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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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

C Name of organization
SHELTERING ARMS HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8254 ATLEE ROAD

City or town, state or province, country, and ZIP or foreign postal code
MECHANICSVILLE, VA 23116

D Employer identification number
54-0505955

E Telephone number
(804) 764-1000

G Gross receipts $ 51,044,871

F Name and address of principal officer
MARY A ZWEIFEL
8254 ATLEE ROAD
MECHANICSVILLE, VA 23116

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SHELTERINGARMS COM

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

L Year of formation 1941

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE PHYSICAL REHABILITATION AND TO ENHANCE THE QUALITY OF LIFE TO THOSE WITH DISABILITIES, AND TO OFFER FINANCIAL ASSISTANCE TO THOSE IN NEED

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	815
6	Total number of volunteers (estimate if necessary)	**6**	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,393,300	17,043,328
9	Program service revenue (Part VIII, line 2g)	31,767,674	33,116,244
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	796,581	885,299
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	154,882	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,112,437	51,044,871
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	215,569	10,989,942
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,541,335	29,845,721
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,431,808	11,357,695
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	40,188,712	52,193,358
19	Revenue less expenses Subtract line 18 from line 12	3,923,725	-1,148,487

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	33,838,793	55,623,726
21	Total liabilities (Part X, line 26)	11,802,431	14,738,632
22	Net assets or fund balances Subtract line 21 from line 20	22,036,362	40,885,094

Part II Signature Block

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

Sign Here

****** 2019-08-13
Signature of officer Date

MARY A ZWEIFEL PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMANDA ADAMS	AMANDA ADAMS			P00748038

Firm's name ▶ CHERRY BEKAERT LLP — Firm's EIN ▶ 56-0574444
Firm's address ▶ 828 MAIN ST STE 1801 LYNCHBURG, VA 24504 — Phone no (434) 847-6643

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF SHELTERING ARMS HOSPITAL IS TO PROVIDE COMPREHENSIVE PHYSICAL REHABILITATION OF THE HIGHEST CALIBER WITH COMPASSION AND RESPECT, TO ENHANCE THE QUALITY OF LIFE TO THOSE PERSONS EXPERIENCING DISABILITIES, AND TO OFFER FINANCIAL ASSISTANCE TO THOSE IN NEED

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	47,578,711	including grants of $	10,781,999)	(Revenue $ 32,691,539)
4b	(Code See Additional Data)	(Expenses $	212,569	including grants of $	207,943)	(Revenue $)
4c	(Code See Additional Data)	(Expenses $	1,605,250	including grants of $	)	(Revenue $ 424,705)
4d	Other program services (Describe in Schedule O)	(Expenses $		including grants of $	)	(Revenue $)
4e	**Total program service expenses ▶**		49,396,530			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	16		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	815		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JAMES S LITSINGER CFO 8254 ATLEE RD MECHANICSVILLE, VA 23116 (804) 342-4340

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,248,581	0	267,894

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 32

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEMORIAL REGIONAL MEDICAL 8260 ATLEE ROAD MECHANICSVILLE, VA 23116	HOSPITAL ANCILLARY & SUPPORT	2,696,784
CROTHALL 1500 LIBERTY RIDGE DRIVE STE 210 WAYNE, PA 19087	HOUSEKEEPING	464,856
OWENS & MINOR 1425 MAGELLAN ROAD HANOVER, MD 21076	HEALTHCARE TECHNOLOGIES	412,728
TROUTMAN SANDERS LLP 1001 HAXALL POINT RICHMOND, VA 23219	LEGAL ADVICE	301,143
RIGGS COUNSELMAN MICHAELS & DOWNES 4200 INNSLAKE DRIVE 203 GLEN ALLEN, VA 23060	INSURANCE BROKER	252,725

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 14

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	16,736,223		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	307,105		
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		17,043,328		
Program Service Revenue		Business Code			
	2a PATIENT REVENUE	621400	32,975,182	32,975,182	
	b RENTAL INCOME	531190	120,763	120,763	
	c OTHER PROGRAM REVENUE	621400	20,299	20,299	
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶		33,116,244		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		885,299		885,299
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See Instructions . . . . . ▶		51,044,871	33,116,244	0	885,299

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,981,174	10,981,174		
2 Grants and other assistance to domestic individuals See Part IV, line 22	8,768	8,768		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,637,018	818,509	818,509	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	22,667,605	21,534,225	1,133,380	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	565,265	537,002	28,263	
9 Other employee benefits	2,990,654	2,841,121	149,533	
10 Payroll taxes	1,985,179	1,885,920	99,259	
11 Fees for services (non-employees)				
a Management				
b Legal	271,894	258,299	13,595	
c Accounting	234,834	223,092	11,742	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,839,510	4,597,534	241,976	
12 Advertising and promotion	484,313	460,097	24,216	
13 Office expenses	569,468	540,995	28,473	
14 Information technology	2,790,367	2,650,849	139,518	
15 Royalties				
16 Occupancy	2,937,076	2,790,222	146,854	
17 Travel	101,903	96,808	5,095	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	132,135	125,528	6,607	
20 Interest	48,656	46,223	2,433	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,202,549	2,092,422	110,127	
23 Insurance	360,589	342,560	18,029	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	1,300,004	1,235,004	65,000	
b BAD DEBT EXPENSE	532,848	506,206	26,642	
c REPAIRS/MAINTENANCE	527,183	500,824	26,359	
d ALLOCATED TO AFFILIATES	-5,998,939	-5,698,992	-299,947	
e All other expenses	23,305	22,140	1,165	
25 **Total functional expenses.** Add lines 1 through 24e	52,193,358	49,396,530	2,796,828	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,723,259	1	1,214,516
	2	Savings and temporary cash investments	7,029,332	2	1,928,834
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,342,122	4	5,782,125
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	65,647	8	
	9	Prepaid expenses and deferred charges	1,197,849	9	668,278
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 57,474,299			
	b	Less accumulated depreciation — 10b: 32,204,178	18,790,679	10c	25,270,121
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	200,925	13	276,987
	14	Intangible assets	488,980	14	485,646
	15	Other assets See Part IV, line 11	0	15	19,997,219
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	33,838,793	16	55,623,726
Liabilities	17	Accounts payable and accrued expenses	5,404,756	17	9,698,502
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,397,675	23	5,040,130
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	11,802,431	26	14,738,632
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	22,033,324	27	20,885,337
	28	Temporarily restricted net assets	3,038	28	648,617
	29	Permanently restricted net assets		29	19,351,140
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	22,036,362	33	40,885,094
	34	Total liabilities and net assets/fund balances	33,838,793	34	55,623,726

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,044,871
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,193,358
3	Revenue less expenses Subtract line 2 from line 1	3	-1,148,487
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,036,362
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	19,997,219
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,885,094

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 54-0505955

Name: SHELTERING ARMS HOSPITAL

Form 990 (2017)

Form 990, Part III, Line 4a:

INPATIENT PHYSICAL REHABILITATION SERVICESSHELTERING ARMS HOSPITAL OPERATES A 40 BED ACUTE PHYSICAL REHABILITATION INPATIENT HOSPITAL IN MECHANICSVILLE, VIRGINIA THE PRIMARY SERVICE AREA IS CENTRAL VIRGINIA ALTHOUGH PATIENTS ARE ADMITTED FROM VIRGINIA AND SURROUNDING STATES DURING FISCAL YEAR 2018, 871 PATIENTS WERE ADMITTED RESULTING IN 13,472 PATIENT DAYS OUTPATIENT PHYSICAL REHABILITATION SERVICESSHELTERING ARMS HOSPITAL PROVIDES OUTPATIENT PHYSICAL REHABILITATION SERVICES AT THE HOSPITAL CAMPUS AND NINE ADDITIONAL LOCATIONS IN THE RICHMOND AREA THE OUTPATIENT CONTINUUM OF SERVICES INCLUDED ORTHOPEDIC REHABILITATION SERVICES, NEUROLOGICAL REHABILITATION SERVICES, PHYSICIANS AND PSYCHOLOGY REHABILITATION SERVICES AND OUTPATIENT REHABILITATION THERAPIES DURING FISCAL YEAR 2018, SHELTERING ARMS HOSPITAL PROVIDED OUTPATIENT THERAPY RESULTING IN 89,587 THERAPY VISITS FOR FISCAL YEAR 2018 PHYSICIAN AND PSYCHOLOGY SERVICES RESULTED IN 38,905 PATIENT VISITS

Form 990, Part III, Line 4b:

