

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
CARILION MEDICAL CENTER

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
ROANOKE, VA 240252385

D Employer identification number
54-0506332

E Telephone number
(540) 224-5112

G Gross receipts \$ 2,102,726,797

F Name and address of principal officer
Steve C Arner
PO BOX 12385
ROANOKE, VA 240252385

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.carilionclinic.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1899 **M** State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Our mission is to improve the health of the communities we serve

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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	9,242
6 Total number of volunteers (estimate if necessary)	353
7a Total unrelated business revenue from Part VIII, column (C), line 12	93,082
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,903,889	7,200,906
9 Program service revenue (Part VIII, line 2g)	1,289,394,956	1,330,246,862
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,622,224	20,781,729
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,468,825	23,426,381
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,364,389,894	1,381,655,878
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,903,445	1,436,845
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)	602,537,979	639,507,414
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶247,994		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	665,517,973	679,039,716
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,269,959,397	1,319,983,975
19 Revenue less expenses Subtract line 18 from line 12	94,430,497	61,671,903

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,382,902,654	1,471,060,258
21 Total liabilities (Part X, line 26)	857,339,778	811,422,454
22 Net assets or fund balances Subtract line 21 from line 20	525,562,876	659,637,804

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2019-08-15
G Robert Vaughan Jr Treasurer
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Mike Engle Preparer's signature Mike Engle Date _____
Check if self-employed PTIN P00482834
Firm's name ▶ BKD LLP Firm's EIN ▶ 44-0160260
Firm's address ▶ 1201 WALNUT ST SUITE 1700 Phone no (816) 221-6300
KANSAS CITY, MO 641062246

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,160,314,659 including grants of \$ 1,436,845) (Revenue \$ 1,348,294,131)
See Additional Data

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

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

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

4e Total program service expenses ▶ 1,160,314,659

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (VA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 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, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (The Corporation Attn H Kirk 213 S Jefferson St Roanoke, VA 24011 (540) 224-5102)

Part 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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		10,578,903	1,853,988

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 ▶ 863

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
Solstas Lab Partners Group LLC 4380 Federal Dr Ste 100 Greensboro, NC 27410	Laboratory Services	31,855,452
Siemens Medical 40 Liberty Boulevard Malvern, PA 19355	Equipment Maintenance	4,162,858
Food Service Partners of Virginia 2823 Franklin Road Bldg B Roanoke, VA 24014	Food Services	1,864,295
Direct Radiology 1839 N Government Way Suite B Coeur d'Alene, ID 83814	Physician Fees	1,826,121
Turner Long Construction Inc 1807 Murry Road Suite G Roanoke, VA 24018	Construction Services	1,762,241

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 ▶ 133

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 446				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 763,934				
	e Government grants (contributions)	1e 3,993,890				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,442,636				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		7,200,906			
Program Service Revenue		Business Code				
	2a Net Patient Revenue	622110	1,288,037,314	1,288,037,314		
	b College Tuition/Other	611310	28,334,931	28,334,931		
	c Other Patient Revenue	900099	11,004,723	11,004,723		
	d Program Related Investments	531120	1,340,708	1,340,708		
	e Clinical Research	541715	930,283	930,283		
	f All other program service revenue		598,903	598,903		
g Total. Add lines 2a-2f		1,330,246,862				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,071,318		9,978,236	
	4 Income from investment of tax-exempt bond proceeds		6,692		6,692	
	5 Royalties					
	6a Gross rents	(i) Real				
		1,689,640				
		b Less rental expenses	0			
		c Rental income or (loss)	1,689,640			
	d Net rental income or (loss)		1,689,640		1,689,640	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		731,656,811	(ii) Other	117,827		
		b Less cost or other basis and sales expenses	721,066,022	4,897		
		c Gain or (loss)	10,590,789	112,930		
	d Net gain or (loss)		10,703,719		10,703,719	
	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 Physician & Other Affil Income	621111	9,320,578	9,320,578			
b Cafeteria Revenue	722514	3,689,472		3,689,472		
c Roanoke City Student Health	621440	1,818,992	1,818,992			
d All other revenue		6,907,699	6,907,699			
e Total. Add lines 11a-11d		21,736,741				
12 Total revenue. See Instructions		1,381,655,878	1,348,294,131	93,082	26,067,759	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,166,319	1,166,319		
2 Grants and other assistance to domestic individuals See Part IV, line 22	270,526	270,526		
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	4,032,486	4,032,486		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,102,221	2,102,221		
7 Other salaries and wages	510,794,547	510,346,880	350,278	97,389
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	45,045,169	45,005,675	30,890	8,604
9 Other employee benefits	44,382,051	44,265,253	91,389	25,409
10 Payroll taxes	33,150,940	33,122,144	22,464	6,332
11 Fees for services (non-employees)				
a Management	150,461,075		150,461,075	
b Legal	109,250		109,250	
c Accounting	27,000		27,000	
d Lobbying	90,786	90,786		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,323,554		1,323,554	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	106,060,050	103,329,559	2,692,526	37,965
12 Advertising and promotion	479,418	476,737	1,729	952
13 Office expenses	16,995,216	16,869,324	121,684	4,208
14 Information technology	4,461,018	4,459,878	1,140	
15 Royalties				
16 Occupancy	27,049,149	27,040,515	8,634	
17 Travel	3,250,775	3,182,130	56,995	11,650
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	14,255,773	14,255,773		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,607,499	44,607,499		
23 Insurance	15,962,798	12,011,509	3,951,289	
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	186,479,746	186,465,000	14,746	
b Bad Debt	81,687,854	81,687,854		
c VTC Research Institute	12,900,000	12,900,000		
d College Expense	4,679,777	4,679,777		
e All other expenses	8,158,978	7,946,814	156,679	55,485
25 Total functional expenses. Add lines 1 through 24e	1,319,983,975	1,160,314,659	159,421,322	247,994
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	18,089	1	18,519
	2 Savings and temporary cash investments	3,506,032	2	2,387,776
	3 Pledges and grants receivable, net	1,507,672	3	1,795,724
	4 Accounts receivable, net	199,058,024	4	214,178,896
	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	5,225,425	7	4,613,638
	8 Inventories for sale or use	9,411,070	8	10,125,826
	9 Prepaid expenses and deferred charges	5,204,187	9	4,775,300
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,076,650,496		
	b Less accumulated depreciation	797,578,693		
	11 Investments—publicly traded securities	349,277,504	11c	279,071,803
	12 Investments—other securities See Part IV, line 11	543,186,650	12	751,359,342
	13 Investments—program-related See Part IV, line 11	-3,318,749	13	-4,173,533
	14 Intangible assets	65,123	14	65,123
	15 Other assets See Part IV, line 11	4,217,404	15	141,468
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,382,902,654	16	1,471,060,258	
Liabilities	17 Accounts payable and accrued expenses	154,396,596	17	176,521,109
	18 Grants payable	400,000	18	13,410,000
	19 Deferred revenue	6,615,370	19	6,637,265
	20 Tax-exempt bond liabilities	343,709,740	20	334,315,681
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	595,030	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	351,623,042	25	280,538,399
	26 Total liabilities. Add lines 17 through 25	857,339,778	26	811,422,454
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	505,584,530	27	639,099,468
	28 Temporarily restricted net assets	8,102,437	28	8,662,427
	29 Permanently restricted net assets	11,875,909	29	11,875,909
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	525,562,876	33	659,637,804
	34 Total liabilities and net assets/fund balances	1,382,902,654	34	1,471,060,258

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,381,655,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,319,983,975
3	Revenue less expenses Subtract line 2 from line 1	3	61,671,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	525,562,876
5	Net unrealized gains (losses) on investments	5	49,451,861
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	22,951,164
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	659,637,804

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 54-0506332

Name: CARILION MEDICAL CENTER

Form 990 (2017)

Form 990, Part III, Line 4a:

See Schedule O We are committed to a common purpose of better patient care, better community health, and lower cost Through our comprehensive network of hospitals, primary and specialty physician practices, and other complementary services, we work together to provide quality care close to home for nearly 1 million Virginians With an enduring commitment to the health of our region, we also seek to advance care through medical education and research, help our community stay healthy, and inspire our region to grow stronger Carilion Medical Center (CMC) exists to serve the health care needs of its community and region, regardless of patient ability to pay CMC admitted 40,122 patients and provided 199,672 days of care during the year Hospital programs include provision of nursing care, an extensive cardiac and vascular program, including cardiac surgery, implants, angioplasty and heart failure programs, neurology, neurosurgery and stroke programs, labor and delivery services (delivering 3,157 babies), the areas only neonatal intensive care unit, inpatient and outpatient psychiatric services, a comprehensive rehabilitation unit, extensive outpatient and inpatient surgical and endoscopic services, endovascular services, oncology services, geriatric services, and diagnostic imaging services including CT, MRI, PET, and mammography Housing a children's specialty wing, CMC provides specialists in pediatric neurosurgery, cardiology, oncology, gastroenterology, pulmonology, and child development, among others CMC is a Level I trauma center, providing full trauma services to the region CMC provides a number of services targeting the specific health needs of the area, including diabetes management, home health and hospice, physical, speech, and occupational therapy programs, and cardiac and respiratory rehab CMC also provides an emergency department with 24-hour care, emergency transportation, a pediatric department, and chest pain and stroke protocol programs With 85,502 visits, CMC's emergency services are a critical component of the health safety net in its service area, acting as a key health provider for a significant number of uninsured patients, who comprise 21% percent of ED visits The urgent care centers also provide access points for cost effective care at an appropriate level CMC employs a number of specialty physicians to ensure an effective, integrated approach to serving its patients, including pulmonologists, oncologists, obstetricians, orthopedic surgeons, cardiologists, neurosurgeons, general surgeons, and psychiatrists As a teaching hospital with over 350 full-time faculty members, CMC hosts residency and fellowship programs in emergency medicine, family and community medicine, medicine, obstetrics and gynecology, orthopaedics, pediatrics, psychiatry, and surgery The residencies specifically are emergency medicine, family practice, dermatology, internal medicine, neurology, obstetrics and gynecology, podiatry, pediatrics, psychiatry, dental, general surgery, neurosurgery and plastic surgery In addition, the Jefferson College of Health Sciences, a division of CMC, offers nursing, physician assistant, occupational therapy, and other high-need programs CMC also supports community screenings and education on chronic disease prevention and management, sponsoring 12,312 events touching over 52,594 people CMC supports a cancer registry program, and participates in a number of other research projects In furtherance of its mission, CMC provides extensive uncompensated care Stated at cost, charity and unreimbursed Medicaid costs for the year exceeded \$77 million

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			
Jason E Bingham Director	2 00	X						0	0	0
Nathaniel L Bishop DMin Director	48 80	X						316,979	0	96,824
John H Burton MD Director	1 20 50 00	X						595,294	0	77,254
George B Cartledge III Director	2 00	X						0	1,075	0
Elizabeth S Doughty Director	2 00	X						0	1,075	0
James G Drougas MD Director	12 00	X						0	0	0
Katherin A Elam Director	2 00	X						0	0	0
Janet D Frantz Director	2 00	X						0	0	0
Jonathan L Gleason Director	50 00	X						418,061	0	34,601
Cynda A Johnson MD Director	2 00 48 00	X						0	603,711	52,375

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
G Robert Vaughan Jr Treasurer	0 50 49 50			X				0	280,967	79,903
Patrice M Weiss MD Chief Medical Officer	46 00 4 00			X				1,469	634,135	135,987
Nancy Howell Agee CEO, Carilion Clinic	2 00 48 00				X			0	11,987,536	205,141
Joseph T Moskal MD SVP/Dept Chair	50 00 50 00				X			1,164,438	0	104,085
Paul R Skolnik MD SVP/Dept Chair	50 00 50 00				X			449,760	0	78,774
Jonathan J Carmouche MD Physician	50 00 50 00					X		1,619,989	0	41,244
Gregory A Howes MD Physician	50 00 50 00					X		1,198,398	0	38,421
Eric A Marvin MD Physician	50 00 50 00					X		1,177,086	0	51,221
Shawn D Safford MD Physician	50 00 50 00					X		959,191	0	41,436
Jesse B Seamon MD Physician	50 00 50 00					X		1,074,030	0	24,059

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			
Tracy W Criss MD Physician, Former Officer	50 00							X	247,512	0	82,655
Bruce A Long MD Physician, Former Dept Chair	50 00							X	652,190	0	64,794
Jon M Sweet MD Physician, Former Dept Chair	50 00							X	290,107	0	54,308

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CARILION MEDICAL CENTER

Employer identification number

54-0506332

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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: 54-0506332

Name: CARILION MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization CARILION MEDICAL CENTER	Employer identification number 54-0506332
-----------------------------------------------------	----------------------------------------------

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		90,786
j	Total Add lines 1c through 1i			90,786
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	A portion of dues paid to various hospital industry associations is attributable to lobbying activities

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
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
CARILION MEDICAL CENTER

