
| 8 | If applicable, identify all states with which the organization, or a related organization, files a community benefit report |

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Inspection

Schedule J (Form 990)

Compensation Information

2008

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Name of the organization
Carillon Stonewall Jackson Hospital

Employer identification number

54-0568001

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

Cat No 50053T

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MIS | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|----------------------|------------|--------------------------|---|-----------------------------|--------------|------------------------|----------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| Rayburn Thompson (| (I) II) | 178,791 | 21,655 | 19,868 | 8,245 | 15,547 | 244,106 | |
| | (I) II) | 340,420 | 43,816 | 43,080 | 77,706 | 21,289 | 526,311 | 43,385 |
| Donald Lorton (| (I) II) | 191,296 | 28,665 | 44,819 | 20,632 | 11,049 | 296,461 | |
| | (I) II) | 424,200 | 54,600 | 63,360 | 191,503 | 17,267 | 750,930 | 56,698 |
| Thomas McNamara DO (| (I) II) | 264,480 | 37,700 | 27,583 | 74,873 | 11,337 | 415,973 | |
| | ii) i) | | | | | | | |
| | ii) i) | | | | | | | |
| (1) | ii) i) | | | | | | | |
| (1) | ii) i) | | | | | | | |
| (1) | ii) i) | | | | | | | |
| ((| ii) | | | | | | | |

Part III Supplemental Information

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

| Ident if ier | Return Reference | Explanation |
|--------------|---------------------|-------------|
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OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization Carilion Stonewall Jackson Hospital **Employer identification number**

54-0568001

| ldentifier | Return Reference | Explanation |
|------------|------------------|---|
| 990 VI | 6 | The organization has two members Carilion Clinic has a 80 member interest and |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | Stonew all Jackson Community Health Foundation has a 20 member interest. Both Members are tax-exempt organizations. The |

| | ldentifier | Return Reference | Explanation |
|---|------------|------------------|---|
| I | | | members elect the directors of the organization |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| 990 VI | 7a | The members of the organization, Carilion Clinic and Stonew all Jackson Community Health |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | Foundation periodically elect the members of the governing body of the organization as terms expire. The members also have |

| ldentifier | Return Reference | Explanation |
|------------|------------------|---|
| | | the right to remove directors and fill any vacancies on the board that may occur for any reason |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| 990 VI | 7b | Under the laws of the Commonwealth of Virginia certain extraordinary actions require member |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | approval such as mergers, consolidations, liquidations and the sale of substantially all of the assets of the organization |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| 990 VI | 3 | Carılıon Services Inc , an affiliate of Carılıon Clinic, provides centralized general and |

| ldentifier | Return Reference | Explanation |
|------------|------------------|---|
| | | administrative services for all Carilion-affiliated companies |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| 990 VI | 10 | The final Form 990 was emailed or delivered in hard copy to each member of the Board |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | of Directors several days prior to filing and Board members were encouraged to call with any questions they might have |

| ldentifier | Return Reference | Explanation |
|------------|------------------|--|
| 990 VI | 12c | A Conflict of Interest Questionnaire, along with a copy of the Policy, is sent out annually to all |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | officers, directors and key employees. In addition, such individuals are instructed to inform the organization of potential conflicts. |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | w hich arise during the year. Answers to the Questionnaires are reviewed by the Internal Audit Department Potential conflicts for |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | officers and key employees are reviewed by an internal Conflict of Interest Committee, which follows up on any potential |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | issues to ensure compliance with all policies of the organization. The answers for Directors are reviewed by the Carillon Clinic |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | Audit and Compliance Committee In addition, the governing body of the organization is provided with a list of the answers annually |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | to make all Board members aware of potential conflicts in order to ensure compliance with policies on how to handle |

| ldentifier | Return Reference | Explanation |
|------------|------------------|--|
| | | transactions with Board members that may involve potential conflict situations |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| 990 VI | 15a 15b | Executive compensation is reviewed annually by the Carillon Clinic Compensation |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | Committee This committee is made up of Board members of Carilion Clinic who do not have a conflict of interest with any of the |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | executives being reviewed The Compensation Committee reviews the compensation of the top executives of the entire Carillon |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | Clinic system, all of whomare paid by Carilion Services, Inc. For the filed fiscal year, this review was performed in October 2008 |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | A similar review was last performed in October 2009. The review included a comprehensive report from an outside |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | compensation consultant specializing in healthcare organizations. The report included a detailed comparison of total |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | compensation and each element thereof, including base salary, bonuses and other cash compensation, and benefits, |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | including deferred and retirement benefits. Compensation was compared to a Committee-reviewed peer group of organizations |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | sımılar ın sıze and structure to the organization |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | In addition, the Compensation Committee annually reviews the compensation plan and philosophy for all vice presidents and |