CHARITY CARE AND COMMUNITY SUPPORT SHELTERING ARMS HOSPITAL ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND PROVIDES FINANCIAL ASSISTANCE FOR MEDICAL BILLS TO QUALIFIED PATIENTS LACKING ADEQUATE FINANCIAL RESOURCES FINANCIAL ASSISTANCE IS ALSO OFFERED FOR THE PARTNERS FOR L I F E PROGRAM DURING FISCAL YEAR 2018, CHARITY CARE AND/OR FINANCIAL ASSISTANCE RESULTED IN TOTAL DISCOUNTED CHARGES FOREGONE BY SHELTERING ARMS HOSPITAL OF $1,004,764 IN FISCAL YEAR 2018, SHELTERING ARMS HOSPITAL ALSO TRANSPORTED PATIENTS PARTICIPATING IN PATIENT THERAPY AT AN UNREIMBURSED COST OF $4,626 SHELTERING ARMS HOSPITAL ALSO PROVIDED FREE MOBILITY AND THERAPY EQUIPMENT AND PHARMACY ASSISTANCE TO THOSE PATIENTS WHO QUALIFIED, FOR USE DURING THEIR RECOVERY AT HOME THE COST OF PROVIDING THIS ASSISTANCE WAS $8,768 IN ADDITION, SHELTERING ARMS HOSPITAL CONTRIBUTED $199,175 TO SUPPORT OTHER COMMUNITY ORGANIZATIONS AND EVENTS

Form 990, Part III, Line 4c:

PARTNER FOR L I F E THE BENEFITS OF PHYSICAL AND RECREATIONAL ACTIVITY PARTICIPATION HIGHLIGHT A NEED FOR INDIVIDUALS WITH PHYSICAL DISABILITIES, THE AGING POPULATION, AND INDIVIDUALS MANAGING CHRONIC CONDITIONS TO ACCESS SERVICES THAT CAN POSITIVELY IMPACT QUALITY OF LIFE AND PHYSICAL ACTIVITY LEVEL SHELTERING ARMS IS DEDICATED TO HELPING PEOPLE FIND WITHIN THEMSELVES THE POWER TO OVERCOME SERIOUS SETBACKS FOLLOWING ILLNESS, INJURY, OR ACCIDENT THROUGH INTERNATIONALLY RECOGNIZED PHYSICAL REHABILITATION PROGRAMS THE SHELTERING ARMS COMMITMENT DOES NOT END WHEN THERAPY OR PHYSICIAN SERVICES ARE COMPLETE SHELTERING ARMS PROVIDES A COMPREHENSIVE PORTFOLIO OF UNIQUE, COMMUNITY-BASED RECREATION AND HEALTH AND WELLNESS SERVICES TO MEET THE NEEDS OF THE COMMUNITY THESE SERVICES MAKE UP THE PARTNER FOR L I F E PROGRAM (LEISURE, INTERACTION, FITNESS, AND ENJOYMENT), EMPOWERING INDIVIDUALS TO EMBRACE A LIFETIME OF RECREATION AND WELLNESS OUR UNIQUE PROGRAMMING PROVIDES AN OPPORTUNITY FOR PEOPLE TO RE-ENGAGE IN ACTIVITIES THEY ONCE ENJOYED AND MAINTAIN AN ACTIVE SOCIAL AND PHYSICAL LIFESTYLE DESPITE THEIR LIMITATIONS THE SERVICES PROVIDED ARE OPEN TO THE PUBLIC AND THE MAJORITY OF THE SERVICES DO NOT REQUIRE A PHYSICIAN REFERRAL SERVICES OFFERED INCLUDE GROUP RECREATION AND SOCIAL EVENTS, ADAPTIVE GOLF PROGRAM, ADAPTIVE BOWLING LEAGUE, ACCESSIBLE TRAVEL PROGRAM, THERAPEUTIC POOL AND FITNESS CENTER MEMBERSHIPS, PERSONAL TRAINING SERVICES, GROUP EXERCISE CLASSES, EDUCATIONAL SEMINARS, CHRONIC DISEASE AND DIABETES SELF- MANAGEMENT CLASSES, A MATTER OF BALANCE CLASSES, POWEREX, NEUROFIT, AND OUR CLUB REC PROGRAM CLUB REC IS A NON-MEDICALLY BASED SOCIAL, RECREATION PROGRAM PROVIDING OPPORTUNITIES FOR FITNESS, WELLNESS, RECREATION, SOCIALIZATION, AND COMMUNITY REINTEGRATION FOR MEMBERS UP TO FIVE DAYS PER WEEK SHELTERING ARMS CERTIFIED THERAPEUTIC RECREATION SPECIALISTS CREATE A MONTHLY CALENDAR PROGRAM PLANNING ACTIVITIES AND SERVICES THAT ADDRESS THE SEVEN DIMENSIONS OF HEALTH AND WELLNESS PROGRAMS PLANNED INCLUDE SOCIAL, RECREATIONAL, PHYSICAL, EMOTIONAL AND COGNITIVE ACTIVITIES, AS WELL AS OPPORTUNITIES FOR COMMUNITY REINTEGRATION AND CIVIC ENGAGEMENT CLUB REC FOCUSES ON ENHANCING QUALITY OF LIFE FOR THOSE RECOVERING FROM INJURY OR ILLNESS MEMBERS ENROLLED IN CLUB REC HAVE OPPORTUNITIES TO UTILIZE THE ON -SITE FITNESS CENTER, PARTICIPATE IN SPIRITUALITY GROUP , THE COMPUTER LAB, WEEKLY TRIPS TO OUR THERAPEUTIC POOL, AS WELL AS COMMUNITY OUTINGS IN FY 2018 CLUB REC HAD 7,179 VISITS TO THE PROGRAM THIS YEAR CLUB REC PARTNERED WITH THE BON SECOURS CLASS A ROLL PROGRAM WHICH ALLOWED OPPORTUNITIES FOR A REGISTERED DIETICIAN TO ADDRESS NUTRITION SERVICES WITHIN THE PROGRAM THIS WAS A SUCCESSFUL PARTNERSHIP ALLOWING THE OPPORTUNITY TO EDUCATE OUR PARTICIPANTS ON NUTRITION, TOPICS, PRACTICAL RECIPES, AND HEALTHY EATING ON A BUDGET ADAPTIVE YOGA WAS ADDED AS A PROGRAM OFFERING THIS YEAR PARTNER FOR L I F E SPECIAL EVENT PROGRAMS INCLUDE ADAPTIVE GOLF, ADAPTIVE BOWLING LEAGUE, ACCESSIBLE TRAVEL PROGRAMS, FISHING OUTINGS, AND SOCIAL RECREATION PROGRAMS THESE PROGRAMS PROVIDE OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES TO PARTICIPATE IN ORGANIZED RECREATION ACTIVITIES RECREATIONAL THERAPISTS, VOLUNTEERS, AND ADAPTIVE RECREATION EQUIPMENT ARE PROVIDED AT EACH PROGRAM TO ENSURE SUCCESSFUL PARTICIPATION REGARDLESS OF PHYSICAL LIMITATION IN FISCAL YEAR 2018 THERE WERE 20 EVENTS TOTALING 306 PARTICIPANTS AN ACCESSIBLE CRUISE TO BERMUDA WAS HELD THIS YEAR FOR INDIVIDUALS WITH DISABILITIES, AS WELL AS THEIR CAREGIVERS AND FAMILY MEMBERS ALL ACCESSIBLE TRAVEL PLANS, AIRLINE ACCOMMODATIONS, EQUIPMENT NEEDS, EXCURSION ADAPTATIONS ARE PLANNED AND ORGANIZED BY THE RECREATIONAL THERAPISTS SHELTERING ARMS ALSO PARTNERED WITH SPORTABLE OFFERING HAND CYCLING CLINIC TO INTRODUCE OUR PATIENTS AND CLUB REC MEMBERS TO HAND CYCLING SHELTERING ARMS ALSO PARTNERED WITH SPORTABLE BY HOSTING THEIR SWIMMING PROGRAM AT OUR BON AIR FACILITY WHICH ALLOWS ACCESS FOR ATHLETES ENROLLED IN THE PROGRAM TO AN ACCESSIBLE AND WARM WATER THERAPEUTIC POOL FOR THIS PROGRAM CHRONIC DISEASE SELF-MANAGEMENT, DIABETES SELF MANAGEMENT, AND MATTER OF BALANCE CLASSES WERE OFFERED FREE TO THE COMMUNITY THROUGH PARTNERSHIP WITH LOCAL SENIOR AND HEALTH CARE AGENCIES THE GOAL OF THE PROGRAM IS FOR PARTICIPANTS TO LEARN STRATEGIES TO IMPLEMENT HEALTHY LIFESTYLE CHANGES TO SUCCESSFULLY MANAGE THEIR CHRONIC CONDITION THESE PROGRAMS ARE OPEN TO SHELTERING ARMS PATIENTS AS WELL AS THE COMMUNITY IN ADDITION TO RECREATION EVENTS, PARTNER FOR LIFE SERVICES BELIEVE IN THE NECESSITY OF MAINTAINING PHYSICAL ACTIVITY TO CONTINUE AN ACTIVE LIFESTYLE, MAINTAIN PROGRESS ACHIEVED IN SKILLED THERAPY, AS WELL AS PREVENT FUTURE INJURY OR ILLNESS WE HAVE A WARM WATER THERAPEUTIC POOL AND FITNESS CENTER OFFERING POOL AND FITNESS MEMBERSHIPS, AQUATIC AND LAND GROUP EXERCISE CLASSES, AND PERSONAL TRAINING SERVICES TO THE COMMUNITY OUR WARM WATER THERAPEUTIC POOL PROVIDES A RAMP FOR WHEELCHAIR ENTRY INTO THE WATER, SUBMERGED PARALLEL BARS, AND LAP LANE SWIMMING FOR THOSE WHO FIND LESS PAIN AND INCREASED RANGE OF MOTION IN A WARM WATER ENVIRONMENT POOL AND FITNESS MEMBERSHIPS PROVIDE A TRANSITION PLAN FOR PATIENTS BEING DISCHARGED FROM INPATIENT HOSPITAL AND OUTPATIENT THERAPY CLINICS THE OPPORTUNITY TO CONTINUE TO ENGAGE IN PHYSICAL ACTIVITY FITNESS SPECIALISTS PROVIDE FITNESS MEMBERS WITH PERSONALIZED ATTENTION, AS WELL AS PERSONAL TRAINING SERVICES FOR THOSE WHO ARE INTERESTED IN INDIVIDUALIZED GOAL SETTING AND EXERCISE PROGRAMS DESIGNED TO MEET THEIR NEEDS SHELTERING ARMS FITNESS CENTERS HAVE SEEN SIGNIFICANT GROWTH IN SILVER SNEAKER MEMBERS THIS COMMUNITY PROGRAM PROVIDES FINANCIAL FITNESS MEMBERSHIP SUPPORT FOR THOSE WITH A SILVER SNEAKER WELLNESS OPTION THROUGH THEIR PRIVATE INSURANCE COMPANY DURING FISCAL YEAR 2018 THERE WERE 29,578 COMMUNITY MEMBERSHIP VISITS TO THE POOLS AND FITNESS CENTERS SHELTERING ARMS LED 1,140 GROUP EXERCISE CLASSES AND WELLNESS EDUCATION CLASSES TOTALING 5,152 CLASS PARTICIPANTSFITNESS SPECIALISTS AT OUR BON AIR, REYNOLDS, AND HANOVER LOCATION PROVIDE PERSONAL TRAINING SERVICES TO THOSE TRANSITIONING FROM OUTPATIENT THERAPY SERVICES, WHILE ALSO PROVIDING PERSONAL TRAINING SERVICE TO THE COMMUNITY FOR PREVENTION AND WELLNESS FITNESS SPECIALISTS CONDUCTED 4,342 PERSONAL TRAINING VISITS ON OUR HANOVER AND SOUTH HOSPITAL CAMPUS THE FITNESS SPECIALISTS UTILIZE ADVANCED TECHNOLOGIES TO PROVIDE UNIQUE PERSONAL TRAINING SERVICES FOR THE NEUROLOGICALLY IMPAIRED IN OUR NEUROFIT PROGRAM NEUROFIT FITNESS SPECIALISTS PROVIDED 1,865 TRAINING SESSIONS THE GOAL IS TO ENSURE LIFELONG PHYSICAL ACTIVITY AFTER A CATASTROPHIC INJURY OR ILLNESS SPECIALTY PARKINSON DISEASE GROUP EXERCISE CLASSES ARE OFFERED AT OUR BON AIR AND MIDTOWN LOCATIONS OUR PARKINSON'S WELLNESS RECOVERY BI-WEEKLY GROUP EXERCISE CLASS AT BON AIR HAS SEEN SIGNIFICANT GROWTH IN CLASS PARTICIPANTS POWER PUNCH, A PARKINSON'S BOXING CLASS, HAS BEEN SUCCESSFUL AT OUR MIDTOWN LOCATION IN 2018, THE PARTNER FOR LIFE DEPARTMENT CONTINUED TO PROVIDE COMMUNITY OUTREACH PRESENTATION TO LOCAL AMPUTEE, MULTIPLE SCLEROSIS, AND PARKINSON'S, AND STROKE SUPPORT GROUPS SHARING INFORMATION ON STRATEGIES TO STAY ENGAGED IN PHYSICAL, SOCIAL AND RECREATION ACTIVITIES WHILE MANAGING CHRONIC HEALTH CONDITIONS HEALTH AND WELLNESS EDUCATION SESSIONS RELATING TO SENIOR SAFETY, NUTRITION, AND HEALTHY EATING ON A BUDGET WERE HELD AT THE BON AIR FACILITY ADAPTIVE YOGA CLASSES WERE PILOTED IN OUR INPATIENT REHABILITATION HOSPITAL SETTINGS, AS WELL AS GROUP RECREATION AND DIVERSION ACTIVITIES PROVIDED BY RECREATION THERAPISTS WEEKLY AT BOTH INPATIENT HOSPITALS IT'S NEVER 2 LATE (IN2L) ADAPTIVE TECHNOLOGY IMPLEMENTED IN BOTH INPATIENT HOSPITALS AS WELL AS TWO OUT-PATIENT FACILITIES THE IN2L IS ONE PIECE OF TECHNOLOGY THAT IS UTILIZED BY ALL DISCIPLINES AS A THERAPEUTIC TOOL BY ALL CLINICIANS, ASSISTS RECREATIONAL THERAPISTS WITH PROGRAM PLANNING, AND SUPPORTS PATIENT ENGAGEMENT AND PATIENT EXPERIENCE IN THE INPATIENT HOSPITAL SETTING DURING THE PATIENT'S DOWNTIME AS WE CONTINUE TO FACE THE TRANSITION OF HEALTH CARE IN OUR COMMUNITY THE FOCUS OF HEALTH, WELLNESS, AND PREVENTION CONTINUE TO EMERGE AS A CRITICAL COMPONENT IN LIFE LONG CARE SHELTERING ARMS PARTNER FOR LIFE SERVICES PROVIDE A UNIQUE NICHE FOR INDIVIDUALS WITH PHYSICAL DISABILITIES, AS WELL AS THE COMMUNITY, TO MAINTAIN AN ACTIVE AND HEALTHY LIFESTYLE IN 2018 THE FITNESS, RECREATION, AND WELLNESS PROGRAMS RECORDED 48,369 VISITS IMPACTING QUALITY OF LIFE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN D BURNS 2ND VICE CHAIR	3 00 2 00	X						0	0	0
DIANNE V JEWELL CHAIR	3 00 2 00	X		X				0	0	0
ASHBY R HACKNEY VICE CHAIR	3 00 2 00	X		X				0	0	0
HOLLY ANTRIM DIRECTOR	3 00 2 00	X						0	0	0
KATHRYN M BARLEY DIRECTOR, THROUGH 12/17	3 00 2 00	X						0	0	0
PETER H BOWLES DIRECTOR	4 00 1 00	X						0	0	0
DAVID E CONSTINE III DIRECTOR	3 00 2 00	X						0	0	0
W LEE CHENEY III DIRECTOR	3 00 2 00	X						0	0	0
PATRICIA B CUSHNIE DIRECTOR	3 00 2 00	X						0	0	0
SANDRA M DOUGLAS DIRECTOR	3 00 2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERESA REYNOLDS DIMARCO DIRECTOR	3 00 2 00	X						0	0	0
LAWRENCE E GIBSON DIRECTOR	3 00 2 00	X						0	0	0
THEODORE W PRICE DIRECTOR	4 00 1 00	X						0	0	0
SUSAN J RAWLES DIRECTOR	3 00 2 00	X						0	0	0
AMES J RUSSELL DIRECTOR	3 00 2 00	X						0	0	0
JAMES A SLABAUGH SR DIRECTOR	3 00 2 00	X						0	0	0
MARY A ZWEIFEL PRESIDENT & CEO	24 00 16 00			X				443,307	0	24,138
CHRISTOPHER P SORENSON VP OF INFORMATION TECHNOLOGY	30 00 10 00			X				200,691	0	27,821
JAMES S LITSINGER VP OF FINANCE & CFO/TREASURER	32 00 8 00			X				299,711	0	25,517
ELLEN VANCE CHIEF HUMAN RESOURCE OFFICER	30 00 10 00				X			228,054	0	26,730

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDY EYLER CHIEF NURSING OFFICER	30 00 10 00				X			172,842	0	19,001
AMY J SHOWALTER CHIEF COO	30 00 10 00				X			158,215	0	10,992
HILLARY S HAWKINS MEDICAL DIRECTOR - SAH	40 00 0 00					X		440,964	0	19,711
TIMOTHY M SILVER MEDICAL DIRECTOR - SAHS	0 00 40 00					X		401,158	0	29,747
JOHN L MCELROY III PRESIDENT - SAF	0 00 40 00					X		327,540	0	24,730
GREGORY LEGHART PHYSICIAN	0 00 40 00					X		316,779	0	31,360
AARON M JONES PHYSICIAN	0 00 40 00					X		259,320	0	28,147