Employer identification number
54-0506332

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,731,964	15,801,517	15,705,697	16,528,096	15,977,885
b Contributions					
c Net investment earnings, gains, and losses	1,278,959	1,914,128	904,944	-57,465	1,448,538
d Grants or scholarships					
e Other expenditures for facilities and programs	-977,279	-983,681	-809,125	-764,933	-898,328
f Administrative expenses					
g End of year balance	17,033,643	16,731,964	15,801,517	15,705,697	16,528,096

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 69 720 %
 - c** Temporarily restricted endowment ▶ 30 280 %
- 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) | No |
| (ii) related organizations | 3a(ii) | No |
| 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		6,116,287		6,116,287
b Buildings		478,121,159	328,049,567	150,071,592
c Leasehold improvements		964,685	800,702	163,983
d Equipment		567,862,564	462,140,905	105,721,659
e Other		23,585,801	6,587,519	16,998,282
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				279,071,803

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	8,281,164	F
(2) Closely-held equity interests		
(3) Other _____		
(A) Investments in Affiliates	1,886,222	C
(B) Comingled Funds	149,450,774	F
(C) Hedge Funds	325,249,195	F
(D) Real Estate Ltd P'ships	64,623,207	F
(E) Private Equity	149,031,827	F
(F) Fixed Income Alt Inv	52,836,953	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	751,359,342	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Pension Liability	216,166,591
Interest Rate Swap Liability	18,499,768
Deferred Compensation Liability	24,782,115
Due To Affiliate	21,089,925
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	280,538,399

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: 54-0506332

Name: CARILION MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
Part V, Line 4	Income from endowment funds are used for the following (1) Pediatric programs- both internal and external- and/or pediatric equipment (2) Patient indigent care

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>Carilion recognizes a tax liability or asset for the estimated taxes payable or refundable on tax returns for current and prior years. Deferred tax assets and liabilities are recognized for the estimated future tax effects attributable to temporary differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. A tax benefit from an uncertain tax position is recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits. Uncertain tax positions may include the characterization of income, such as a characterization of income as passive, a decision to exclude reporting taxable income in a tax return, or a decision to classify a transaction, entity, or other position in a tax return as tax exempt.</p>

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
 CARILION MEDICAL CENTER

Employer identification number
 54-0506332

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
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		No
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 eligible 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	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			55,016,356		55,016,356	4 710 %
b Medicaid (from Worksheet 3, column a)			130,290,526	108,153,914	22,136,612	1 890 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			185,306,882	108,153,914	77,152,968	6 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	10,362	27,885	3,247,313	433,256	2,814,057	0 240 %
f Health professions education (from Worksheet 5)	1,722	1,223	49,370,559	11,242,461	38,128,098	3 260 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	2	2,337	719,762		719,762	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	83	7,647	1,870,344	110,000	1,760,344	0 150 %
j Total. Other Benefits	12,169	39,092	55,207,978	11,785,717	43,422,261	3 710 %
k Total. Add lines 7d and 7j	12,169	39,092	240,514,860	119,939,631	120,575,229	10 310 %

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		10,500		10,500	0 %
2 Economic development	12	7,425	168,381		168,381	0 010 %
3 Community support	44	1,200	48,203		48,203	0 %
4 Environmental improvements	1		150		150	0 %
5 Leadership development and training for community members						
6 Coalition building	61	963	9,652	4,194	5,458	0 %
7 Community health improvement advocacy	16	3,905	30,977	1,259	29,718	0 %
8 Workforce development	7	9	292,181		292,181	0 020 %
9 Other						
10 Total	143	13,502	560,044	5,453	554,591	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
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	81,687,854
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		
Section B. Medicare			
5	Enter total revenue received from Medicare (including DSH and IME).	5	273,707,962
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	281,546,878
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-7,838,916
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
9b	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

(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 1 Roanoke Ambulatory Surgery Center LLC	Ambulatory surgery	50 000 %		46 480 %
2 2 Southwest Virginia Health Properties LLC	Real estate	48 540 %		46 480 %
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?

2

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)
 Facility Group A

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Group A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V, Section C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Facility Group A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Facility Group A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

Section 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? 95

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	Patients' eligibility is determined by family size, family income, real property equity and liquid assets. Families with family income equal or below 200% of the Federal Poverty Guidelines (FPG) and assets equal or below \$15,000 are eligible to receive 100% adjustment under financial assistance policy (FAP). Families with family income greater than 200% of the FPG but less than or equal to 400% of the FPG or assets above \$15,000 and less than or equal to \$100,000 are eligible to receive a partial adjustment under FAP. The partial adjustment matches the amounts generally billed (AGB) percentage for each service area.
Part I, Line 6a	Information on community benefit is reported annually through a consolidated report prepared by Carilion Clinic (EIN 54-1190771). Printed copies of this report are distributed throughout communities served by hospitals affiliated with Carilion Clinic. Additionally, the community benefit report is available on Carilion Clinic's website: https://carilionclinic.org/about-carilion-clinic

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Form and Line Reference	Explanation
Part I, Line 7	<p>7eCommunity Health Improvement and Community Benefit Operations Carilion's commitment to community service is evident at all levels of the organization Carilion's commitment to community health is evidenced by its population health infrastructure including its Community Health and Outreach (CHO) department dedicated to assessing and addressing community needs The department is responsible for leading and facilitating the Community Health Improvement Plan, Community Health Needs Assessments, the system's community grants process, community health education, community benefit collection, and neighborhood health initiatives CHO staff works with the hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health need The hospital has a Community Benefit Team overseeing the hospital's plan to address community need in partnership with the local community health assessment team There is also a Community Benefit Council providing oversight for Carilion's community health improvement work and for community benefit strategy, collection and submission Carilion Medical Center provides education to the public about health risks and steps that can be taken to improve health Events include regularly scheduled health screenings for blood pressure, blood glucose and cholesterol as well as seasonal screenings to detect facial damage due to exposure to the sun Carilion Medical Center's community health education department serves as host of the local chapter of the National Safe Kids Coalition and provides education on childhood injury prevention to the community and other providers In addition, Carilion Medical Center's Safe Kids Coalition coordinator provided free training and national certification on proper car seat installation for other health and safety providers Additional health improvement services include physician volunteers at the Bradley Free Clinic and the Roanoke Rescue Mission, blood drives, assistance with enrollment in public medical programs such as Medicaid, and interpreter services for non-English speaking patients Community benefit operations includes expenses associated with tracking community health improvement activities, the cost associated with conducting a Community Health Needs Assessment and support of Healthy Roanoke Valley, a collaboration of health and human service agencies developing initiatives to address prioritized community health needs This line is reported at actual cost 7f Health professions education - Carilion Medical Center mentors nursing students, provides continuing education opportunities for local providers and operates a residency program This line is reported at actual cost 7g Subsidized Health Services n/a7h Research Carilion Medical Center participates in clinical research projects including internal review board oversight Additionally, community research is provided through a cancer registry to assist public health professionals in understanding and addressing the cancer burden more effectively The information collected is used to develop programs on cancer prevention, early detection, and successful treatment and care This line is reported at actual cost 7i Cash and In-Kind Contributions At cost Carilion has long been committed to improving the health of the communities we serve We know significant change doesn't happen alone, but takes a community of partners working together towards common goals Carilion's dedication to this mission is evidenced by the support provided annually to various nonprofit partners, furthering its efforts to positively impact health Financial and in-kind contributions are made each year to dozens of organizations directly impacting the issues identified in our triennial Community Health Needs Assessment and a variety of social determinants that impact people's health Support provided helps with access to nutrient dense foods, promotion of exercise and healthy activities, chronic disease management, access to mental health services and coordination of care, and a multitude of other community health improvement goals</p>
Part I, Line 7, Column F	<p>Bad debt expense of \$81,687,854 included in Part IX, Statement of Expenses on line 25 was excluded from the calculation of Part I line 7 column (f) Percent of total expense</p>

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Form and Line Reference	Explanation
<p>Part II, Community Building Activities</p>	<p>1 Physical improvements and housing Support was provided to the Addy Grace Foundation for development of an all-abilities playground in Botetourt County, improving access to physical activity and play for all children Support was also given to the Blue Ridge Land Conservancy 2Economic development As the largest employer in Southwest Virginia, Carilion participates in programming and supports local Chambers of Commerce and the Better Business Bureau, improving economic development efforts through pro-business advocacy Carilion takes an active role in local economic development endeavors by investing in research and technology and conversing with local businesses about the region's current business climate and future prospects Support was also provided for Visit Virginia's Blue Ridge, the region's destination marketing organization whose mission is economic development through tourism Additionally, funding was provided to the Greater Roanoke Transit Company for the Star Line Trolley, which provides free transportation around downtown Roanoke and serves as a critical link to the Carilion and Virginia Tech Carilion locations within Roanoke's Innovation Corridor along Jefferson Street 3 Community support Research demonstrates the strong connection between social determinants of health such as transportation, housing and education, and the overall health and well-being of communities Support is provided in a variety of ways for nonprofit organizations that address barriers to good health arising from these social determinants Through support of local partners, Carilion can help provide better education and opportunities for children and families as well as improved housing, better nutrition and additional supportive resources for its neighbors in need, removing a range of obstacles to good health Carilion Medical Center is deeply involved with a variety of health and social determinant-related initiatives and supports local organizations through coordination of activities and participation as volunteers and on boards in addition to providing financial support For example, Carilion leaders dedicate their time to impact the need for mental and behavioral health care by volunteering on boards for Family Service of Roanoke Valley and Mental Health America of Roanoke Valley Time is also dedicated to helping children learn through back-to-school events and hours spent educating students about business through Junior Achievement Financial donations help send kids to summer camp and support events for organizations like CHIP 4Environmental improvements Carilion Medical Center provided support for Friends of Smith Mountain Lake State Park 5Leadership development and training for community members n/a6Coalition building Carilion believes in the power of collaboration and understands that community health issues must be addressed in concert with the community To ensure lasting community impact from the health assessment and community health improvement process, Carilion participates in community health coalitions that address health and social determinant needs in the Roanoke Valley In addition, Carilion partners with multiple community and business organizations around initiatives to improve health and wellness and to impact the social determinants of health for all who live in the Roanoke Valley An example is Carilion's representation and participation on the Roanoke Area Youth Substance Abuse Coalition (RAYSAC) and Roanoke Prevention Alliance, a group of concerned citizens, parents, youth, teachers, police officers, business people, judges, and other caring individuals striving to prevent the use of alcohol, tobacco, and drugs by youth in the Roanoke Valley and southwest Virginia Other coalition building activities include work with the local NAACP, with the Impact Southeast group and with Roanoke's Invest Health partnership 7 Community health improvement advocacy In-kind support was provided for distribution of a newsletter on behalf of adolescent and student health services as well as for health-related conferences and the Virginia Health Care Foundation 8Workforce development -Carilion Medical Center partnered with Goodwill Industries of the Valleys, the Virginia Department of Rehabilitative Services, Blue Ridge Behavioral Health, Blue Ridge Independent Living Center and local parent representatives to offer Project SEARCH, a one-year high school transition program providing employment and educational opportunities for individuals with significant disabilities The program also helps participants find long-term employment in skilled positions Additional support included recruitment of providers to meet the needs of underserved individuals in the Roanoke Valley Support was also provided for the Virginia Foundation for Community College Education and for multiple scholarships</p>
<p>Part III, Line 2</p>	<p>Carilion Medical Center estimates bad debt expense by reserving a percentage of all self-pay patient accounts receivable by aging category, based on collection history, adjusted for expected recoveries and, if present, anticipated changes in trends</p>

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Form and Line Reference	Explanation
Part III, Line 4	Accounts receivable are reduced by an allowance for amounts that could become uncollectible in the future. Carilion Medical Center estimates the allowance for doubtful accounts by reserving a percentage of all self-pay patient accounts receivable by aging category, based on collection history, adjusted for expected recoveries and, if present, anticipated changes in trends. Carilion Medical Center collects substantially all of its third-party insured receivables, which include receivables from governmental agencies and commercial insurers.
Part III, Line 8	Medicare allowable costs are determined from the Medicare cost report using the cost-to-charges ratio. The Hospital believes our Medicare shortfall is a cost we incur as a benefit to the community. IRS Rev. Rul. 69-545 provides that one of the factors demonstrating community benefit is operating an emergency room open to all persons regardless of ability to pay and providing other hospital care for all patients able to pay, including those who pay their bills through public programs such as Medicare. In order to operate for the benefit of the broad community that we serve we must include our significant Medicare population, even if we are required to subsidize care to our Medicare patients due to being reimbursed at less than cost by Medicare's nonnegotiable rates.