| ldentifier | Return Reference | Explanation |
|------------|------------------|---|
| | | senior vice presidents, as well as all employed physicians and physicians in leadership roles |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | Detailed minutes of the meetings of the Compensation Committee are kept and approved at the next meeting of the Committee, |

| ldentifier | Return Reference | Explanation |
|------------|------------------|--|
| | | setting forth the deliberations and decisions regarding the compensation of these executives |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | The compensation of the filing organizations President is determined by the Human Resources Department of Carilion Clinic |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | based on the job description, experience of the individual and the results of comparisons to 6 to 8 nationwide third-party |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | surveys of compensation The Board of Directors of the organization and the Board of Directors of Carillon Clinic |

| ldentifier | Return Reference | Explanation |
|------------|------------------|--|
| | | have to approve the appointment of the President |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| 990 VI | 19 | The organizations governing documents, conflict of interest statement and financial |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | statements are not generally available to the public, but are released from time to time upon request. The Articles of Incorporation |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | are available from the Virginia State Corporation Commission. The audited financial statements are released annually to the |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | local new spaper Limited financial information is available on our web site |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| 990 VII | 1a | Compensation of officers and directors paid by a related organization is received for service |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | provided to the related organization and not to the filing organization individuals are not compensated for their role as Board |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | Members of the filing organization. Hours worked are not tracked on an entity by entity basis. Therefore, all hours. |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |

| ldentifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Employees and Independent Contractors represent aggregate hours worked per week |

| ldentifier | Return Reference | Explanation |
|------------|------------------|--|
| 990 III | 1 | Carılıon Stonew all Jackson Hospital the Corporation, a non-profit healthcare provider primarily |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | serving the communities of Lexington, Buena Vista, and Rockbridge County, is dedicated to the promotion and improvement |

| ldentifier | Return Reference | Explanation | | | | |
|------------|---------------------|--|--|--|--|--|
| | | of the general health of the population in its service areas. The Corporation is organized for the purpose of owning and | | | | |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | operating a hospital, provided, however, that the Corporation shall be operated exclusively for charitable, scientific, |

| ldentifier | Return Reference | Explanation |
|------------|------------------|-----------------------|
| | | or education purposes |

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

Cat No 51056K

Sc hedule O (Form 990) 2008

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

DLN: 93493228001130

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization Carilion Stonewall Jackson Hospital

Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

54-0568001 Part I Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity (B) (C) (D) (E) Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Stonewall Jackson Ambulatory Health LLC PO Box 12385 N/A Inactive VA Roanoke, VA 24025 20-3842434 Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Cat No 50135Y

| (A) Name, address, and EIN of related organization | Prim | (B) nary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | incom | (E) lominant le(related, lestment, related) | Share | (F) e of total income | (G) Share of end-of- year assets | (H Disprop allocat | l) ortionate tions? | (I) Code V—UBI amount on Box 20 of K-1 | Gene mana part | agıng |
|---|---------|------------------------------|---|---|---------|---|--------|--|---|--------------------------|--|---|----------------------|-------|
| | | | | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | | | | |
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| Part IV Identification of R | Related | l Organizations | Taxable as | a Corporation | ı or Tr | ust | | | | | | | | |
| (A) Name, address, and EIN of related organ | | (B) Primary activity | | (C) Legal domicile (state or foreign country) | | (D) Direct contro | olling | (E) Type of entity (C corp, S corp or trust) | (F) Share of total income | end | (G) hare of l-of-yea assets | (H) Percentage r ownership | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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(6)