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SHELTERING ARMS HOSPITAL

Employer identification number
54-0505955

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 54-0505955

Name: SHELTERING ARMS HOSPITAL

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SHELTERING ARMS HOSPITAL

Employer identification number
54-0505955

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		416,370		416,370
b Buildings		11,135,716	6,800,897	4,334,819
c Leasehold improvements		3,961,944	3,123,501	838,443
d Equipment		41,960,269	22,279,780	19,680,489
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				25,270,121

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

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

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS (NOT CONTROLLED BY SAH)	19,997,219
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	19,997,219

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 54-0505955
Name: SHELTERING ARMS HOSPITAL

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CORPORATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NON-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(3) OF THE INTERNAL REVENUE CODE ("IRC") AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC GAAP REQUIRES THE CORPORATION'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE CORPORATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE CORPORATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE THAN LIKELY WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS THE CORPORATION'S MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CORPORATION AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2018 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR AN ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS THE CORPORATION IS SUBJECT TO AUDIT BY TAXING JURISDICTIONS HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SHELTERING ARMS HOSPITAL

Employer identification number
54-0505955

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,004,764		1,004,764	1 930 %
b Medicaid (from Worksheet 3, column a)			447,679		447,679	0 860 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			1,452,443		1,452,443	2 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,605,250	332,878	1,272,372	2 440 %
f Health professions education (from Worksheet 5)			151,135		151,135	0 290 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			207,943		207,943	0 400 %
j **Total.** Other Benefits			1,964,328	332,878	1,631,450	3 130 %
k **Total.** Add lines 7d and 7j			3,416,771	332,878	3,083,893	5 920 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 532,848		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 26,642		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	13,990,473
6	Enter Medicare allowable costs of care relating to payments on line 5	6	11,052,474
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	2,937,999
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SHELTERING ARMS HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW SHELTERINGARMS COM			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW SHELTERINGARMS COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

SHELTERING ARMS HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 250 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW SHELTERINGARMS COM			
b	☑ The FAP application form was widely available on a website (list url) WWW SHELTERINGARMS COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW SHELTERINGARMS COM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

SHELTERING ARMS HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

SHELTERING ARMS HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **10**

	Name and address	Type of Facility (describe)
1	1 - SHELTERING ARMS HANOVER REHABILITATION C 8226 MEADOWBRIDGE ROAD MECHANICSVILLE, VA 23116	OUTPATIENT THERAPY AND PHYSICIANS CLINIC
2	2 - SHELTERING ARMS SOUTH PHYSICIANS CLINIC 13700 ST FRANCES BLVD MIDLOTHIAN, VA 23114	OUTPATIENT THERAPY AND PHYSICIANS CLINIC
3	3 - SHELTERING ARMS BON AIR CENTER 206 TWINRIDGE LANE RICHMOND, VA 23235	OUTPATIENT THERAPY AND PHYSICIANS CLINIC
4	4 - SHELTERING ARMS REYNOLDS CENTER 6227 W BROAD STREET RICHMOND, VA 23226	OUTPATIENT THERAPY AND PHYSICIANS CLINIC
5	5 - SHELTERING ARMS HANOVER NEURO CTR 8254 ATLEE ROAD MECHANICSVILLE, VA 23116	OUTPATIENT THERAPY AND PHYSICIANS CLINIC
6	6 - SHELTERING ARMS CHESTER CENTER 12220 IRONBRIDGE ROAD CHESTER, VA 23831	OUTPATIENT THERAPY AND PHYSICIANS CLINIC
7	7 - SHELTERING ARMS MIDTOWN CLUB REC 2805 WEST BROAD STREET RICHMOND, VA 23230	OUTPATIENT THERAPY, OUTPATIENT DAY PROGRAM AND FITNESS CENTER
8	8 - PT WORKS CENTER 2296 JOHN ROLFE PARKWAY RICHMOND, VA 23233	OUTPATIENT THERAPY AND PHYSICIANS CLINIC
9	9 - SHELTERING ARMS HULL STREET CENTER 13530 HULL STREET ROAD MIDLOTHIAN, VA 23114	OUTPATIENT THERAPY AND PHYSICIANS CLINIC
10	10 - SHELTERING ARMS LABURNUM CENTER 4730 S LABURNUM AVENUE RICHMOND, VA 23231	OUTPATIENT THERAPY AND PHYSICIANS CLINIC

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	COLUMN F REFLECTS THE CHARITY AND FINANCIAL ASSISTANCE AT COST AND OTHER COMMUNITY BENEFITS AS A PERCENTAGE OF THE TOTAL FUNCTIONAL EXPENSES IN PART IX, COLUMN A, LINE 25 OF THE FORM 990 A COMPLETE LIST OF THE CASH GRANTS TO OTHERS CAN BE FOUND ON SCHEDULE I OF THE FORM 990

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT REPRESENTS THE UNCOLLECTIBLE AMOUNTS WRITTEN OFF DURING THE FISCAL YEAR

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	BAD DEBT ATTRIBUTABLE TO PATIENTS UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS ESTIMATED BASED ON A PATIENT'S INABILITY TO PAY AND WHO FAIL TO COMPLETE THE APPLICATION AND/OR SUBMIT THE REQUIRED DOCUMENTS WITHIN THE 60 DAY GRACE PERIOD ALLOWED TO APPLY FOR ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	SEE PAGE 11 OF THE AUDITED FINANCIAL STATEMENTS - NOTE 1- NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES "PATIENT ACCOUNTS RECEIVABLE "