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Form and Line Reference	Explanation
Part III, Line 9b	<p>When accounts receivable efforts are exhausted, the account may be placed with a collection agency and extraordinary collection actions (ECAs) may be considered. Accounts will not be placed with a collection agency prior to 120 days from the date the first billing statement is provided except when mailings are returned with no forwarding address and combining multiple accounts of varying age with those already transferred or for legal verification regarding other liabilities. Reasonable efforts will be made to identify appropriate forwarding addresses. When a Financial Assistance Application (FAA) is received during the application period (within 240 days after the date the first billing statement is provided), but after initiation of ECAs, all ECAs will be suspended. Best efforts will be made to process completed applications within 30 days of receipt of the application, financial assistance eligibility will be determined and communicated to the individual. Incomplete applications must be completed within 30 days of the initial notification of additional items required, otherwise, the application will be deemed incomplete and closed. If an individual is eligible for financial assistance, ECAs, other than the sale of debt, will be reversed and any payments related to eligible care refunded to the extent no longer owed. ECAs will be reinstated if the individual is not eligible for financial assistance or does not complete the FAA by the deadline. At least 30 days before initiating an ECA, Carilion will send the patient written notice of intended ECA(s), a plain language summary explaining financial assistance available and the process for determining eligibility, and the deadline for applying for assistance. Carilion will also attempt to call individuals at least 30 days before initiating an ECA to make them aware of the financial assistance available and how to obtain assistance with the application process. Carilion shall enter into a written contract with any collection agency to which it refers bad debt. The contract will obligate the collection agency to observe and comply with Carilion's obligations under this Policy and the Financial Assistance Policy. A collection agency to which bad debt is referred for collection may not engage in any ECAs without the prior written consent of Carilion. After making reasonable efforts to determine if a patient qualifies for Financial Assistance and the patient either does not qualify for Financial Assistance or fails to submit an application as requested, within 240 days from the date the first billing statement is provided, Carilion may engage in one or more of the following ECAs: 1. Place a lien on an individual's property, 2. Attach or seize an individual's bank account or any other personal property, 3. Commence a civil action against an individual, 4. Garnish an individual's wages, 5. Sell an individual's debt to another party, or 6. Report the account to credit agencies. Individual account balances greater than \$5,000 are not sent to a collection agency. These are handled through the Debt Recovery Department (DRD) for verification of Financial Assistance status before further collection activity occurs. DRD will also investigate any accounts that require special handling. For example, when the billing office becomes aware that a patient is deceased, auto accident or any other unique circumstances requiring special handling, the accounts are placed with the DRD. When all collection efforts have been exhausted, all hospital accounts will be returned and closed as uncollectible. No further collection activity is taken at that time. Accounts with satisfactory payment arrangements, legal activity or accounts with pending payment will be considered active and are not returned.</p>
Part VI, Line 2	<p>Carilion Clinic's community health improvement process was adapted from Associates in Process Improvement's Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle developed by Walter Shewhart. It consists five distinct steps: (1) conducting the CHNA, (2) strategic planning, (3) creating the implementation strategy, (4) program implementation, and (5) evaluation. This cycle is repeated every three years. Carilion Clinic fosters community development in its CHNA and community health improvement processes by using the Strive Collective Impact Model for the CHAT. This evidence-based model focuses on "the commitment of a group of important players from different sectors to a common agenda for solving a specific social problem(s) and has been proven to lead to large-scale changes. It focuses on relationship building between organizations and the progress towards shared strategies. Carilion Clinic and Healthy Roanoke Valley (HRV) partnered to conduct the 2018 Roanoke Valley Community Health Needs Assessment. This process was community-driven and focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers, the target populations, and the community as a whole. Healthy Roanoke Valley (HRV), operating under the auspices of United Way of Roanoke Valley, was formed in 2012 as a community response to needs identified in Carilion Clinic's triennial Roanoke Valley CHNA. HRV's mission is to mobilize community resources to improve access to care, coordination of services, and promote a culture of wellness. Using the collective impact model, the partnership includes more than 50 organizations representing cross-sector stakeholders and leaders who are working to implement cost-effective programs resulting in improved health outcomes.</p>

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Form and Line Reference	Explanation
Part VI, Line 3	<p>Information on Financial Assistance is provided to the patient at hospital admission and ambulatory areas in the form of signage, a plain language summary which includes contact information, financial assistance application and documentation in the inpatient handbook Patient Access staff, Hospital social workers and customer service representatives verbally inform patients on availability of assistance Each patient statement and patient financial responsibility letter includes information on the Financial Assistance policy including who to contact for additional information and location of in-person assisters The Application, the Policy, and the plain language summary are available free of charge to the patient They are available by mail and on the web site if the patient did not receive written information at the time of service Financial Assistance policy and application are also distributed to community partners through electronic mailing groups Carilion Clinic employs an Eligibility staff that counsel patients on federal and state programs The staff completes applications for Medicaid, Social Security, Social Security Disability and Medicare The staff provides support services ensuring the applications are processed correctly based on federal and state policy In addition, the Eligibility staff is trained as Certified Application Counselors and will assist patients in enrollment in the insurance exchange Marketplace Eligibility staff will also complete Carilion's financial assistance application and counsel patient on the requirements for financial assistance</p>
Part VI, Line 4	<p>The Roanoke Metropolitan Statistical Area (MSA) is home to Carilion Clinic's flagship hospital It is commonly known as the Roanoke Valley and is comprised of the independent cities of Roanoke and Salem and the counties of Botetourt, Craig, Franklin, and Roanoke It is nestled among the Blue Ridge Mountains with the City of Roanoke at its heart The City is a destination venue, rich in cultural diversity, the arts, shopping, recreational opportunities, natural beauty and services not available in more rural areas of the region Key safety net providers in the region in addition to Carilion Clinic include New Horizons, a federally qualified health center, free clinics, local offices of the Virginia Department of Health, and other human service organizations Despite the presence of these entities, there remain thousands of low-income, uninsured, and underinsured residents who do not have access to affordable health care services The 2018 RVCHNA revealed distinct communities with significant differences in size and population and significant disparities both in health and in social determinants The 2012-2016 American Community Survey (ACS) found the total population of the Roanoke MSA to be 312,891 The cities of Roanoke and Salem had 99,329 residents and 25,290 people respectively The counties of Botetourt, Craig, Franklin and Roanoke had 33,129, 5,195, 56,230 and 93,655 residents respectively For all communities, the ACS predicts positive future population change, but to varying degrees Median age in the MSA localities ranges from 38.1 in the City of Roanoke to 47 in Craig County, all above the state median of 37.8 The ACS finds that for most of the Roanoke MSA, a larger percentage of the population is White than in the Commonwealth of Virginia as a whole, with percentages ranging all the way up to 98.1% in Craig County Roanoke Valley's urban hub, the City of Roanoke, is more racially and ethnically diverse than the rest of the MSA, with a population that is 63.85% White, 28.3% Black, and 2.7% Asian with 3.5% representing more than one race and the remainder representing small minorities of American Indian/Alaskan Native, Native Hawaiian/Pacific Islander or some other race Of the population, 6% are Hispanic or Latino The City is divided into quadrants (Northwest, Northeast, Southwest and Southeast) separated geographically by railroad tracks, the Roanoke River, and the Interstate 581 These quadrants vary greatly in the demographic and economic make-up of the residents Specifically, two of the quadrants the Northwest and Southeast quadrants have federal designations as Medically Underserved Areas (MUAs) and are home to a large proportion of the low-income individuals and families in the city who may be uninsured, underinsured and/or Medicaid recipients who often face additional barriers due to cultural differences</p>

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Form and Line Reference	Explanation
Part VI, Line 5	<p>Carilion Clinic is a not-for-profit, integrated health care system located among the Blue Ridge Mountains with its flagship hospital in the heart of the City of Roanoke, which serves as the largest urban hub in western Virginia. Quality care is provided for nearly one million individuals through a comprehensive network of hospitals, primary and specialty physician practices, wellness centers and other complimentary services. Carilion's roots go back more than a century, when a group of dedicated citizens came together and built a hospital to meet the health care needs of the community. Today, Carilion is a key anchor institution focusing on more than just health care, Carilion is dedicated to its mission of improving the health of the communities it serves. With an enduring commitment to the health of our region, care is advanced through clinical services, medical education, research and community health investments. Carilion believes in service, collaboration and caring for all. Through ongoing investment in discovering and responding to the health needs of its community comes the understanding that additional stakeholders must be involved to effectively address community health issues and create change. CMC includes Carilion Clinic's flagship facility, CRMH. A 703-bed hospital, CRMH includes a Neonatal Intensive Care Unit, Carilion Children's Hospital, specialty and advanced clinical care and the region's only Level 1 Trauma Center. U.S. News & World Report ranks it among Virginia's top five hospitals. CRMH provides access to the region's most experienced providers and specialty services, while teaching and developing tomorrow's medical leaders through residencies and fellowships sponsored by the Virginia Tech Carilion School of Medicine. Carilion Medical Center serves all patients regardless of their ability to pay. The Hospital's governing Board is elected annually and the majority of members are neither employees nor contractors of the Hospital. Medical staff privileges are extended to qualified providers. Surplus funds are reinvested in new technology, clinical initiatives, education and charitable efforts. This includes providing free, discounted and subsidized care as well as critical medical services that operate at a loss.</p>
Part VI, Line 6	<p>Carilion Medical Center is wholly owned by Carilion Clinic, a not-for-profit health care organization based in Roanoke, Virginia. Through a comprehensive network of hospitals, primary and specialty physician practices, and complementary services, Carilion provides exceptional care for nearly one million Virginians. With an enduring commitment to the health of the region, Carilion also seeks to advance care through medical education and research, help its community stay healthy and inspire the region to grow stronger. In the mid-2000s, Carilion made the strategic decision to transform from a collection of hospitals to a physician-led, integrated health care system. It was a courageous move. In every moment since, Carilion has worked to evolve by further-developing a multi-specialty physician group, transforming our primary care practices into patient-centered medical homes, implementing electronic health records system-wide, creating a robust partnership with Virginia Tech, and opening a medical school and research institute. Each decision, each adaptation, has fundamentally changed the way Carilion collaborates and cares. To advance education of health professionals, Jefferson College of Health Sciences is a private higher education institution that "prepares, within a scholarly environment, ethical, knowledgeable, competent and caring healthcare professionals." The College focuses on providing healthcare education and is a part of Carilion Clinic. Founded in 1914 as the Jefferson Hospital School of Nursing, Jefferson College now provides more than 1,100 students with opportunities to become part of the healthcare profession, serving communities from southwest Virginia to the Shenandoah Valley and beyond. The school's graduates are building healthier tomorrows in our region and across the country every day. The Virginia Tech Carilion School of Medicine joins the basic science, life science, bioinformatics, and engineering strengths of Virginia Tech with the medical practice and medical education experience of Carilion Clinic to develop the next generation of physician thought leaders. The school uses an innovative patient-centered curriculum that focuses on small-group learning and hands-on experiences, with extensive research and inter-professionalism training.</p>

Schedule H (Form 990) 2017

Additional Data

Software ID:

Software Version:

EIN: 54-0506332

Name: CARILION MEDICAL CENTER

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? 2		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	Carilion Medical Center- DBA CRMH 1906 Belleview Avenue Roanoke, VA 24014 See Schedule O H 1840	X	X	X	X		X	X			A
2	Carilion Medical Center- DBA CRCH 101 Elm Avenue Roanoke, VA 24013 See Schedule O H 1839	X								Rehabilitation Unit, Urgent Care	A

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
Part V, Section B	Facility Reporting Group A

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
Facility Reporting Group A consists of	- Facility 1 Carilion Medical Center- DBA CRMH, - Facility 2 Carilion Medical Center- DBA CRCH

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

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

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

Form and Line Reference	Explanation
Part V, Section B, line 5	<p>The following explanation applies to both Facility 1 and Facility 2. Carilion Clinic's CHNAs are community-driven projects and success is highly dependent on involving citizens, health and human service agencies, businesses, and community leaders. Community stakeholder collaborations known as "Community Health Assessment Teams" (CHAT) lead the CHNA projects. The CHAT consists of health and human service agency leaders, persons with special knowledge of, or expertise in, public health, the local health department, and leaders, representatives, or members of populations that are medically underserved, low-income, minority, and suffer from chronic diseases. The following organizations served on the CHAT for the 2018 (tax year 2017) RVCHNA: Blue Blaze Consulting, Blue Ridge Behavioral Healthcare, Bradley Free Clinic, Carilion Clinic, Community Health Improvement Plan of Roanoke Valley (CHIP), City of Roanoke Lead Safe Roanoke, Family Service of Roanoke Valley, Freedom First Credit Union, HRV, High Street Baptist Church, Jefferson College of Health Sciences, Local Environmental Agricultural Project (LEAP), New Horizons Healthcare, Rescue Mission Ministries, Inc., Roanoke College, Roanoke Redevelopment and Housing Authority, Roanoke Regional Chamber of Commerce, Salem VA Medical Center, United Way of Roanoke Valley, and the Virginia Department of Health. In addition to the CHAT, the RVCHNA conducted focus groups among stakeholders and target populations, and administered a community health survey. Stakeholders: Throughout the CHNA process, community stakeholders, leaders, and providers were encouraged to complete the Stakeholder Survey. This survey provided an additional perspective to the health needs and barriers facing our community. Stakeholder focus groups were held and Stakeholder Surveys distributed, to ensure all responses were captured. The survey was available online and in print, and was distributed at meetings and focus groups. Stakeholder focus groups were conducted with the City of Roanoke (Fire/EMS Station #5 & #6, and Police Department), HRV partners and friends (brought together for a Stakeholder Forum), and the Roanoke Valley Palliative Care Partnership. Target populations: Target population focus groups were conducted to capture the needs and barriers to health for the uninsured, underinsured, low-income, minority, senior, and chronically ill populations. Focus group locations were chosen based on their proximity to target populations, and where existing groups meet. Ten target population focus groups were held and were asked questions related to health needs and barriers to health, as well as access to primary, oral, and mental health care. Target population focus groups were conducted with AARP members, a women's group comprised of former immigrants to the United States, a Blue Ridge Literacy English for Speakers of Other Languages (ESOL) class, Bradley Free Clinic patients, residents of Roanoke Redevelopment Housing Authority's Me</p>