| Part V | Transactions with Related Organizations |
|--------|--|
|--------|--|

| Part \ | Transactions with Related Organizations | | | | | | | |
|---|--|---|---------------------------------|----|-----|----|--|--|
| No | te. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No | | |
| 1 Durir | g the tax year, did the orgranization engage in any of the following transactior | ns with one or more related organizations listed in Parts II- | ·IV? | | | | | |
| a Re | eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent | tity | Ī | La | | No | | |
| b G | ft, grant, or capital contribution to other organization(s) | | 1 | Lb | Yes | | | |
| c Gı | ft, grant, or capital contribution from other organization(s) | | 1 | Lc | | No | | |
| d Lo | ans or loan guarantees to or for other organization(s) | | 1 | Ld | | No | | |
| e Lo | ans or loan guarantees by other organization(s) | | 1 | le | | No | | |
| | | | | | | | | |
| f Sa | le of assets to other organization(s) | | 1 | Lf | | No | | |
| g Pu | rchase of assets from other organization(s) | | [1 | Lg | | No | | |
| h Ex | h Exchange of assets | | | | | | | |
| i Le | ase of facilities, equipment, or other assets to other organization(s) | | <u>[</u> | 1i | | No | | |
| | | | | | | | | |
| j Le | ase of facilities, equipment, or other assets from other organization(s) | | <u> </u> | 1j | | No | | |
| k Pe | k Performance of services or membership or fundraising solicitations for other organization(s) | | | | | | | |
| I Performance of services or membership or fundraising solicitations by other organization(s) | | | | | | | | |
| m Sharing of facilities, equipment, mailing lists, or other assets | | | | | | | | |
| n Sh | naring of paid employees | | | Ln | | No | | |
| | | | | | | | | |
| o Re | eimbursement paid to other organization for expenses | | | Lo | | No | | |
| p Re | eimbursement paid by other organization for expenses | | 1 | Lp | | No | | |
| q 0 | ther transfer of cash or property to other organization(s) | | 1 | Lq | | No | | |
| r Ot | her transfer of cash or property from other organization(s) | | | 1r | | No | | |
| | | | | | | | | |
| 2 If | the answer to any of the above is "Yes," see the instructions for information o | n who must complete this line, including covered relations | hips and transaction thresholds | | | | | |
| | (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved | | | | | |
| (1) | | 7,5-1 | | | | | | |
| (2) | | | | | | | | |
| ` , | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| ·-/ | | | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership

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

| | | | | | | | | | _ | |
|--|--------------------------------|---|---|----|---|-----|----|--|---|-----------|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | | | (G) Code V—UBI amount on Box 20 of K-1 | (H) General or managing partner? | |
| | | | Yes | No | | Yes | No | | Yes | No |
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Software ID: 08000033

Software Version: 2008.1.20

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 501(c)(3)) | (F) Direct Controlling Entity | | |
| Carilion Clinic PO Box 12385 Roanoke, VA24025 54-1190771 | Supporting organization | V A | 501c3 | 11 Type I | N/A | | |
| Roanoke, VA24025 54-1190773 | Supporting organization | VA | 501c3 | 11 Type I | N/A | | |
| Roanoke, VA24025 54-0480606 | Healthcare | VA | 501c3 | 3 | N/A | | |
| Roanoke, VA24025 54-0549603 | Healthcare | VA | 501c3 | 3 | N/A | | |
| Carilion Medical Center PO Box 12385 Roanoke, VA24025 54-0506332 | Healthcare | VA | 501c3 | 3 | N/A | | |
| Carilion New River Valley Medical Center PO Box 12385 Roanoke, VA24025 54-0553805 | Healthcare | VA | 501c3 | 3 | N/A | | |
| Carilion Services Inc PO Box 12385 Roanoke, VA24025 54-1190879 | Supporting organization | VA | 501c3 | 11 Type I | N/A | | |
| Carilion Tazewell Community Hospital PO Box 12385 Roanoke, VA24025 54-6074580 | Healthcare | VA | 501c3 | 3 | N/A | | |
| Hugh Trout Memorial Foundation PO Box 12385 Roanoke, VA24025 51-0236357 | Supporting organization | VA | 501c3 | 11 Type I | N/A | | |

Additional Data

Software ID:

Software Version:

EIN: 54-0568001

Name: Carilion Stonewall Jackson Hospital

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | |
|--|-----------------------|------------------------------------|---|--------------------------------|--|
| Bad Debt | 5,097,418 | 5,097,418 | | | |
| Other Physician Expense | 393,837 | 372,903 | 20,934 | | |
| Dues Subscriptions | 60,680 | 35,819 | 24,861 | | |
| Donations Sponsorships | 75,366 | 75,366 | | | |
| Miscellaneous | 55,222 | 42,659 | 12,563 | | |