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE GAIN WAS OBTAINED DIRECTLY FROM THE FY 2017 MEDICARE COST REPORT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	PATIENTS MAY APPLY RETROACTIVELY FOR FINANCIAL ASSISTANCE FOR SERVICES UP TO 60 DAYS OLD IF THE PATIENT DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE AND ALL OTHER PROGRAMS HAVE BEEN EXHAUSTED FOR PAYMENT ASSISTANCE, A PAYMENT PLAN ARRANGEMENT MAY BE MADE BALANCES DESIGNATED BY 3RD PARTY PAYERS AS PATIENT RESPONSIBILITY WILL BE ASSIGNED TO THE PATIENT BALANCE SEGMENT IN THE SAH BILLING SYSTEM QUALIFYING PATIENT RESPONSIBLE BALANCES WILL BE BILLED DIRECTLY TO THE PATIENT BY SHELTERING ARMS IF PAYMENT IS NOT RECEIVED WITHIN 60 DAYS ANY UNPAID BALANCES WILL BE FORWARDED TO OUR FIRST OUT VENDOR FOR CONTINUING COLLECTION EFFORTS TO INCLUDE PATIENT PAYMENT PLANS ANY UNSETTLED BALANCES REMAINING AFTER A TOTAL OF 120 DAYS AFTER THE FIRST ASSIGNMENT OF BALANCES AS PATIENT PAY THE BALANCES WILL BE SENT TO OUR COLLECTION AGENCY AND REMOVED FROM OUR ACTIVE ACCOUNTS RECEIVABLE AS BAD DEBT IF THE COLLECTION AGENCY SUCCESSFULLY COLLECTS THE BALANCES THE PATIENT ACCOUNT WILL BE REACTIVATED IN OUR AR SYSTEM AND THE BAD DEBT WILL BE REVERSED AND CODED AS RECOVERY IF THE COLLECTION AGENCY IS UNSUCCESSFUL WITH COLLECTIONS AND HAS NO PAYMENT ARRANGEMENT, OR A BROKEN PAYMENT ARRANGEMENT, THEN THE ACCOUNT CAN BE PULLED BACK FROM THE COLLECTION VENDOR, THE BAD DEBT STATUS WILL REMAIN AND COLLECTION EFFORTS WILL CEASE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	SHELTERING ARMS HOSPITAL ASSESSES THE SERVICE GAPS AND HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE TO IDENTIFY NEEDED PROGRAMS AND EVENTS THE NEW CHNA AND CORRESPONDING CHIP CAN BE ACCESSED AT WWW SHELTERINGARMS COM THE 1ST IDENTIFIED SIGNIFICANT HEALTH NEED IS HEALTHY LIFESTYLE IT ENCOMPASSES NUTRITION, HEALTH, WELLNESS, FITNESS, RECREATION AND MOBILITY THE CHIP PLAN CALLS FOR FOLLOW-UP PHONE CALLS FROM INPATIENT DIETICIAN TWO WEEKS POST-DISCHARGE FROM THE INPATIENT REHABILITATION HOSPITAL, PARTNERING WITH LOCAL GROUPS ON NUTRITIONAL EDUCATION TWICE A YEAR TO INCLUDE BON SECOURS, RELAY FOODS, AND VCU HEALTH SYSTEM, COMPILING RESOURCE LIST FOR PATIENTS TO ACCESS FOOD SERVICES IN THE COMMUNITY AND DEVELOPING A PROCESS FOR CONNECTING PATIENTS TO THESE SERVICES, ADDING NUTRITION SCREENING QUESTION AT DISCHARGE FROM INPATIENT HOSPITAL, ADDING NUTRITION SCREENING QUESTION FOR OUTPATIENT THERAPY, AND EXPANDING FITNESS/WELLNESS PROGRAMS FOR PERSONS WITH NEUROLOGIC DISORDERS CURRENTLY WE HAVE ADDED A NEW PARKINSON'S BOXING PROGRAM AND EXPANDED THE NEURO-FIT PROGRAM IN ADDITION OUR PLAN INCLUDES SHORT SCREENING TOOLS FOR INPATIENT AND OUTPATIENT REGARDING NEED FOR HEALTH, WELLNESS, AND EDUCATION CLASSES WE ARE ADDING NUTRITION EDUCATION AN SHELTERING ARMS CHANNEL IN INPATIENT, ADDING NUTRITION TRAINING/SPECIALIZATION FOR FITNESS STAFF, A SERIES OF HEALTHY COOKING AND MEAL PLANNING FOR PATIENTS AND CAREGIVERS, A NUTRITION SUPPORT GROUP IN INPATIENT FOR PATIENTS AND CAREGIVERS, AN OUTPATIENT DIETICIAN TO ADDRESS POST-INPATIENT NUTRITION NEEDS AS PART OF A COMPREHENSIVE HEALTH/WELLNESS CARE MODEL AND INPATIENT AND OUTPATIENT THERAPEUTIC RECREATION AS PART OF THE COMPREHENSIVE CARE MODEL THE SECOND SIGNIFICANT HEALTH NEED IDENTIFIED IS CARE NAVIGATION, WE HAVE MAPPED IN CERNER (OUR EHR) FOR TOUCH POINTS TO BUILD AND FOSTER CARE NAVIGATION ALSO AS A STANDARD OF CARE AT DISCHARGE, REFER APPROPRIATE AND INTERESTED PATIENTS TO SENIOR CONNECTIONS WE HAVE IMPROVED INTERNAL AND EXTERNAL EDUCATION OF WHAT SHELTERING ARMS OFFERS FOR CONTINUUM OF CARE THROUGH INTERNAL EDUCATION PROVIDED TO NURSE LIAISONS AND THE COMMUNITY LIAISON TEAMS WE ARE IMPLEMENTING SCREENSAVER TIPS ON SHELTERING ARMS COMPUTERS TO EDUCATE CLINICIANS ON RESOURCES AVAILABLE FOR PATIENTS/FAMILIES IN ADDITION WE ARE DEVELOPING A STRATEGY FOR HIGH RISK PATIENTS AND WE PLAN TO ADD A SOCIAL WORKER AS PART OF THE COMPREHENSIVE HEALTH AND WELLNESS CARE MODEL THE 3RD SIGNIFICANT HEALTH NEED IDENTIFIED IS CAREGIVER SUPPORT THIS PLAN INCLUDES DEVELOPING EDUCATION MATERIALS AND REFERENCES FOR CAREGIVERS NEEDING SUPPORT AND A SCREENING TOOL FOR ALL SITES THAT ASKS ABOUT THE NEED FOR CAREGIVER SUPPORT THE 4TH SIGNIFICANT HEALTH CARE NEED IS MEDICAL DEVICES-RAMPS WE ARE PARTNERING WITH LOCAL ORGANIZATIONS THAT PROVIDE RAMPS TO IDENTIFY HOW WE CAN SUPPORT THEM WE ARE CURRENTLY IN DISCUSSIONS WITH PROJECT HOMES TO DEVELOP A PROCESS THE SHELTERING ARMS FOUNDATION CURRENTLY PROVIDES SUPPORT TO PROJECTHOMES AND RAMPS MADE POSSIBLE BY STUDENTS AS PART OF THIS INITIATIVE WE ARE ACTIVELY LOOKING TO IDENTIFY OTHER RAMP BUILDING RESOURCES IN THE COMMUNITIES SHELTERING ARMS SERVES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	THE HOSPITAL HAS POSTED POSTERS NOTIFYING INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE (IN ENGLISH AND SPANISH) IN THE ADMISSIONS AND PATIENT INTAKE AREAS OF EACH OF ITS INPATIENT AND OUTPATIENT LOCATIONS AS WELL AS IN THE PATIENT ACCOUNTING DEPARTMENT NEW PATIENT ADMISSIONS RECEIVE A FORM UPON ARRIVAL DISCLOSING THE FINANCIAL AGREEMENT TO PAY WHICH INCLUDES OFFERING MONTHLY PAYMENT ARRANGEMENTS AS WELL AS AN APPLICATION FOR FINANCIAL ASSISTANCE OUTPATIENT AND PHYSICIAN SERVICES APPOINTMENT VERIFICATION LETTERS FOR NEW PATIENTS ALSO DISCLOSE AVAILABILITY OF FINANCIAL ASSISTANCE ADDITIONALLY, THE HOSPITAL INCLUDES A NOTICE ABOUT ITS FINANCIAL ASSISTANCE POLICY ON ITS BILLING STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	SHELTERING ARMS HOSPITAL SERVES THE GREATER CENTRAL VIRGINIA COMMUNITY BASED ON THE RECENT COMMUNITY HEALTH NEEDS ASSESSMENT THE STUDY REGION IS BASED ON THE SHELTERING ARMS HANOVER CAMPUS SERVICE AREA WHICH INCLUDES URBAN AND RURAL AREAS THE COUNTIES INCLUDED ARE CAROLINE, CHARLES CITY, ESSEX, HANOVER, HENRICO, KING AND QUEEN, KING WILLIAM, LANCASTER, LOUISA, MIDDLESEX, NEW KENT, NORTHUMBERLAND, RICHMOND AND RICHMOND CITY AS AN ACUTE INPATIENT REHABILITATION HOSPITAL, THE ORGANIZATION SERVES THE TARGET POPULATION OF PEOPLE WITH PHYSICAL DISABILITIES SPECIFICALLY, THE HOSPITAL PROVIDED REHABILITATION SERVICES TO PATIENTS WITH THE FOLLOWING DIAGNOSES STROKE, BRAIN INJURY, SPINAL CORD INJURY,ORTHOPEDIC, NEUROLOGICAL, AND GENERAL REHAB/MEDICAL