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

Form and Line Reference	Explanation
Part V, Section B, line 5	<p>Irose Towers (in the NW Roanoke City MUA) and Morningside Manor (in the SE Roanoke City MU A), certified peer recovery specialists, Presbyterian Community Center parents and staff, and Roanoke Rescue Mission guests</p> <p>Community Survey A 39-question survey instrument was developed including questions about socioeconomic factors, access to medical, dental, and mental health care, health behaviors, physical environment, health outcomes, and demographics The survey instrument included commonly used questions and metrics from previously validated community surveys Community Themes and Strengths Assessments, National Association of County and City Health Officials (NACCHO), Mobilizing for Action through Planning and Partnerships (MAPP) Community Healthy Living Index, YMCA Behavioral Risk Factor Surveillance System, Centers for Disease Control (CDC) National Health Interview Survey, Youth Risk Behavior Surveillance System, Martin County Community Health Assessment, Martin County, North Carolina Previous Roanoke Valley Community Health Surveys Both English and Spanish versions were available (Appendix 4 Community Health Survey) The CHAT and HRV Data Tracking and Quality Improvement Action Team identified target populations, collection sites, and methods of survey distribution The population of interest was Roanoke Valley residents 18 years of age and older The Roanoke Valley included the CHNA service area Bedford, Botetourt, Craig and Roanoke counties, and Roanoke City, and Salem City Special efforts were made to ensure inclusion of these subpopulations Underserved/vulnerable populations disproportionately impacted by the social determinants of health including Income Race/ethnicity Education Insurance status The survey was also made available to all residents living in the Roanoke Valley, and oversampling of the target populations occurred through targeted outreach efforts In total, 2,308 surveys were collected</p>

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

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

Form and Line Reference	Explanation
Part V, Section B, line 6a	The following explanation applies to both Facility 1 and Facility 2 Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, both owned by Carilion Medical Center and serving the same area, jointly conducted their CHNA. The Salem VA Medical Center also participated on the CHAT.

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
Part V, Section B, line 6b	The following explanation applies to both Facility 1 and Facility 2 Blue Blaze Consulting, Blue Ridge Behavioral Healthcare, Bradley Free Clinic, Carilion Clinic, CHIP of Roanoke Valley, City of Roanoke Lead Safe Roanoke, Family Service of Roanoke Valley, Freedom First Credit Union, HRV, High Street Baptist Church, Jefferson College of Health Sciences, LEAP, New Horizons Healthcare, Rescue Mission Ministries, Inc , Roanoke College, Roanoke Redevelopment and Housing Authority, Roanoke Regional Chamber of Commerce, Salem VA Medical Center, United Way of Roanoke Valley, Virginia Department of Health

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

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

Form and Line Reference	Explanation
Part V, Section B, line 7d	The following explanation applied to both Facility 1 and Facility 2 Line 7a, Facility 1 hospital website https://www.carilionclinic.org/locations/carilion-roanoke-memorial-hospital Line 7a, Facility 2 hospital website https://www.carilionclinic.org/locations/carilion-roanoke-community-hospital Line 7b other website https://www.carilionclinic.org/community-health-assessments Line 7c Made a paper copy available for public inspection without charge at the hospital facility Line 7d The 2018 Roanoke Valley CHNA was also shared to be posted to CHAT partner websites and social media Line 10a https://www.carilionclinic.org/community-health-assessments

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
Part V, Section B, line 11	<p>The following explanation applies to both Facility 1 and Facility 2 Carilion Medical Center's two hospital facilities, Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, partnered with HRV to conduct the 2018 RVCHNA during the 2017 tax year HRV, operating under the auspices of the United Way of Roanoke Valley, was formed in 2012 as a community response to needs identified in Carilion Medical Center's triennial Roanoke Valley CHNA Carilion Clinic is a not-for-profit, integrated healthcare system located in Virginia's Blue Ridge Mountains with its flagship hospital in the heart of the City of Roanoke, the largest urban hub in western Virginia There, through a comprehensive network of hospitals, primary and specialty physician practices, wellness centers and other complimentary services, the system provides quality care close to home for nearly one million Virginians Carilion roots go back to 1899, when a group of dedicated citizens came together and built a hospital to meet the healthcare needs of the community Today, Carilion is a key anchor institution focusing on more than just healthcare, Carilion is dedicated to its mission of improving the health of the communities we serve With an enduring commitment to the health of our region, Carilion advances care through clinical services, medical education, research and community health investments Carilion believes in service, collaboration and caring for all Through ongoing investment in discovering and responding to the health needs of the community comes the understanding that the involvement of additional stakeholders is essential to effectively address community health issues and create change The purpose of this implementation strategy is to describe what Carilion Medical Center (CMC), comprised of Carilion Roanoke Memorial Hospital (CRMH) and Carilion Roanoke Community Hospital (CRCH), plans to do to address the community health needs identified in the 2018 RVCHNA After all primary and secondary data collection was completed, the CHAT reviewed all data then identified and prioritized the ten most pertinent community needs using the Robert Wood Johnson Foundation (RWJF) framework for what influences health The data were combined and overall priorities chosen based on the number of times a category was selected in the top 10, with the average ranking serving as a tie-breaker Once the priorities were clearly identified, the CHAT rated the feasibility and potential impact of solutions for each health issue HRV hosted strategic planning and action team tactical planning meetings focused on each identified priority need The findings of the 2018 RVCHNA revealed 10 priority health-related issues in the community, identified by the CHAT after review of the data collected</p> <ol style="list-style-type: none"> 1 Poverty / low average household income 2 Transportation / transit system 3 Access to mental / behavioral health services 4 Access to substance use services 5 Culture healthy behaviors not a priority

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
Part V, Section B, line 11	<p> rity5 High uninsured / underinsured population6 Affordable / safe housing7 Access to de ntal care8 Poor diet9 High cost of care10 Educational attainmentSignificant Health Need s to be AddressedCMC Implementation PlanAccording to the RWJF County Health Rankings , whe re an individual lives, works and plays is a strong predictor of their health outcomes Cu rrently in the United States, a person's zip code can help predict their life expectancy d ue to its direct link to the social determinants of health such as poverty, race/ethnicity , education and employment status in these areas These factors are so important to our o verall health, that they were added to the 10-year national Healthy People 2020 objectives with a goal to create social and physical environments that promote good health for all " Carilion responds to community health needs in innovative ways making sure our regions h ave access to state-of-the-art health care close to home, providing community grants and s ponsorships to extend our mission and support other organizations addressing health needs, creating and implementing community-wide strategies to reduce barriers, coordinate resour ces and enhance community strengths, and providing community-based health and wellness pro grams Carilion's response strategies are organized by the RWJF framework for what influen ces health health behaviors, social and economic factors, clinical care access and qual ity, and physical environment CommitmentCommitment to community service is evident at all l evels of the organization In 2016, Carilion committed more than \$170 million toward activ ities that improve community health and social determinants of health Carilion's commitme nt to community health is evidenced by its commitment to a population health infrastru ctur e including an entire Community Health and Outreach (CHO) department dedicated to assessin g and addressing community need The department is responsible for leading and facilitatin g the CHIP, CHNAs, the system's community grant process, community health education, commu nity benefit collection, and neighborhood health initiatives CHO has staff at the system level and at each community hospital and works with each hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address c ommunity health need Each Carilion Clinic hospital has a Community Benefit Team which ove rsees the local hospital's plan to address community need in partnership with the local CH AT There is also a Community Benefit Council at the system level providing oversight for Carilion Clinic as a whole This council is responsible for overseeing and strategically g uiding Carilion's community health improvement work and for community benefit strategy, co llection and submission Community Partnerships Carilion believes in the power of collabora tion and understands community health issues must be addressed in cooperation with the com munity To ensure lasting comm </p>

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

Form and Line Reference	Explanation
Part V, Section B, line 11	<p>unity impact from the health assessment and community health improvement process, Carilion participates in and provides financial and in-kind support to community health coalitions that address health needs in the Roanoke Valley such as HRV. In addition, Carilion partners with multiple community and business organizations on initiatives to improve health and wellness and to impact the social determinants of health for all who live in the Roanoke Valley. Healthy Roanoke Valley Forming a true community collaborative with lasting impact is no small feat. In 2012, using the Strive Collective Impact model, Carilion and United Way played key convening roles, bringing together strategic community partners to create HRV. An initiative of United Way of Roanoke Valley, HRV is now a partnership of more than 50 organizations striving to enhance health equity related to these priorities as a means to create a "culture of wellness" across the Roanoke Valley. For years, HRV has been serving as a key partner with Carilion. HRV's strategic framework, which is updated every three years to align with the triennial CHNA, is community-driven and a major component of Carilion's Health Improvement Implementation Strategy for the Roanoke Valley. In 2012 and again in 2015, HRV identified three priorities for improving health outcomes in the Roanoke Valley for underserved populations: access to services (primary care, behavioral health, and oral health), coordination of care, and wellness. HRV will conduct a planning retreat with its steering committee and tactical planning with its action teams in response to the health priorities identified in the 2018 RVCHNA. Carilion provides both financial and in-kind support to HRV with representatives active on the HRV steering committee and all five action teams: wellness, mental health, primary care, oral health, and coordination of care. Through HRV, multiple programs and strategies have arisen in response to community needs, such as Fresh Foods Rx and the Pathways Community HUB. Carilion provides additional support to implement these strategies in the Roanoke Valley.</p>

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continued	<p>Fresh Foods Rx Fresh Foods Rx is a 12-week program providing patients with weekly health education, peer and physician support and vouchers for fresh local fruits and vegetables from the LEAP Mobile Market. The program is designed to address both social determinants of health, particularly environments and behaviors linked to healthy nutrition choices and fruit and vegetable consumption, and the clinical care needs of patients. The program works with low-income, uninsured and publicly insured adult patients living in MUAs who are overweight or obese and who have been diagnosed with diabetes. Community partners include HRV, New Horizons Healthcare, LEAP for Local Food, Virginia Cooperative Extension, and YMCA of Roanoke Valley Pathways Community HUB. The Pathways Community HUB is a community-based care coordination system anchored by community health workers strategically located in two Carilion teaching practices in the City of Roanoke, at Carilion Community Care and at partners' clinics. The model addresses social determinants of health. Community Health Workers link clients and their families to resources and services. The program works to reduce barriers to good health for uninsured adults who regularly visit the CRMH emergency department and have chronic disease diagnoses. Community partners include Bradley Free Clinic, the Rescue Mission's G. Wayne Fralin Free Clinic, Mental Health America of Roanoke Valley, New Horizons Healthcare and United Way of Roanoke Valley's HRV. Community Grants Carilion is committed to improving the health of the communities we serve by addressing key health priorities identified through our triennial CHNA. Carilion fulfills this commitment in many ways, one of which is through targeted grants for community health improvement programs and those affecting the social determinants of health. Carilion provides a multitude of community grants and community health sponsorships to help local charitable organizations fulfill their missions as they relate to the health and well-being of our communities. Community grant dollars are allocated across the entire Carilion Clinic service area based on requests received. During this three-year Implementation Strategy cycle, Carilion Clinic intends to target additional grant support by initiating a Request for Proposal (RFP) process, looking for organizations that can impact specific community health priorities in identified geographic areas. Targeted Neighborhood Initiatives CMC's community health goal is to improve health and well-being for the entire Roanoke Valley, especially for those individuals living in MUAs. The City of Roanoke tends to perform worse than other Roanoke Valley communities in many health and social determinant indicators. Therefore, efforts are often focused on the MUAs in the Northwest and Southeast areas of the City of Roanoke. CMC plans to address key community health needs identified in the 2018 assessment by focusing additional investment in the Southeast MU.</p>