Form and Line Reference	Explanation
PART VI, LINE 5	OUR COMMUNITY SUPPORT INITIATIVES INCLUDE PARTICIPATION IN THE DSCR EMPLOYEE HEALTH FAIR P ROMOTING THE NECESSITY OF FITNESS AND WELLNESS, THE RICHMOND DIABETES WALK IN WHICH SHELTE RING ARMS EMPLOYEES, PATIENTS, AND MEMBERS PARTICIPATED TO SHARE FITNESS AND WELLNESS INFO RMATION AND RESOURCES, THE RICHMOND HEALTH EXPO PROMOTING NECESSITY OF FITNESS AND WELLNES S PARTICIPATION, THE VIRGINIA HOME WALK AND ROLL, THE CHESTERFIELD TRIAD SENIOR HEALTH FAI R FOR CHESTERFIELD COUNTY PROMOTING NECESSITY OF FITNESS AND WELLNESS IN LIVING A HEALTHY LIFESTYLE, PROVIDED STAFF SPEAKERS AT THE LOCAL MULTIPLE SCLEROSIS SUPPORT GROUP MEETING W HICH INCLUDED THREE SESSIONS FOCUSING ON PHYSICAL THERAPY, FITNESS AND RECREATION ACTIVITI ES, PROVIDED STAFF SPEAKERS AT THE AREA AMPUTEE SUPPORT GROUP MEETING FOR 2 SESSIONS FOCUS ING ON PHYSICAL THERAPY FITNESS AND RECREATIONAL ACTIVITIES SHELTERING ARMS HOSPITAL GRAN TS SUPPORTED 12 ORGANIZATIONS THROUGH THE COMMUNITY FOUNDATION THOSE RECIPIENTS WERE CIRC LE CENTER ADULT DAY SERVICES, CROSSOVER MINISTRY, F R E E FOUNDATION FOR REHABILITATION E QUIPMENT AND ENDOWMENT, GOOCHLAND FREE CLINIC AND FAMILY SERVICES, POSITIVE VIBE FOUNDATIO N, PROJECT HOMES, RAMP ACCESS MADE POSSIBLE BY STUDENTS, REACH CYCLES, SOUTH RICHMOND ADUL T DAY CARE CENTER, SPORTABLE, THE DOORWAYS, AND UNITED SPINAL ASSOCIATION OF VA, IN ADDITI ON, SHELTERING ARMS NURSE LIAISONS PROVIDE INFORMATION TO LOCAL ACUTE CARE HOSPITALS WITH REGARD TO APPROPRIATE SERVICES, AND SITES OF SERVICE, FOR SENIORS WHO REQUIRE REHABILITATI VE CARE AND A WIDE PORTFOLIO OF UNIQUE, COMMUNITY-BASED SERVICES INTENDED LARGELY TO MEET THE NEEDS OF INDIVIDUALS WHO ARE TRANSITIONING FROM A MEDICAL TREATMENT REGIMEN TO AN EMPH ASIS ON SELF-MANAGEMENT THE BENEFITS OF PHYSICAL AND RECREATIONAL ACTIVITY PARTICIPATION HIGHLIGHT A NEED FOR INDIVIDUALS WITH PHYSICAL DISABILITIES, THE AGING POPULATION, AND IND IVIDUALS MANAGING CHRONIC CONDITIONS TO ACCESS SERVICES THAT CAN POSITIVELY IMPACT QUALITY OF LIFE AND PHYSICAL ACTIVITY LEVEL SHELTERING ARMS IS DEDICATED TO HELPING PEOPLE FIND WITHIN THEMSELVES THE POWER TO OVERCOME SERIOUS SETBACKS FOLLOWING ILLNESS, INJURY, OR ACC IDENT THROUGH INTERNATIONALLY RECOGNIZED PHYSICAL REHABILITATION PROGRAMS THE SHELTERING ARMS COMMITMENT DOES NOT END WHEN THERAPY OR PHYSICIAN SERVICES ARE COMPLETE SHELTERING A RMS PROVIDES A COMPREHENSIVE PORTFOLIO OF UNIQUE, COMMUNITY-BASED RECREATION AND HEALTH AN D WELLNESS SERVICES TO MEET THE NEEDS OF THE COMMUNITY THESE SERVICES MAKE UP THE PARTNER FOR L I F E PROGRAM (LEISURE, INTERACTION, FITNESS, AND ENJOYMENT), EMPOWERING INDIVIDUA LS TO EMBRACE A LIFETIME OF RECREATION AND WELLNESS OUR UNIQUE PROGRAMMING PROVIDES AN OP PORTUNITY FOR PEOPLE TO RE-ENGAGE IN ACTIVITIES THEY ONCE ENJOYED AND MAINTAIN AN ACTIVE S OCIAL AND PHYSICAL LIFESTYLE DESPITE THEIR LIMITATIONS THE SERVICES PROVIDED ARE OPEN TO THE PUBLIC AND THE MAJORITY OF THE SERVICES DO NOT REQUIRE A PHYSICIAN REFERRAL SERVICES OFFERED INCLUDE GROUP RECREATION AND SOCIAL EVENTS, ADAPTIVE GOLF PROGRAM, ADAPTIVE BOWLIN G LEAGUE, ACCESSIBLE TRAVEL PROGRAM,THERAPEUTIC POOL AND FITNESS CENTER MEMBERSHIPS, PERSO NAL TRAINING SERVICES, GROUP EXERCISE CLASSES, EDUCATIONAL SEMINARS, CHRONIC DISEASE SELF- MANAGEMENT CLASSES, DIABETES SELF-MANAGEMENT CLASSES, POWEREX, NEUROFIT, AND OUR CLUB REC PROGRAM CLUB REC IS A NON-MEDICALLY BASED SOCIAL, RECREATION PROGRAM PROVIDING OPPORTUNITI ES FOR FITNESS, WELLNESS, SOCIALIZATION, AND COMMUNITY REINTEGRATION FOR MEMBERS UP TO FIV E DAYS PER WEEK CERTIFIED THERAPEUTIC RECREATION AND FITNESS SPECIALISTS ORGANIZE DAILY P ROGRAMS, COMMUNITY OUTINGS, GROUP AND INDIVIDUAL EXERCISE SESSIONS, SOCIAL PROGRAMS, COGNI TIVE ACTIVITIES, ADAPTIVE LEISURE ACTIVITIES, EDUCATIONAL PROGRAMS, AND AN ARRAY OF WEEKLY RECREATION PROGRAMS CLUB REC FOCUSES ON ENHANCING QUALITY OF LIFE FOR THOSE RECOVERING F ROM INJURY OR ILLNESS MEMBERS ENROLLED IN CLUB REC HAVE OPPORTUNITIES TO UTILIZE THE ON-S ITE FITNESS CENTER, PARTICIPATE IN SPIRITUALITY GROUP, THE COMPUTER LAB, WEEKLY TRIPS TO O UR THERAPEUTIC POOL, INTERGENERATIONAL PROGRAMS, COMMUNITY SERVICES OPPORTUNITIES, AS WELL AS COMMUNITY OUTINGS IN FY 2017 THE CLUB REC PROGRAM ENROLLED 7,556 VISITS FROM INDIVIDU ALS WITH DISABILITIES PARTNER FOR L I F E SPECIAL EVENT PROGRAMS (INCLUDING ADAPTIVE GOLF & ADAPTIVE BOWLING LEAGUE) PROVIDE OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES TO PAR TICIPATE IN ORGANIZED RECREATION ACTIVITIES WITH THE SUPPORT OF RECREATIONAL THERAPISTS, A ND NECESSARY ADAPTIVE RECREATION EQUIPMENT, TO ENSURE SUCCESSFUL PARTICIPATION REGARDLESS OF THEIR PHYSICAL LIMITATIONS IN FISCAL YEAR 2017 THERE WERE 21 EVENTS TOTALING 567 PARTI CIPANTS CHRONIC DISEASE SELF-MANAGEMENT AND DIABETES SELF MANAGEMENT CLASSES WERE OFFERED FREE TO THE COMMUNITY THROUGH PARTNERSHIP WITH LOCAL SENIOR AND HEALTH CARE AGENCIES THE GOAL OF THE PROGRAM IS FOR PARTICIPANTS TO LEARN STRATEGIES TO IMPLEMENT HEALTHY LIFESTYL E CHANGES TO SUCCESSFULLY MANAGE THEIR CHRONIC CON

Form and Line Reference	Explanation
PART VI, LINE 5	DITION IN ADDITION TO RECREATION EVENTS, PARTNER FOR L I F E SERVICES BELIEVE IN THE NECE SSITY OF MAINTAINING PHYSICAL ACTIVITY TO CONTINUE AN ACTIVE LIFESTYLE, MAINTAIN PROGRESS ACHIEVED IN SKILLED THERAPY, AS WELL AS PREVENT FUTURE INJURY OR ILLNESS WE HAVE A WARM W ATER THERAPEUTIC POOL AND FITNESS CENTER OFFERING POOL AND FITNESS MEMBERSHIPS, AQUATIC AN D LAND GROUP EXERCISE CLASSES, AND PERSONAL TRAINING SERVICES TO THE COMMUNITY OUR WARM W ATER THERAPEUTIC POOL PROVIDES A RAMP FOR WHEELCHAIR ENTRY INTO THE WATER, SUBMERGED PARAL LEL BARS, AND LAP LANE SWIMMING FOR THOSE WHO FIND LESS PAIN AND INCREASED RANGE OF MOTION IN A WARM WATER ENVIRONMENT POOL AND FITNESS MEMBERSHIPS PROVIDE A TRANSITION PLAN FOR P ATIENTS BEING DISCHARGED FROM INPATIENT HOSPITAL AND OUTPATIENT THERAPY CLINICS THE OPPORT UNITY TO CONTINUE TO ENGAGE IN PHYSICAL ACTIVITY FITNESS SPECIALISTS PROVIDE FITNESS MEMB ERS WITH PERSONALIZED ATTENTION, AS WELL AS PERSONAL TRAINING SERVICES FOR THOSE WHO ARE I NTERESTED IN INDIVIDUALIZED GOAL SETTING AND EXERCISE PROGRAMS DESIGNED TO MEET THEIR NEED S DURING FISCAL YEAR 2017, THERE WERE 30,142 COMMUNITY MEMBERSHIP VISITS TO THE POOLS AND FITNESS CENTERS SHELTERING ARMS LED GROUP EXERCISE CLASSES AND WELLNESS EDUCATION CLASSE S TOTALING 5,770 CLASS PARTICIPANTS FITNESS SPECIALISTS CONDUCTED 4,038 PERSONAL TRAINING VISITS AND 2,145 NEUROFIT PERSONAL TRAINING VISITS ON OUR HANOVER AND SOUTH HOSPITAL CAM PUS, THE FITNESS SPECIALISTS UTILIZE ADVANCED TECHNOLOGIES TO PROVIDE UNIQUE PERSONAL TRAI NING SERVICES FOR THE NEUROLOGICALLY IMPAIRED IN OUR NEUROFIT PROGRAM THE GOAL IS TO ENSU RE LIFELONG PHYSICAL ACTIVITY AFTER A CATASTROPHIC INJURY OR ILLNESS FITNESS SPECIALISTS A T OUR BON AIR AND REYNOLDS LOCATIONS PROVIDE PERSONAL TRAINING SERVICES TO THOSE TRANSITIO NING FROM OUTPATIENT THERAPY SERVICES, WHILE ALSO PROVIDING PERSONAL TRAINING SERVICE TO T HE COMMUNITY FOR PREVENTION AND WELLNESS OUR PARKINSON'S WELLNESS RECOVERY BI-WEEKLY GROU P EXERCISE CLASS AT BON AIR HAS SEEN SIGNIFICANT GROWTH IN CLASS PARTICIPANTS SHELTERING ARMS FITNESS CENTERS HAVE SEEN SIGNIFICANT GROWTH IN SILVER SNEAKER MEMBERS THIS COMMUNIT Y PROGRAM PROVIDES FINANCIAL FITNESS MEMBERSHIP SUPPORT FOR THOSE WITH A SILVER SNEAKER WE LLNESS OPTION THROUGH THEIR PRIVATE INSURANCE COMPANY SPECIFIC SILVER SNEAKER GROUP EXERC ISE CLASSES ARE OFFERED AT OUR BON AIR LOCATION WEEKLY AS WE CONTINUE TO FACE THE TRANSITI ON OF HEALTH CARE IN OUR COMMUNITY THE FOCUS OF HEALTH, WELLNESS, AND PREVENTION CONTINUE TO EMERGE AS A CRITICAL COMPONENT IN LIFE LONG CARE SHELTERING ARMS PARTNER FOR LIFE SERV ICES PROVIDE A UNIQUE NICHE FOR INDIVIDUALS WITH PHYSICAL DISABILITIES, AS WELL AS THE COM MUNITY, TO MAINTAIN AN ACTIVE AND HEALTHY LIFESTYLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	VA

Additional Data

Software ID:

Software Version:

EIN: 54-0505955

Name: SHELTERING ARMS HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	SHELTERING ARMS HOSPITAL 8254 ATLEE ROAD MECHANICSVILLE, VA 23116 WWW SHELTERINGARMS COM H-1899	X								PHYSICAL REHABILITATION HOSPITAL	

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

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

Form and Line Reference	Explanation
SHELTERING ARMS HOSPITAL	PART V, SECTION B, LINE 5 THE CONTENT OF THE SURVEY WAS BASED ON BROAD COMMUNITY HEALTH DATA ON A NATIONAL LEVEL, SHELTERING ARMS LOOKED AT HEALTHY PEOPLE 2020 FOR IMPROVING HEALTH OF ALL AMERICANS AND SPECIFIC OBJECTIVES RELATED TO DISABILITY AND HEALTH AT THE STATE LEVEL SHELTERING ARMS LOOKED AT THE VIRGINIA HEALTH PROMOTION FOR PEOPLE WITH DISABILITIES AT VIRGINIA COMMONWEALTH UNIVERSITY WHOSE MISSION IS TO PROMOTE THE HEALTH OF PEOPLE WITH DISABILITIES, PREVENT SECONDARY CONDITIONS, AND ELIMINATE DISPARITY BETWEEN PEOPLE WITH AND WITHOUT DISABILITIES AT THE LOCAL LEVEL SHELTERING ARMS LOOKED TO THE VIRGINIA DEPARTMENT OF HEALTH-OFFICE OF MINORITY HEALTH AND HEALTH EQUITY TO DETERMINE THE MANY FACTORS DETERMINING HEALTH INCLUDING COMMUNITY WALKABILITY, FOOD ACCESSIBILITY, AFFORDABILITY, INCOME INEQUALITY AND ACCESS TO CARE THERE WERE TWO SURVEYS CONDUCTED ONE FOR CLIENTS AND PATIENTS AND THEN ANOTHER FOR AGENCIES AND PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH AND ASSESS THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS SHELTERING ARMS HOSPITAL CARES FOR PATIENTS IN THE CENTRAL AND EASTERN VIRGINIA REGION SHELTERING ARMS HOSPITAL 54-0505955 COVERING 16 COUNTIES
SHELTERING ARMS HOSPITAL	PART V, SECTION B, LINE 6A SHELTERING ARMS HOSPITAL SOUTH

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

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

Form and Line Reference	Explanation
SHELTERING ARMS HOSPITAL	PART V, SECTION B, LINE 11 SHELTERING ARMS HOSPITAL IS ADDRESSING THE CHNA 2016 ASSESSMENT USING CHIP THE CHNA IDENTIFIED AND THEN PRIORITIZED THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN THE TWO SURVEYS CONDUCTED THE SURVEY RESULTS WERE GROUPED IN TO FOUR MAJOR AREAS ACCESS TO HEALTHCARE, ACCESS TO EDUCATION AND SUPPORT, ACCESS RESOURCES, AND ACCESS TO FITNESS AND WELLNESS SHELTERING ARMS LEADERSHIP REVIEWED THE RESULTS AND PRIORITIZED THEM BASED ON THE NUMBER OF RESPONSES AND GROUPED THE RESPONSES IN TO FOUR TOP COMMUNITY HEALTH NEEDS THE HEALTH NEED PRIORITIES ARE HEALTHY LIFESTYLE WHICH INCLUDES NUTRITION, HEALTH, WELLNESS, FITNESS AND MOBILITY, CARE NAVIGATION, CAREGIVER SUPPORT, MEDICAL DEVICES-RAMPS SINCE THE SURVEY DETERMINED THAT THEY ARE DIFFICULT TO OBTAIN AND MAKE A DIFFERENCE IN PATIENTS GOING HOME VERSUS LONG TERM CARE FACILITIES
SHELTERING ARMS HOSPITAL	PART V, SECTION B, LINE 15E IN 2018, THE HOSPITAL DISCOVERED THAT ITS FINANCIAL ASSISTANCE POLICY WAS NOT IN FULL COMPLIANCE WITH IRC SECTION 501(R)(4) ALL OF THE BELOW DEFICIENCIES WERE CORRECTED AS OF 2/1/18 1 PRIOR TO 2/1/18, THE FAP DID NOT PROVIDE THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS IN THE PROCESS OF REVISING THE FAP TO INCLUDE THIS INFORMATION, THE HOSPITAL ADOPTED THE LOOK-BACK METHOD DESCRIBED IN TREASURY REGULATIONS SECTION 1 501(R)-5(B)(3) FOR DETERMINING AMOUNTS GENERALLY BILLED AND INCREASED THE MINIMUM DISCOUNT AVAILABLE TO 50% (UP FROM 25%) 2 PRIOR TO 2/1/18, THE FAP DID NOT DESCRIBE THE SUPPORTING DOCUMENTATION THAT MAY BE REQUIRED TO BE SUBMITTED AS PART OF AN APPLICATION 3 PRIOR TO 2/1/18, THE FAP DID NOT PROVIDE THE CONTACT INFORMATION OF HOSPITAL FACILITY STAFF, NONPROFIT ORGANIZATIONS, OR GOVERNMENT AGENCIES THAT MAY ASSIST WITH THE APPLICATION PROCESS

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

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

Form and Line Reference	Explanation
SHELTERING ARMS HOSPITAL	PART V, SECTION B, LINE 16J IN 2018, THE HOSPITAL DISCOVERED THAT ITS FINANCIAL ASSISTANCE POLICY WAS NOT IN FULL COMPLIANCE WITH IRC SECTION 501(R)(4) ALL OF THE BELOW DEFICIENCIES WERE CORRECTED AS OF 2/1/18 1 PRIOR TO 2/1/18, THE FAP APPLICATION FORM AND THE PLAIN LANGUAGE SUMMARY OF THE FAP WERE NOT POSTED TO THE ORGANIZATION'S WEBSITE 2 PRIOR TO 2/1/18, THE PLAIN LANGUAGE SUMMARY OF THE FAP WAS NOT MADE AVAILABLE 3 PRIOR TO 2/1/18, THE FAP WAS NOT WIDELY PUBLICIZED THROUGH PROVISION OF THE PLAIN LANGUAGE SUMMARY AND VIA CONSPICUOUS PUBLIC DISPLAYS INFORMATION ABOUT THE FAP WAS PROVIDED ON BILLING STATEMENTS 4 PRIOR TO 2/1/18, THE FAP, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY WERE NOT TRANSLATED INTO OTHER LANGUAGES
SHELTERING ARMS HOSPITAL	PART V, SECTION B, LINE 23 THE IDENTIFIED METHOD WAS ADOPTED EFFECTIVE 2/1/18 PRIOR TO 2/1/18, THOSE INDIVIDUALS RECEIVING A 25% DISCOUNT THROUGH FINANCIAL ASSISTANCE MAY HAVE PAID MORE THAN AMOUNTS GENERALLY BILLED (AGB) THE HOSPITAL REVIEWED ITS SYSTEMS TO DETERMINE WHETHER IT COULD IDENTIFY THOSE WHO RECEIVED THE 25% DISCOUNT IN THE PREVIOUS TWO CALENDAR YEARS ANY SUCH INDIVIDUALS RECEIVED A REFUND EQUAL TO THE DIFFERENCE BETWEEN THE AMOUNT THEY PAID MINUS GROSS CHARGES TIMES THE AGB PERCENTAGE, IF THAT AMOUNT WAS MORE THAN $5