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continued	<p>A, located adjacent to CRMH Through greater access to clinical care and community outreach programs, creative community partnerships and focused financial and in-kind support of initiatives, CMC plans to improve community health in the Southeast neighborhood Key focus areas of this health improvement project over the next three years include access to services, coordination of care and wellness Fallon Park Project Carilion is working with Roanoke City Public Schools and other partners to expand access to health care services and wellness opportunities for children and families and to create a community space in the updated Fallon Park Elementary School, located in the Southeast area of the city The first phase of work is programmatic to address students with chronic conditions such as asthma at the school The goal is to reduce the number of sick days, emergency department visits and hospitalizations, and to improve asthma control scores This partnership will transform the school nursing program to utilize a more integrated, holistic and proactive approach to health, provide families with community space and health education, and make Community Health Workers available to assist families with coordination of care and social determinant of health needs Community partners include Roanoke City Public Schools, Carilion Community Health and Outreach, Virginia Tech Cooperative Extension, HRV, Big Brothers Big Sisters, Carilion Wellness, Carilion departments of Psychiatry, Pediatrics and Family and Community Medicine, Delta Dental, Freedom First Credit Union, and the Fralin Biomedical Research Institute Significant Health Priorities to be Addressed Health Behaviors/Needs culture healthy behaviors not a priority, poor diet Carilion addressed health behavior-related priorities from the 2018 RVCHNA Improving poor diets and the general health culture served as a start to making healthy behaviors more of a priority Carilion provides a variety of free health education classes, screenings and flu immunizations in community settings Community health education is provided by the CHO department as well as by Trauma Outreach, dietitians, Carilion Wellness, homecare, hospice and select other departments Health and wellness education topics include general wellness, healthy eating and activity, anti-inflammatory diet, tobacco cessation, infant safe sleep, infant and child safety, wilderness medicine, emergency care in the case of gun wound, exercise for balance and confidence building for seniors, stress management, warning signs for heart attack and stroke, women's health, and other topics as requested Health educators also lead guided public walks and hikes and Carilion supports Roanoke's local Bikeshare program, organized by Ride Solutions, helping improve access to exercise and transportation Resources committed to these programs include staff time, volunteer hours, and food and giveaway items that encourage healthy behaviors The Morningside Urban</p>

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continued	<p>n Farm will host many health education classes, encouraging people to learn to eat healthy and grow fresh produce for their consumption Programs such as Fresh Foods Rx encourage healthy eating through prescription vouchers to access healthy food paired with education and coaching In addition to community events, Carilion works to encourage healthy behaviors by offering classes to its employees and through partnerships with other employers in the Roanoke Valley As the largest employer in the region, efforts to engage employees and their families in their own health impact community health overall Carilion has rolled out the Virgin Pulse program to employees This program enables employees to connect personal activity trackers and include others on the platform to encourage daily healthy behaviors such as exercise, climbing stairs, and planning healthy diets Support groups also often contribute to wellness Support groups are offered for grief and loss counseling, cancer treatment and recovery, and attention to diabetes and other chronic conditions A key part of wellness is compliance with safety and preventive behaviors CMC coordinates child passenger safety trainings and child safety seat checks to reduce injuries from car accidents Carilion family practices will also offer gun locks for free to members of the community to encourage gun safety As part of infant safe sleep classes, Carilion provides participants with a free Pack and Play as well as a free Sleep Sack, when available Infants born in Carilion hospitals also receive a free Sleep Sack, when available, to encourage safe sleep practices Carilion remains committed to addressing poor diets Through the Local Foods Program, Carilion provides hundreds of thousands of dollars of support to improve access to healthy foods Community grants, such as one doubling the value of Supplemental Nutrition Assistance Program (SNAP) benefits, makes health foods more affordable and accessible in the Roanoke Valley In addition to community grants, CMC makes a Farm Share program available to its employees and their families through payroll deduction CMC also serves as an additional pick-up option for community members participating in the Farm Share Carilion remains committed to the Healthier Hospital Initiative pledge and continues to work to improve quantities of healthy, local, sustainable foods purchased and served through its cafeterias Carilion's Morningside Urban Farm will bring fresh foods to the Southeast Roanoke City community and will enable new opportunities for health education and incentives</p>

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continued	<p>Clinical CareNeeds access to mental health and substance use services, access to dental care, high uninsured/underinsured population, high cost of care Issues with access to care are a focus for CMC when addressing community health needs In addition to providing financial support to qualifying patients who cannot afford care, Carilion is working to improve affordable access to care and resources To improve access to primary care and resources for adolescents, CMC partners with Roanoke City Public Schools to operate Adolescent Health Clinics in Patrick Henry High School and William Fleming High School in the City of Roanoke, plus a stand-alone clinic in downtown Roanoke With parent waivers signed at the start of the school year, students can visit health professionals as needed at clinics conveniently located in the schools, regardless of students' ability to pay Mental health and substance use servicesThrough a new program, #AllIn, Carilion is providing additional access to non-traditional services for mental health and substance use A key component of #AllIn, peer support, has expanded the type of care people in the Roanoke Valley can access Carilion trained peer recovery specialists in the Roanoke Valley to provide support groups in community and clinical settings as well as support for patients who come to the hospital with mental health or substance use issues Peer recovery specialists have a unique perspective into mental health and substance use diseases, having personally experienced these conditions In addition, the #AllIn program is offering Mental Health First Aid trainings in the community and helping to initiate college-level advocacy groups Carilion's Opioid Task Force brings together expertise from throughout the Carilion system to better understand and address the opioid epidemic in Southwest Virginia The Opioid Task Force is working to address this epidemic internally and in the community Efforts arising from this task force include developing system-wide guidelines and a system dashboard for opioid prescriptions, developing treatment pathways for opioid addiction in specific high-risk groups, developing best practices for risk assessment, treatment and standard orders in Carilion's electronic medical record system, EPIC, developing an inventory of community resources related to prevention, treatment and recovery services for opioid patients and community members, and providing locations for free, safe, prescription drug returns or deactivation bags Carilion provides both financial and in-kind support for the Mental Health America Collaborative This program increases access to psychiatric care and medication for people without health insurance in the Roanoke Valley Carilion psychiatry residents and physicians volunteer their time and provide in-kind services through this program Physicians and residents also provide in-kind services to individuals through the Rescue Mission's Fralin Free Clinic Dental careCarilion</p>

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continued	<p>hosts pediatric and adult dental clinics in Roanoke and operates a dental residency program. Dental residents provide in-kind dental services through the Rescue Mission's Fralin Free Clinic. Located in Southeast Roanoke, the Rescue Mission is a comprehensive crisis intervention center for men, women and children. Oral health is also prioritized through the H RV Oral Health Action Team with support provided by the DentaQuest Foundation. High uninsured / underinsured population and high cost of care. Carilion is committed to helping improve access to affordable medical care in our communities. With expansion of Medicaid in the Commonwealth of Virginia, Carilion will work diligently in the coming months to develop a plan for outreach and enrollment in Medicaid for newly eligible beneficiaries. Additionally, Carilion will work to find medical homes for those newly enrolled. Carilion will also work closely with its FQHC partners to understand their Medicaid enrollment efforts. Community Health Workers, managed by Healthy Roanoke Valley through the Pathways HUB, and other partners will also have additional opportunities to help clients complete insurance pathways and to pair them with appropriate services once they are enrolled. Carilion physicians provide in-kind services to uninsured people through the Bradley Free Clinic. Individuals can access regular care and medications as well as coordinate lab services through Carilion financial assistance. Medication access for Bradley Free Clinic patients is improved through RX Partnership, which Carilion supports with financial resources. Social and Economic Factors: Needs: poverty, transportation, affordable / safe housing, educational attainment. The City of Roanoke was recently identified as a City of Opportunity by the National League of Cities. With this title comes a wealth of support and guidance as the City of Roanoke, with Carilion as a key partner, works to improve health outcomes for residents. The Cities of Opportunity project improves health by impacting the social determinants of health such as education opportunities, affordable, safe housing, economic opportunities for residents, transportation, safe neighborhoods, and affordable, healthy foods. Carilion has committed to be a partner in this work as it aligns directly with the findings of the 2018 RVCHN A. The direction of the action plan will guide investments Carilion makes in the social determinants of health. In its commitment to reducing inequity of care, Carilion provides financial support for people who cannot afford insurance or health care. Carilion also makes available a Medication Assistance Program helping people gain access to affordable medication. Carilion also replenishes medication carried aboard emergency medical services vehicles. Support is also provided to a variety of not-for-profit organizations, helping to reduce the impacts of poverty on health through investments in social determinants such as housing, transportation, employment.</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continued	<p>ent, education, access to healthy foods and many other important causes Each year, Carilion Clinic coordinates a system-wide United Way campaign through which employees can provide additional support to these causes The Pathways HUB model employs community health workers to help people navigate the barriers to good health and find solutions to health care needs Many of the Pathways are related to social determinants such as education, employment, transportation or affordable/safe housing This coordination of care model will help people find ways to reduce these types of barriers to good health Community health workers will also be engaged through the Fallon Park Elementary School project to provide guidance on care and social determinants of health for families The Virginia Tech Carilion Health Sciences and Technology Campus in the City of Roanoke will spur economic growth for the region through job growth, spending at the campus, student populations and research grant funds Growth is expected to continue through at least 2026 Community partners, including Carilion, start early outreach in schools to inspire future health care workers and to create education pathways for all The community, Virginia Western Community College and local universities have partnered to make it possible for local students to access affordable or free education Transportation Carilion recognizes the impact that lack of reliable transportation can have on health in the community In an effort to improve access to transportation for the purpose of accessing regular health care, Carilion provides support for the City of Roanoke's Trolley The Trolley provides free transportation from downtown Roanoke to Carilion Roanoke Memorial Hospital and points in between, including the Riverside Center campus that is home to Virginia Tech Carilion and many Carilion clinical services Carilion has forged a partnership with Lyft to begin assisting people with access to safe, reliable transportation to regular primary care appointments If successful, Carilion will explore ways to expand the program Physical Environment While physical environment did not necessarily arise as a top priority in the 2018 RVCHNA, Carilion still recognizes the impact the environment has on the health of our communities Therefore, efforts continue to improve the efficiency of Carilion's hospitals and other structures, the utilization of recycling and recyclable or bio-degradable materials where possible, the reduction of waste and the utilization of local, sustainable foods In addition, as part of the aforementioned Fallon Park Elementary School project in Southeast Roanoke, partners will address air quality and other environmental issues that contribute to poor health, specifically breathing-related conditions</p>

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continued	<p>Implementation and Measurement Carilion has invested in multiple systems to help manage data and track outcomes of our community work. Clear Impact software will be utilized to develop community, system-wide, hospital-specific and project-specific scorecards with appropriate outcome measures. Community health education programs and screenings will contain program level outcomes assigned based on the topic. These outcomes will be tracked with pre- and post-tests as well as through screening results. Community programs supported by Carilion grants will be responsible for regularly reporting program outcomes. Scorecards will be developed with key secondary data points at the zip code and county level, with yearly updates to track impact of community health initiatives. Carilion will track and measure impact on certain aligned indicators contributing to the Robert Wood Johnson Foundation County Health Factors Ranking and County Health Outcomes Ranking. Our goal is to improve County Health Rankings for the entire Roanoke Valley, but we understand that by the nature of County Health Rankings, improvements are relative to improvements in other communities within the Commonwealth of Virginia. Another software program, REDCap, will enable internal data to be utilized at the aggregate level to display outcomes of targeted health initiatives for research teams, such as one focus on asthma interventions at Fallon Park Elementary School. Esri ArcMap will enable Carilion to communicate outcomes and impact through story maps. Outcome results will be utilized for future planning and decision making. Healthy Roanoke Valley will also develop outcomes to be measured based on the results of its planning retreat and action team tactical planning in fall 2018. Priority Areas Not being Addressed and the Reasons A community approach to determine and address priority needs as described earlier in this document was used to determine which needs cannot be immediately addressed. The needs not identified as "priority" are those that will not be actively addressed in this time period. CMC intends to address all identified priority health issues through the aforementioned initiatives, programs and/or grants.</p>

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 16	Line 16a https://www.carilionclinic.org/billing/financial-assistance Line 16b https://www.carilionclinic.org/billing/financial-assistance Line 16c https://www.carilionclinic.org/billing/financial-assistance

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
1 1 - Carilion Roanoke Memorial Rehab 2017 South Jefferson Street Roanoke, VA 24014	Psychiatry Services
1 2 - CNRV Emergency Services 2900 Lamb Circle Christiansburg, VA 24073	Emergency Physicians
2 3 - CES - Franklin 180 Floyd Avenue Rocky Mount, VA 24151	Emergency Physicians
3 4 - CES - Giles 1611 Wenonah Avenue Pearsburg, VA 24134	Emergency Physicians
4 5 - CSJH Emergency Department 1 Health Circle Lexington, VA 24450	Emergency Physicians
5 6 - CES - Tazewell 388 Ben Bolt Avenue Tazewell, VA 24651	Emergency Physicians
6 7 - Carilion GYN Oncology 1 Riverside Circle Suite 300 Roanoke, VA 24016	Gynecological Oncology
7 8 - Carilion Clinic Dermatology & Mohs Surgery 1 Riverside Circle Suite 300M Roanoke, VA 24016	Dermatology and Mohs Surgery
8 9 - Carilion Imaging Professionals 1 Taylor Avenue Pearsburg, VA 24134	Imaging Services
9 10 - Carilion Clinic Dentistry Pediatric Surger 101 Elm Ave Roanoke, VA 24013	Dental Service
10 11 - Carilion Clinic Occupational Medicine Elm 101 Elm Ave Roanoke, VA 24013	Occupational Medicine
11 12 - Carilion Wound Care Center Carilion Roano 101 Elm Ave SE Roanoke, VA 24013	Wound Care
12 13 - Carilion Dentistry Pediatric Surgery 101 Elm Avenue Roanoke, VA 24017	Dental Service
13 14 - Community Care 101 Elm Avenue SE Roanoke, VA 24013	Family Medicine
14 15 - Carilion Prenatal Diagnostic Center 102 Highland Ave Ste 455 Roanoke, VA 24014	Prenatal Testing