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SHELTERING ARMS HOSPITAL

Employer identification number
54-0505955

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EQUIPMENT AND PHARMACY ASSISTANCE	38		8,768	FMV	COST OF SUPPLIES GRANTED
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION MAINTAINS RECORDS OF ALL GRANTS GIVEN THE DONATIONS WERE MADE TO COMMUNITY PROGRAMS IDENTIFIED BY THE INDEPENDENT BOARD AND MANAGEMENT AS SERVING THE HOSPITAL'S MISSION AND POPULATIONS IN NEED OF ASSISTANCE

Additional Data

Software ID:
Software Version:
EIN: 54-0505955
Name: SHELTERING ARMS HOSPITAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE COMMUNITY FOUNDATION SERVING RICHMOND AND CENTRAL VIRGINIA 3409 MOORE STREET RICHMOND, VA 23230	54-1201346	501(C)(3)	150,000				TO SUPPORT ELEVEN PROGRAMS IDENTIFIED IN THE COMMUNITY SERVING POPULATIONS
AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	20,515				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORNAVIGATORORG 7501 BOULDERS VIEW DRIVE SUITE 201 RICHMOND, VA 23225	54-1977334	501(C)(3)	5,595				GENERAL SUPPORT
NATIONAL MS SOCIETY 4200 INNSLAKE DRIVE STE 301 GLEN ALLEN, VA 23060	54-0633474	501(C)(3)	6,341				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHELTERING ARMS CORPORATION 8254 ATLEE ROAD MECHANICSVILLE, VA 23116	54-1615598	501(C)(3)		10,781,999	BOOK	LAND AND CONSTRUCTION IN PROCESS	CONSTRUCTION OF NEW REHAB INSTITUTE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SHELTERING ARMS HOSPITAL

Employer identification number
54-0505955

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ 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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE HOSPITAL PAYS FOR SOCIAL CLUB DUES ON BEHALF OF THE FOUNDATION'S PRESIDENT, JOHN L MCELROY, III THE AMOUNT IS TREATED AS A TAXABLE BENEFIT TO HIM

Additional Data

Software ID:

Software Version:

EIN: 54-0505955

Name: SHELTERING ARMS HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARY A ZWEIFEL PRESIDENT & CEO	(I)	345,754	97,553	0	12,000	12,138	467,445	0
	(II)	0	0	0	0	0	0	0
1 CHRISTOPHER P SORENSON VP OF INFORMATION TECHNOLOGY	(I)	164,838	35,853	0	8,937	18,884	228,512	0
	(II)	0	0	0	0	0	0	0
2JAMES S LITSINGER VP OF FINANCE & CFO/TREASURER	(I)	225,222	74,489	0	6,350	19,167	325,228	0
	(II)	0	0	0	0	0	0	0
3ELLEN VANCE CHIEF HUMAN RESOURCE OFFICER	(I)	180,574	47,480	0	10,832	15,898	254,784	0
	(II)	0	0	0	0	0	0	0
4SANDY EYLER CHIEF NURSING OFFICER	(I)	157,252	15,590	0	6,271	12,730	191,843	0
	(II)	0	0	0	0	0	0	0
5AMY J SHOWALTER CHIEF COO	(I)	123,714	34,501	0	0	10,992	169,207	0
	(II)	0	0	0	0	0	0	0
6HILLARY S HAWKINS MEDICAL DIRECTOR - SAH	(I)	340,482	100,482	0	0	19,711	460,675	0
	(II)	0	0	0	0	0	0	0
7TIMOTHY M SILVER MEDICAL DIRECTOR - SAHS	(I)	335,409	65,749	0	10,060	19,687	430,905	0
	(II)	0	0	0	0	0	0	0
8JOHN L MCELROY III PRESIDENT - SAF	(I)	255,687	71,853	0	12,000	12,730	352,270	0
	(II)	0	0	0	0	0	0	0
9GREGORY LEGHART PHYSICIAN	(I)	266,779	50,000	0	12,000	19,360	348,139	0
	(II)	0	0	0	0	0	0	0
10AARON M JONES PHYSICIAN	(I)	228,700	30,620	0	9,000	19,147	287,467	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SHELTERING ARMS HOSPITAL

Employer identification number
54-0505955

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ONE MEMBER, THE RELATED ORGANIZATION SHELTERING ARMS CORPORATION, EIN 54-1615598

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SHELTERING ARMS CORPORATION, AS SOLE MEMBER HAS THE POWER TO APPOINT THE BOARD OF SHELTERI NG ARMS HOSPITAL INC PER THE ORGANIZATION BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 AND APPLICABLE ATTACHMENTS WERE PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF SHELTERING ARMS HOSPITAL AND TO ALL OTHER BOARD MEMBERS EITHER IN ELECTRONIC FORMAT OR BY MAIL AN OPEN COMMENT AND QUESTION PERIOD WAS WELCOMED TO DIRECT ANY QUESTIO NS OR COMMENTS BEFORE FILING THE FORM 990 AND ITS RELATED ATTACHMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A COPY OF THE CONFLICT OF INTEREST POLICY AN NUALLY AND CONFLICTS ARE DISCLOSED AT THAT TIME, AND THE SIGNED POLICY IS KEPT ON FILE BY THE ORGANIZATION IN THE EVENT A POTENTIAL CONFLICT ARISES DURING THE YEAR, THE DIRECTOR WITH SUCH CONFLICT MUST RECUSE HIM/HERSELF FROM ALL DISCUSSIONS AND VOTE ON THE MATTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SHELTERING ARMS HOSPITAL UTILIZED THE SERVICES OF AN INDEPENDENT, EXTERNAL COMPENSATION FIRM TO CONDUCT A REVIEW OF ITS EXECUTIVE COMPENSATION PROGRAM TO ENSURE THE EXECUTIVE COMPENSATION LEVELS ARE COMPETITIVE AND REASONABLE SHELTERING ARMS COMPENSATION WAS MEASURED AGAINST HEALTHCARE ORGANIZATIONS SIMILAR IN SCOPE AND SCALE USING DATA FROM SIX EXTERNAL MARKET SURVEY SOURCES AS THE COMPARATIVE BASIS, BOTH BASE SALARY AND TOTAL CASH COMPENSATION WERE EVALUATED THE COMPETITIVE ANALYSIS FINDINGS WERE PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WHO EXAMINED AND APPROVED THEM IN ADDITION, THE COMPENSATION COMMITTEE EVALUATES PERFORMANCE, COMPENSATION SURVEYS, AND CONTRACT TERMS AND CONDITIONS ANNUALLY BEFORE DETERMINING AND RECOMMENDING COMPENSATION ALL COMPENSATION COMMITTEE DISCUSSIONS ARE DOCUMENTED IN FORMAL MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, SHELTERING ARMS HOSPITAL WILL MAKE AVAILABLE FOR PUBLIC INSPECTION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, WHISTLEBLOWER POLICIES, RELATED POLICIES, AND F INANCIAL STATEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT TO ADD TRUST FUNDS PREVIOUSLY REPORTED BY AFFILIATE SA FD 19,487,412 CHANGE IN PRESENT VALUE OF TRUST FUNDS 509,807

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SHELTERING ARMS HOSPITAL

Employer identification number
54-0505955

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SHELTERING ARMS PHYSICAL REHABILITATION ASSOCIATES LLC 8254 ATLEE ROAD MECHANICSVILLE, VA 23116 26-0402064	PHYSICAL REHABILITATION	VA	3,692,208	1,000,888	SHELTERING ARMS HOSPITAL
(2) SHELTERING ARMS THERAPY CLINICS LLC DBA PT WORKS 8254 ATLEE ROAD MECHANICSVILLE, VA 23116 27-1939022	PHYSICAL REHABILITATION	VA	3,692,204	1,000,888	SHELTERING ARMS HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1)SHELTERING ARMS FOUNDATION 8254 ATLEE ROAD MECHANICSVILLE, VA 23116 54-1615599	SEE SUPPLEMENTAL INFORMATION, PART VII	VA	501(C)(3)	LINE 12B, II	SHELTERING ARMS CORPORATION		No
(2)SHELTERING ARMS HOSPITAL SOUTH 8254 ATLEE ROAD MECHANICSVILLE, VA 23116 35-2258075	PHYSICAL REHABILITATION	VA	501(C)(3)	LINE 3	SHELTERING ARMS CORPORATION		No
(3)PALMYRA REHABILITATION CORPORATION 8254 ATLEE ROAD MECHANICSVILLE, VA 23116 54-1615601	PHYSICAL REHABILITATION	VA	501(C)(3)	LINE 12B, II	SHELTERING ARMS CORPORATION		No
(4)SHELTERING ARMS CORPORATION 8254 ATLEE ROAD MECHANICSVILLE, VA 23116 54-1615598	PHYSICAL REHABILITATION	VA	501(C)(3)	LINE 3	N/A		No

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

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

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART II, COLUMN (B)	SHELTERING ARMS FOUNDATION SUPPORTS SHELTERING ARMS CORPORATION, SHELTERING ARMS HOSPITAL, AND SHELTERING ARMS HOSPITAL SOUTH IN PROVIDING HEALTHCARE TO THE COMMUNITIES SERVED BY THE ORGANIZATION