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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? _____

Name and address	Type of Facility (describe)
16 16 - Carilion Breast Care Center 102 Highland Ave Ste 202 Roanoke, VA 24014	Breast Care Center
1 17 - Carilion Pediatric Endocrinology Clinic 102 Highland Avenue MOB Suite 455 Roanoke, VA 24013	Endocrinology
2 18 - Pediatric Cardiology Clinic 102 Highland Avenue Suite 101 Roanoke, VA 24013	Cardiology
3 19 - Carilion Genetics 102 Highland Avenue Suite 104 Roanoke, VA 24013	Genetic Counseling
4 20 - Carilion Pediatric Neurology 102 Highland Avenue Suite 104 Roanoke, VA 24013	Neurosciences
5 21 - Carilion Pediatric Pulmonology and Allergy 102 Highland Avenue Suite 203 Roanoke, VA 24013	Pulmonology
6 22 - Carilion GYN Clinic 102 Highland Avenue Suite 303 Roanoke, VA 24013	Gynecological Services
7 23 - Pediatric Gastroenterology 102 Highland Avenue Suite 305 Roanoke, VA 24013	Gastronenterology
8 24 - Carilion Clinic Pediatric Surgery Clinic 102 Highland Avenue Suite 404 Roanoke, VA 24013	Surgical Services
9 25 - Carilion Sleep Center 1030 Jefferson Plaza Ste G100 Roanoke, VA 24016	Sleep Disorder
10 26 - Carilion Anticoagulation Clinic 1030 S Jefferson St Ste G101 Roanoke, VA 24016	Anticoagulation Clinic
11 27 - Carilion General Pediatric Clinic 1030 S Jefferson Street Suite 106 Roanoke, VA 24016	General Pediatrics
12 28 - Pediatric Developmental Clinic 1030 S Jefferson Street Suite 201 Roanoke, VA 24016	Pediatric Development
13 29 - Carilion Diabetic Education 1030 S Jefferson Suite G101 Roanoke, VA 24016	Diabetic Education
14 30 - Carilion Wellness- Boutetourt 105 Summerfield Court Roanoke, VA 24019	Outpatient Therapy Services

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? _____

Name and address	Type of Facility (describe)
31 31 - Carilion Clinic Urogynecology and Cardiology 1107B Brookdale Street Martinsville, VA 24112	Urogynecology and Cardiology Services
1 32 - Carilion Clinic Urology Christiansburg 120 Akers Farm Road NE Christiansburg, VA 24073	Urology
2 33 - Carilion Reproductive Endocrinology and In 1231 S Jefferson Street Roanoke, VA 24016	Reproductive Endocrinology
3 34 - Carilion Clinic Vascular McClanahan 127 McClanahan St Roanoke, VA 24014	Vascular Services
4 35 - Carilion Cardiac Rehab 127 McClanahan Street Roanoke, VA 24014	Cardiac Rehab
5 36 - Carilion Heart Failure Clinic 127 McClanahan Street Roanoke, VA 24014	Heart Failure Services
6 37 - CFM Roanoke Salem 1314 Peters Creek Road Roanoke, VA 24017	Family Practice
7 38 - Carilion Clinic OBGYN Botetourt 150 Market Ridge Lane Daleville, VA 24083	Obstetrics and Gynecology
8 39 - Daleville Imaging 150 Market Ridge Lane Daleville, VA 24083	Imaging Services
9 40 - Carilion Clinic OBGYN Daleville 150 Market Ridge Ln Daleville, VA 24083	Obstetrics and Gynecology
10 41 - General Surgery Clinic 180 Floyd Avenue Rocky Mount, VA 24151	Surgical Services
11 42 - Carilion Clinic OBGYN Salem 1957 W Main Street Salem, VA 24153	Obstetrics and Gynecology
12 43 - Carilion Clinic Cardiology 2001 Crystal Spring Ave Suite 300 Roanoke, VA 24014	Cardiology Services
13 44 - Carilion Cardiothoracic Surgery 2001 Crystal Spring Avenue Suite 201 Roanoke, VA 24014	Cardiac Surgery Services
14 45 - Carilion Clinic Cardiology 2001 Crystal Spring Avenue Suite 203 Roanoke, VA 24014	Cardiology Services

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
46 46 - Carilion Clinic Pulmonary and Sleep Medicine 2001 Crystal Spring Avenue Suite 300 Roanoke, VA 24014	Pulmonary and Sleep Services
1 47 - Carilion Infectious Disease Clinic 2001 Crystal Spring Avenue Suite 301 Roanoke, VA 24014	Infectious Disease
2 48 - Carilion Center for Healthy Aging 2001 Crystal Spring Avenue Suite 302 Roanoke, VA 24014	Geriatrics
3 49 - Carilion Clinic Dentistry General Surgery 2017 S Jefferson St Roanoke, VA 24014	Surgical Services
4 50 - Carilion Clinic Department of Psychiatry a 2017 S Jefferson Street Roanoke, VA 24014	Behavioral Health
5 51 - Carilion Dental Care 2017 S Jefferson Street Roanoke, VA 24014	Dental Service
6 52 - Child and Adolescent Psychiatry 2017 S Jefferson Street Roanoke, VA 24014	Child and Adolescent Psychiatry Services
7 53 - Community Psychiatry 2017 S Jefferson Street Roanoke, VA 24014	Psychiatry Services
8 54 - CFM Southeast 2145 Mount Pleasant Boulevard Roanoke, VA 24014	Family Practice
9 55 - Carilion Clinic Imaging ION 2331 Franklin Road Roanoke, VA 24014	Imaging Services
10 56 - Carilion Clinic Neurosurgery - ION 2331 Franklin Road Roanoke, VA 24014	Neurosurgery
11 57 - Carilion Clinic Pain Management - ION 2331 Franklin Road Roanoke, VA 24014	Pain Management
12 58 - Carilion Physical Medicine and Rehabilitation 2331 Franklin Road Roanoke, VA 24014	Physical Medicine
13 59 - Carilion Clinic Orthopaedics - ION 2331 Franklin Road SW Roanoke, VA 24014	Orthopaedics
14 60 - Carilion Clinic Department of Psychiatry a 2900 Lamb Circle Christiansburg, VA 24073	Psychiatry and Behavioral Health Services

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
61 61 - CNRVMC - Neurosciences 2900 Lamb Circle Christiansburg, VA 24073	Neurology
1 62 - CNRVMC - Radiology 2900 Lamb Circle Christiansburg, VA 24073	Radiology Services
2 63 - Carilion Clinic Department of Psychiatry a 2900 Tyler Road Chrstiansburg, VA 24073	Psychiatry and Behavioral Health Services
3 64 - Carilion Clinic Neuropsychology CCR3 3 Riverside Cir Roanoke, VA 24016	Neuropsychology Services
4 65 - Carilion Clinic General Surgery 3 Riverside Circle Roanoke, VA 24016	Surgical Services
5 66 - Carilion Clinic Internal Medicine 3 Riverside Circle Roanoke, VA 24016	Internal Medicine
6 67 - Carilion Clinic Neurology 3 Riverside Circle Roanoke, VA 24016	Neurology
7 68 - Carilion Clinic Orthopaedics Trauma 3 Riverside Circle Roanoke, VA 24016	Orthopaedic Trauma
8 69 - Carilion Clinic TraumaCritical Care 3 Riverside Circle Roanoke, VA 24016	Surgical Services
9 70 - Carilion Imaging 3 Riverside Circle Roanoke, VA 24016	Imaging Services
10 71 - Carilion OBGYN - Riverside 3 Riverside Circle Roanoke, VA 24016	Obsetrics and Gynecology
11 72 - CRMH Rheumatology Clinic 3 Riverside Circle Roanoke, VA 24016	Rheumatology
12 73 - Carilion Clinic Gastroenterology 3 Riverside Circle Roanoke, VA 24016	Gastronenterology
13 74 - Carilion Clinic Orthopaedics 3 Riverside Circle Roanoke, VA 24016	Orthopaedics
14 75 - Carilion OtolaryngologyENT 3 Riverside Circle 4th Floor Roanoke, VA 24016	Otolaryngology and ENT Services

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
76 76 - Carilion Pediatric Otolaryngology/ENT 3 Riverside Circle 4th Floor Roanoke, VA 24016	Pediatric Otolaryngology and ENT Services
1 77 - Carilion Plastic and Reconstructive Surger 3 Riverside Circle Suite 400 Roanoke, VA 24016	Plastic and Reconstructive Surgery
2 78 - Carilion Cardiology Westlake 35 Medical Court Hardy, VA 24101	Cardiology Services
3 79 - Carilion Sleep Center Westlake 35 Medical Court Hardy, VA 24101	Sleep Disorder
4 80 - Carilion Surgery Westlake 35 Medical Court Hardy, VA 24101	Surgical Services
5 81 - Urogynecology Westlake 35 Medical Court Hardy, VA 24101	Urogynecology
6 82 - Brambleton Radiology Services 3707 Brambleton Avenue Roanoke, VA 24018	Radiology Services
7 83 - Tazewell Veterans Affairs Community Based 388 Ben Bolt Avenue Tazewell, VA 24651	Veteran Affairs Outpatient Clinic
8 84 - Carilion Clinic Orthopaedics - Franklin 390 S Main Street Suite 103 Rocky Mount, VA 24151	Orthopaedics
9 85 - General Surgery Rocky Mount 390 South Main Street Rocky Mount, VA 24151	Surgical Services
10 86 - Carilion Wellness- Roanoke 4508 Starkey Road Roanoke, VA 24018	Physical Therapy Services
11 87 - Carilion Clinic Allergy and Immunology 46 Wesley Road Daleville, VA 24083	Allergy and Immunology Services
12 88 - Carilion Clinic Pediatric Medicine Rocky M 490 S Main St Rocky Mount, VA 24151	Pediatric Medicine
13 89 - Northwest Internal Medicine 615 McDowell Avenue Roanoke, VA 24016	Internal Medicine
14 90 - Breast Mammography - North 6415 Peters Creek Road Roanoke, VA 24014	Breast Mammography

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
91 91 - Carilion Clinic Pediatric Child Development 902 S Jefferson St Roanoke, VA 24016	Child Development Services
1 92 - Carilion Obstetrics and Gynecology Clinic 902 South Jefferson Street Upper Level Roanoke, VA 24016	Obstetrics and Gynecology
2 93 - Carilion Maternal Fetal Medicine Carilion Roanoke Community Hospital 101 E Roanoke, VA 24013	Maternal Fetal Medicine
3 94 - Carilion Clinic Urogynecology 101 Elm Avenue Suite 400 Roanoke, VA 24013	Obstetrics
4 95 - Carilion Clinic Family Medicine Tazewell 388 Ben Bolt Avenue Tazewell, VA 24651	Family Medicine

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

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 ▶ _____ 40

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

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) Patients	25	261,526			
(2) Scholarships	6	9,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2	The hospital donates funds to other 501(c)3 charitable organizations with a similar mission. Such organizations also have community boards which oversee the expenditure of such funds. Carilion Medical Center also has a program under which funds are granted to community organizations with a focus on children's health and well-being. A committee of Carilion Medical Center employees reviews the applications and selects the recipients. Recipients sign a letter of agreement that delineates the terms and objectives of the project. One mid-year project report, a site visit and a final program evaluation reports on the program's services, outcomes and budget. For Carilion Clinic's Community Grant Program, each grantee must sign a letter of agreement with Carilion Clinic that delineates the terms and specific objectives of the project. By accepting a Carilion award, grantees are asked to acknowledge the support of Carilion Clinic in all materials and/or related special events or fundraisers throughout the award cycle where other donors are publicly recognized. One mid-cycle progress report and a final program evaluation are required for each funded project. Site visits may be made to grantees. Program evaluation includes alignment with Community Health Assessment priorities, program impact, organizational effectiveness and community benefit through collection of data including clients served, cost effectiveness of the program (cost per client or service), tangible community or client outcomes, and specific efforts to cultivate diverse funding sources for program sustainability. Each grantee must agree to submit requested data and reports on a timely basis and to complete the evaluation process as requested.
Schedule I, Part III, Line 1	Grant requests for indigent patients are evaluated for eligibility based on the restriction criteria placed by the grantor of the endowment, account payment status and funds available under the grant.
Schedule I, Part III, Line 2	Scholarship applications are evaluated and awards made by an independent committee according to prescribed guidelines.

Additional Data

Software ID:
Software Version:
EIN: 54-0506332
Name: CARILION MEDICAL CENTER

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
Alzheimer's Association 355 Rio Road West Suite 102 Charlottesville, VA 22901	13-3039601	501(c)(3)	10,000				General Support
American Cancer Society 2840 Electric Rd Ste 106A Roanoke, VA 24018	13-1788491	501(c)(3)	17,500				Event Sponsorships

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
American Heart Association PO Box 50045 Prescott, AZ 863045045	13-5613797	501(c)(3)	20,000				Event Sponsorships
Big Brothers Big Sisters of Southwest Virginia 124 Wells Avenue NW Roanoke, VA 24016	54-0837136	501(c)(3)	26,000				Health education and mentors at SE Roanoke elementary school

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
Boys and Girls Clubs of Southwest Virginia 4395 Electric Road Roanoke, VA 24018	54-1867366	501(c)(3)	11,486				Triple play healthy eating and activity program for kids
Greater Roanoke Transit Company 1108 Campbell Avenue Roanoke, VA 24013	54-0982022	City of Roanoke	56,448				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
Jefferson Center 541 Luck Ave SW Roanoke, VA 24016	62-1392982	501(c)(3)	10,000				Community sponsorship partnership
March of Dimes 2840 Electric Road Suite 102A Roanoke, VA 24018	13-1846366	501(c)(3)	5,000				Event sponsorship

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
Mental Health America 10 Church Ave Suite 300 Roanoke, VA 24011	54-0703132	501(c)(3)	31,000				Free Mental Health for uninsured persons
Mill Mountain Theatre One Market Square SE Roanoke, VA 24011	54-0792067	501(c)(3)	8,000				Event sponsorship

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
United Way of Roanoke Valley 325 Campbell Ave SW Roanoke, VA 24016	54-0535302	501(c)(3)	36,500				Health collaboratives, fresh food program, and coordination of care
Presbyterian Community Center 1228 Jamison Ave SE Roanoke, VA 24013	54-1610899	501(c)(3)	5,000				Event sponsorship

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
NAACP - Roanoke Branch PO Box 12362 Roanoke, VA 24025	54-6070115	501(c)(4)	5,000				Event Sponsorship
Roanoke Community Garden Association PO Box 4326 Roanoke, VA 24015	26-2082150	501(c)(3)	19,000				Community garden and education

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
Roanoke Symphony Orchestra 128 East Campbell Avenue Roanoke, VA 24011	54-6019736	501(c)(3)	20,000				Corporate Sponsorship
Roanoke Valley - Alleghany Regional Commission PO Box 2569 Roanoke, VA 24010	54-0722734	Virginia	18,040				Bike Sponsorship

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
Virginia Blue Ridge Affiliate of Susan G Komen 4910 Valley View Blvd Ste 212 Roanoke, VA 24012	56-2619425	501(c)(3)	20,000				Event Sponsorship
Virginia Business Higher Education Council 1108 E Main St Richmond, VA 23219	54-1827038	501(c)(3)	50,000				Higher Education Policy initiatives

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
Virginia Foundation for Independent Colleges 901 East Byrd St Suite 1625 Richmond, VA 23219	54-0554396	501(c)(3)	10,000				Science Research Fellowships
Virginia Health Care Foundation 707 East Main St Suite 1350 Richmond, VA 23219	54-1639924	501(c)(3)	100,000				Leadership Partner commitment

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
Virginia Tech Carilion Research Institute 2 Riverside Circle Roanoke, VA 24016	54-6001805	Virginia	10,000				CTRHB Research Project
YMCA of Virginia's Blue Ridge Inc 520 Church Ave SW Roanoke, VA 24016	54-0515736	501(c)(3)	52,112				Capital Campaign

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
Addy Grace Foundation 436 Brunswick Forge Road Troutville, VA 24175	27-3265654	501(c)(3)	15,000				All-Abilities Playground donation
First Tee of Roanoke Valley 3707 Densmore Rd NW Roanoke, VA 24017	20-1237999	501(c)(3)	10,000				Event Sponsorship

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
Harrison Museum of African American Culture PO Box 1254 Roanoke, VA 24026	52-1417831	501(c)(3)	7,000				Event Sponsorship
JDRF 3959 Electric Rd Suite 222 Roanoke, VA 24018	23-1907729	501(c)(3)	9,500				Event Sponsorship

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
Local Environmental Agriculture Project (LEAP) PO Box 3249 Roanoke, VA 24015	27-1050909	501(c)(3)	53,772				SNAP and Medicaid match for fresh foods
Medical Society of Virginia 2924 Emerywood Parkway Suite 300 Richmond, VA 23294	54-0299956	501(c)(3)	10,000				Event Sponsorship

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 Roanoke-Blacksburg Innovation Network 1700 Kraft Dr Ste 2155 Blacksburg, VA 24060	46-2975294	501(c)(3)	85,000				General Operations and Programs
City of Roanoke 215 Church Ave Room 254 Roanoke, VA 24011	54-6001569	City of Roanoke	45,000				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
Taubman Museum of Art 110 Salem Ave Roanoke, VA 24011	54-6026841	501(c)(3)	8,500				Event Sponsorship
Bedford Ride 1613 Oakwood Street Bedford, VA 24523	51-0189604	501(c)(3)	5,000				Transportation to non-emergency medical care

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
Liberty University 1971 University Blvd Lynchburg, VA 24515	54-0946734	501(c)(3)		50,389	Cost	Patient room equipment	School of Nursing Simulation Center
Center in the Square 1 Market Square Roanoke, VA 24011	54-0238900	501(c)(3)	82,000				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
Children's Trust Roanoke Valley 541 Luck Avenue Ste 308 Roanoke, VA 24016	51-0235891	501(c)(3)	32,300				General Support
CHIP of Roanoke Valley 1201 Third St Roanoke, VA 24016	54-1566451	501(c)(3)	54,000				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
Family Service of Roanoke Valley 360 Campbell Ave SW Roanoke, VA 24016	54-0505946	501(c)(3)	15,000				Affordable mental health care
Feeding America Southwest Virginia 1025 Electric Rd Salem, VA 24153	54-1939556	501(c)(3)	15,000				Veggie Mobile - access to fresh foods through pantries

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
Rx Partnership 2924 Emerywood Pkwy 300 Richmond, VA 23294	57-1186937	501(c)(3)	5,400				Access to affordable prescriptions at free clinics
Southwest Virginia Ballet 1005 Industry Ave SE Roanoke, VA 24013	54-1563448	501(c)(3)	5,000				Event Sponsorship

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
Virginia Tech Carilion School of Medicine 2 Riverside Circle Roanoke, VA 24016	26-4556177	501(c)(3)	8,000				Virginia State Science and Engineering Fair
Carilion Clinic Patient Transportation 431 McClanahan Roanoke, VA 24014	54-1864693	501(c)(3)	49,992				Pediatric Patient Transportation

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Questions Regarding Compensation

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

Part 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 3	The organization has a single member, Carilion Clinic, a charitable tax-exempt organization which serves as the parent company of the Carilion Clinic integrated health care delivery system. Executive compensation, including that of the organization's Chief Executive Officer, is reviewed annually by the Carilion Clinic Board of Directors Compensation Committee. This Committee is made up of Board members of Carilion Clinic who do not have a conflict of interest with any of the executives being reviewed. This review was performed in November 2017 and September 2018. In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders. This review included review of a comprehensive report from an outside compensation consultant specializing in healthcare organizations for select positions and the prior year's report on all of the reviewed positions. The reports reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonuses and other cash compensation, and benefits, including deferred and retirement benefits. Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, the list of which was reviewed by the Compensation Committee. The Compensation Committee maintained detailed minutes of its meetings, setting forth the deliberations and decisions of the Committee regarding the compensation of these executives.
Part I, Line 4b	Nancy Howell Agee, President and Chief Executive Officer, participated in a pension restoration plan (Plan). The Plan was established in 1995 and its purpose is to restore the pension benefits that Ms. Agee would otherwise lose as a result of Internal Revenue Code limitations upon contributions to, and payment of benefits from, Carilion Clinic's tax qualified pension plan. In 2017, Ms. Agee became fully vested in the pension restoration benefit, requiring distribution of all benefits earned while participating in the Plan, which totaled \$10,310,500 before taxes. The benefits earned under the Plan reflect the value accumulated over Ms. Agee's 45 years of service to the organization through progressive leadership roles, including ten years as Chief Operating Officer and eight years in her current position as President and Chief Executive Officer. As benefits were earned under the Plan, accruals were reported in each of the organization's prior Form 990 filings as "retirement and other deferred compensation." Although the pension restoration benefits were earned over the course of Ms. Agee's career, the Form 990 requires that they be reported again as "other reportable compensation" in total in the current year when vested and paid. The 2017 payment represents Ms. Agee's entire benefit under the Plan. After 2017, Ms. Agee will no longer receive or accrue Plan benefits. Ms. Agee also participated in an executive flexible benefit plan, in which an allowance is provided annually to the participant for use in obtaining certain insurance benefits. The amount of allowance in excess of elected benefits is credited to a capital accumulation account (CAA) with a deferred vesting date of at least two years from the first day of the plan year. The CAA shall be distributed in a lump sum upon vesting while employed by a Carilion Clinic affiliate, disability, or 24 months following certain qualifying separations from service. Upon the death of the participant, the plan shall pay the participant's beneficiary according to terms. In 2017, \$235,410 in previously deferred amounts became vested under this plan and were paid. Although CAA contributions were previously reported on the Form 990 as "retirement and other deferred compensation" when allocated, the Form 990 requires that CAA amounts be reported again as "other reportable compensation" in the current year when vested and paid. The two deferred compensation plan payouts for Ms. Agee totaled \$10,545,910, as reflected in Schedule J, Part II, column (F). Ms. Agee, Ms. Armentrout, Mr. Arner, Mr. Conte, Mr. Halliwill, Mr. Vaughan, Dr. Weiss, Dr. Bishop, Dr. Burton, Dr. Nussbaum, Dr. Moskal, and Dr. Skolnik participate in a Defined Contribution Supplemental Executive Retirement Plan (DC SERP) in which the employer, at the discretion of Carilion Clinic's Compensation Committee, makes a contribution to an account established on its books for each eligible participant. If a participant ceases to be a participant prior to the vesting date, the account shall be forfeited. A lump sum distribution shall be made upon the participant's vesting date, death, or disability. No distributions were made under this plan in the reporting year. Unvested contributions made to the DC SERP in 2017 are reported on the Form 990 as "retirement and other deferred compensation."
Part I, Line 7	The organization pays annual bonus compensation to management based on scorecard performance. While the scorecard contains a formula as a basis for determining overall performance, senior managers have discretion to include additional elements in their assessment of managers reporting to them. In addition, for top management, the actual bonus awarded is in the discretion of the Carilion Clinic Board of Directors Compensation Committee, although it is based on the scorecard measures.

Additional Data

Software ID:
Software Version:
EIN: 54-0506332
Name: CARILION MEDICAL CENTER

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				
1Nathaniel L Bishop DMin Director	(i)	285,678	23,768	7,533	93,321	3,503	413,803	0
	(ii)	0	0	0	0	0	0	0
1John H Burton MD Director	(i)	532,289	55,725	7,280	57,688	19,566	672,548	0
	(ii)	0	0	0	0	0	0	0
2Jonathan L Gleason Director	(i)	317,346	98,157	2,558	17,687	16,914	452,662	0
	(ii)	0	0	0	0	0	0	0
3Cynda A Johnson MD Director	(i)	0	0	0	0	0	0	0
	(ii)	595,065	0	8,646	40,332	12,043	656,086	0
4Clifford A Nottingham MD Director	(i)	0	0	0	0	0	0	0
	(ii)	291,818	71,409	10,487	100,513	11,843	486,070	0
5Michael S Nussbaum MD Director	(i)	365,510	37,203	7,327	16,410	15,047	441,497	0
	(ii)	0	0	0	0	0	0	0
6Steven C Arner Director/President/CEO	(i)	0	0	0	0	0	0	0
	(ii)	447,471	45,361	5,077	100,969	18,083	616,961	0
7Nicholas C Conte Secretary	(i)	4,359	0	0	0	0	4,359	0
	(ii)	413,037	35,018	6,522	140,407	18,083	613,067	0
8David S Hagadorn Assistant Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	130,617	600	415	26,124	860	158,616	0
9Donald B Halliwill Assistant Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	483,869	49,599	4,271	110,548	16,783	665,070	0
10G Robert Vaughan Jr Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	254,802	22,207	3,958	62,034	17,869	360,870	0
11Patrice M Weiss MD Chief Medical Officer	(i)	1,469	0	0	0	0	1,469	0
	(ii)	561,668	65,276	7,191	116,421	19,566	770,122	0
12Nancy Howell Agee CEO, Carilion Clinic	(i)	0	0	0	0	0	0	0
	(ii)	1,218,641	208,987	10,559,908	191,766	13,375	12,192,677	10,545,910
13Joseph T Moskal MD SVP/Dept Chair	(i)	1,049,985	104,378	10,075	84,519	19,566	1,268,523	0
	(ii)	0	0	0	0	0	0	0
14Paul R Skolnik MD SVP/Dept Chair	(i)	396,811	44,098	8,851	69,034	9,740	528,534	0
	(ii)	0	0	0	0	0	0	0
15Jonathan J Carmouche MD Physician	(i)	1,225,515	391,925	2,549	24,330	16,914	1,661,233	0
	(ii)	0	0	0	0	0	0	0
16Gregory A Howes MD Physician	(i)	842,483	336,396	19,519	21,247	17,174	1,236,819	0
	(ii)	0	0	0	0	0	0	0
17Eric A Marvin MD Physician	(i)	800,977	373,726	2,383	34,307	16,914	1,228,307	0
	(ii)	0	0	0	0	0	0	0
18Shawn D Safford MD Physician	(i)	778,691	177,667	2,833	24,522	16,914	1,000,627	0
	(ii)	0	0	0	0	0	0	0
19Jesse B Seamon MD Physician	(i)	594,805	476,932	2,293	11,664	12,395	1,098,089	0
	(ii)	0	0	0	0	0	0	0

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				
21 Tracy W Criss MD Physician, Former Officer	(i)	200,034	44,590	2,888	66,237	16,418	330,167	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
1 Bruce A Long MD Physician, Former Dept Chair	(i)	454,499	192,338	5,353	47,880	16,914	716,984	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
2 Jon M Sweet MD Physician, Former Dept Chair	(i)	218,663	68,896	2,548	43,160	11,148	344,415	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization CARILION MEDICAL CENTER

Employer identification number 54-0506332

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include Economic Development Authority of the City of Roanoke VA.

Part II Proceeds

Table with 13 rows and 9 columns. Rows 1-13 show amounts for bonds retired, legally defeased, total proceeds, reserve funds, interest, escrows, issuance costs, credit enhancement, working capital, capital expenditures, and other proceeds. Row 14-17 are Yes/No questions about bond issuance.

Part III Private Business Use

Table with 2 rows and 9 columns. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 100 %		2 300 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 100 %		2 300 %					
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name Economic Development Authority of the City of Roanoke, VA Date the Rebate Computation was Performed 04/30/2009 Issuer Name VA Small Business Financing Authority, Hospital Revenue Bonds Date the Rebate Computation was Performed 06/22/2011 Issuer Name Economic Development Authority of the City of Roanoke, VA Date the Rebate Computation was Performed 04/29/2011 Issuer Name Economic Development Authority of the City of Roanoke, VA Date the Rebate Computation was Performed 04/04/2013 Issuer Name Industrial Development Authority of the City of Roanoke, VA Date the Rebate Computation was Performed 05/04/2011

Return Reference	Explanation
Schedule K, Part II	All bond issues - multiple entities across multiple jurisdictions, therefore, proceeds allocated to multiple hospitals

Return Reference	Explanation
Schedule K, Part VI	Bond issuance total proceeds allocated to each entity

Schedule K (Form 990)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
 CARILION MEDICAL CENTER

Employer identification number
 54-0506332

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Industrial Development Authority of the City of Roanoke VA	54-1106038	770084FU0	10-13-2010	163,208,648	Reoffering Circular and interest rate conversion to fixed, Costs of Issuance		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	47,625,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	163,208,648			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows	1,229,956			
7 Issuance costs from proceeds	1,764,811			
8 Credit enhancement from proceeds	68,836			
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	161,375,000			
12 Other unspent proceeds				
13 Year of substantial completion				
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A	B	C	D
	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				
2 Are there any lease arrangements that may result in private business use of bond-financed property?				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) 1 Eric Chen MD	See Part V	281,802	Employee		No
(2) 2 Bruce Johnson MD	See Part V	244,990	Employee		No
(3) 3 Mary Sweet MD	See Part V	251,498	Employee		No

Part V Supplemental Information

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

Return Reference	Explanation
Sched L Part IV	(1) Family member of Lauren Schantz, officer (2) Family member of Cynda Johnson, director(3) Family member of Jon Sweet, former officer

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
CARILION MEDICAL CENTER

Employer identification number

54-0506332

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part 1, Line 6, Total number of volunteers	The hospital operates a Customer Service-based program for volunteers and we do anything to make our patients and patient families comfortable in very uncomfortable circumstances. Tasks include delivering mail, delivering flowers, greeting and escorting patients and providing snacks in the hospital waiting rooms. Through Hospice, volunteers provide respite support for caregivers, visits for socialization and comforting presence, check in calls, take care of patients' pets, sing to patients, pet therapy, deliver supplies, help in the hospice office, assist with fundraisers, assist with bereavement support activities, facilitate children's grief support groups, deliver birthday gifts, make holiday gifts and memory quilts and record patient's life stories.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	As of the first day of the new fiscal year, a majority of the filing organization's Directors were independent

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Nancy Howell Agee, John H Burton, M D , Nicholas C Conte, David S Hagadorn, Donald B H alliwill, Cynda A Johnson, M D , Clifford A Nottingham, M D , Lauren J Schantz, G Robe rt Vaughan, Jr , Steve Arner, and Patrice M Weiss, M D , - Business relationship due to e ach serving as officers, directors, and/or employees of the same related organizations

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Certain management and related services for the organization are provided by the management and employees of Carilion Services, Inc , a related and supporting organization of the filing organization Some or all of the compensation of the following individuals listed in Part VII, Section A was provided by Carilion Services Inc Nancy Howell Agee, Steven C Arner, Nicholas C Conte, David S Hagadorn, Donald B Halliwill, Lauren J Schantz, G Robert Vaughan, Jr , and Patrice M Weiss, M D

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The organization has a single member. The sole member is Carilion Clinic, a charitable tax-exempt organization which serves as the parent company of the Carilion Clinic integrated health care delivery system. The sole member elects the directors of the organization and has certain other reserved powers.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole member of the organization, Carilion Clinic, elects the members of the governing body of the organization periodically as terms expire. The sole member also has the right to remove directors and fill any vacancies on the board that may occur for any reason.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The sole member of the organization, Carilion Clinic, holds reserved powers with respect to certain enumerated actions, including appointment of CEO, approval of borrowings, budgets, and strategic plans, and amendments of Articles of Incorporation and Bylaws. Approval by the Board of Directors of Carilion Clinic is required for such actions. In addition to the reserved powers, under the laws of the Commonwealth of Virginia, certain extraordinary actions require member approval, such as mergers, consolidations, liquidations, and the sale of substantially all of the assets of the organization. See also Schedule O disclosure for Form 990, Part VI, Section A, Line 7a.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 was prepared by Carilion's internal Tax Department with input from various Carilion departments as applicable, and reviewed by internal Accounting management and an independent CPA firm. The return was also reviewed with the Carilion Clinic Board of Directors Audit Committee. Prior to filing, all Board Members were notified by email of its availability on Carilion's Board portal, which is the mechanism used to disseminate meeting materials to the directors, and were encouraged to call with any questions they might have.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The organization has a single member, Carilion Clinic, a charitable tax-exempt organization which serves as the parent company of the Carilion Clinic integrated health care delivery system. Executive compensation is reviewed annually by the Carilion Clinic Board of Directors Compensation Committee. This Committee is made up of Board Members of Carilion Clinic who do not have a conflict of interest with any of the executives being reviewed. With respect to Carilion Clinic, the Compensation Committee reviews the compensation of the Board of Governors annually, which includes the President and Chief Executive Officer, Executive Vice Presidents, Chief Financial Officer, Chief Medical Officer, select Senior Vice Presidents, and physician Chairs of the Clinical Departments. This review was performed in October and November 2017 (President and CEO) and November 2017 and September 2018 (all others). For the fiscal year covered by this return, the Compensation Committee also used the same process to review the compensation of Senior Vice Presidents and other Disqualified Individuals, including the Hospital Vice Presidents, which was performed in November 2017 and September 2018. In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders, which includes Vice Presidents, Senior Vice Presidents, Executive Vice Presidents, and the CEO, as well as the compensation philosophy for all employed physicians and physicians in leadership roles. Some officers of the organization who are not compensated in their capacity as an officer but rather in their role as employee in a position not mentioned above are not subject to Committee review. This review included review of a comprehensive report from an outside compensation consultant specializing in healthcare organizations for select positions and the prior year's report on all of the reviewed positions. The reports reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonuses and other cash compensation, and benefits, including deferred and retirement benefits. Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, which list was reviewed by the Compensation Committee. The Compensation Committee maintained detailed minutes of its meetings, setting forth the deliberations and decisions of the Committee regarding the compensation of these executives.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization's governing documents, conflict of interest statement, and financial statements are not generally available to the public, but are released from time to time upon request. The Articles of Incorporation are available from the Virginia State Corporation Commission. The consolidated audited financial statements of Carilion Clinic and of the Obligated Group are released to the local newspaper when requested. Limited financial information is available on our website.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfers to Affiliates -54,284,241 Pension-related changes other than net periodic pension costs 77,103,733 Deferred Grant Overhead 131,672

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Schedule H, Part V, Section A, Line 1	https //carilionclinic org/locations/carilion-roanoke-memorial-hospital Form 990, Schedule H, Part V, Section A, Line 2 https //carilionclinic org/locations/carilion-roanoke-commu nity-hospital

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CARILION MEDICAL CENTER

Employer identification number

54-0506332

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) RMH Emergency Services LLC PO Box 12385 Roanoke, VA 24025 54-1686589	Physician billing	VA	0	0	Carilion Medical Center

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Franklin County Ventures LLC PO Box 12385 Roanoke, VA 24025 47-4365316	Real estate	VA	Carilion Clinic	Related	2,530	39,466		No			No	10 000 %
(2) Carilion Clinic Medicare Shared Savings Company LLC PO Box 12385 Roanoke, VA 24025 45-5235473	Medicare HMO	VA	Carilion Clinic	Related	2,500,000	2,500,000		No			No	50 000 %
(3) Community Medical Associates LLP PO Box 12385 Roanoke, VA 24025 54-1517662	Real estate	VA	Carilion Clinic	Related	492,597	707,131		No			No	47 300 %

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	No
See Additional Data Table									

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

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

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

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

See Additional Data Table

(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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 54-0506332
Name: CARILION MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO Box 12385 Roanoke, VA 24025 54-1190771	Supporting organization	VA	501(c)(3)	Line 12b, II	N/A		No
PO Box 12385 Roanoke, VA 24025 54-1190773	Fundraising	VA	501(c)(3)	Line 7	Carilion Clinic	Yes	
PO Box 12385 Roanoke, VA 24025 54-0480606	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
PO Box 12385 Roanoke, VA 24025 54-0549603	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
PO Box 12385 Roanoke, VA 24025 54-0553805	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
PO Box 12385 Roanoke, VA 24025 54-1190879	Supporting organization	VA	501(c)(3)	Line 12b, II	Carilion Clinic	Yes	
PO Box 12385 Roanoke, VA 24025 54-0568001	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
PO Box 12385 Roanoke, VA 24025 54-6074580	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
PO Box 12385 Roanoke, VA 24025 54-1965057	Supporting organization	VA	501(c)(3)	Line 12a, I	Carilion Clinic	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CHS Inc PO Box 12385 Roanoke, VA 24025 54-1725732	Services	VA	N/A	C				Yes	
Carilion Clinic Medicare Resources LLC PO Box 12385 Roanoke, VA 24025 26-3729975	Medicare HMO	VA	N/A	C				Yes	
Carilion Behavioral Health Inc PO Box 12385 Roanoke, VA 24025 20-3136891	Healthcare	VA	N/A	C				Yes	
Carilion Emergency Services Inc PO Box 12385 Roanoke, VA 24025 54-2033006	Healthcare	VA	N/A	C				Yes	
SCA Credit Services Inc PO Box 12385 Roanoke, VA 24025 54-1180398	Collection Agency	VA	N/A	C				Yes	
Carilion Healthcare Corporation PO Box 12385 Roanoke, VA 24025 54-1586601	Healthcare	VA	N/A	C				Yes	
MedKey Inc PO Box 12385 Roanoke, VA 24025 54-1645357	Financing Services	VA	N/A	C				Yes	
Sprott Private Resource Lending (C-Co-Invest) LP 200 Bay Street Suite 2700 Toronto CA 98-1378742	Investments	CA	N/A	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Carilion Clinic Foundation	A	31,992	Cost
Carilion Emergency Services	A	94,524	Cost
Carilion Healthcare Corporation	A	26,592	Cost
Carilion Services Inc	A	1,681,789	Cost
CHS Inc	A	74,873	Cost
Carilion Emergency Services	L	233,859	Cost
Carilion Franklin Memorial Hospital	L	2,398,284	Cost
Carilion Giles Community Hospital	L	1,432,410	Cost
Carilion Healthcare Corporation	L	322,522	Cost
Carilion New River Valley Medical Center	L	3,534,153	Cost
Carilion Services Inc	L	2,033,330	Cost
Carilion Stonewall Jackson Hospital	L	1,597,089	Cost
Carilion Tazewell Community Hospital	L	1,858,708	Cost
MedKey Inc	L	471,635	Cost
Carilion Behavioral Health	M	133,606	Cost
Carilion Giles Community Hospital	M	58,219	Cost
Carilion New River Valley Medical Center	K	82,332	Cost
Carilion Services Inc	K	55,380	Cost
Carilion Services Inc	M	170,507,147	Cost
Carilion Stonewall Jackson Hospital	M	75,006	Cost
Carilion Tazewell Community Hospital	K	149,763	Cost
CHS Inc	K	2,451,399	Cost
CHS Inc	M	5,884,894	Cost
SCA Credit Services Inc	M	1,026,833	Cost
Carilion Services Inc	R	54,906,591	Cash