

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization: Carilion 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 24025

D Employer identification number: 54-0506332
E Telephone number: (540) 224-5112
G Gross receipts \$ 2,343,468,664

F Name and address of principal officer: STEVE C ARNER, PO BOX 12385, Roanoke, VA 24025

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

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

J Website: ▶ WWW CARILIONCLINIC ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 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 through our commitment to a common purpose of better patient care, better community health, and lower cost

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

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	9,502
6 Total number of volunteers (estimate if necessary)	290
7a Total unrelated business revenue from Part VIII, column (C), line 12	87,020
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)	7,200,906	8,626,043
9 Program service revenue (Part VIII, line 2g)	1,330,246,862	1,427,067,490
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,781,729	28,386,481
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,426,381	25,470,009
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,381,655,878	1,489,550,023
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,436,845	5,882,786
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	639,507,414	649,129,750
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶271,435		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	679,039,716	727,648,180
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,319,983,975	1,382,660,716
19 Revenue less expenses Subtract line 18 from line 12	61,671,903	106,889,307

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,471,060,258	1,528,858,933
21 Total liabilities (Part X, line 26)	811,422,454	1,006,971,123
22 Net assets or fund balances Subtract line 21 from line 20	659,637,804	521,887,810

Part II Signature Block

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

Sign Here Signature of officer: ***** Date: 2020-08-17

G ROBERT VAUGHAN JR TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-08-14
 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 \$ 1,211,498,867 including grants of \$ 5,882,786) (Revenue \$ 1,446,208,826)
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 ▶ 1,211,498,867

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	9,502		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 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? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request (checked), 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 KRK 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)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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 932

Questions 3, 4, 5 regarding compensation reporting and related organizations.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 127

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 73,475			
	b Membership dues	1b			
	c Fundraising events	1c 0			
	d Related organizations	1d 589,668			
	e Government grants (contributions)	1e 6,589,008			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,373,892			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		8,626,043		

Program Service Revenue			Business Code				
	2a Net Patient Revenue		622110	1,395,318,180	1,395,318,180		
b College Tuition/Other		611310	21,759,476	21,759,476			
c Program Related Investments		531120	-1,737,828	-1,737,828			
d Other Patient Revenue		900099	7,855,141	7,855,141			
e Clinical Research		541715	908,142	908,142			
f All other program service revenue			2,964,379	2,964,379	0	0	
g Total. Add lines 2a-2f			1,427,067,490				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,128,972		87,020	13,041,952
	4 Income from investment of tax-exempt bond proceeds			12,314			12,314
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses	2,662,176					
	c Rental income or (loss)	2,662,176	0				
	d Net rental income or (loss)			2,662,176			2,662,176
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	868,989,002	174,836				
	c Gain or (loss)	853,768,354	150,287				
	d Net gain or (loss)	15,220,648	24,549				
	e Net gain or (loss)			15,245,195			15,245,195
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
	b Less direct expenses	b	0				
	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 Affiliate Income		621111	9,718,164	9,718,164			
b Cafeteria		722514	3,666,497			3,666,497	
c Roanoke City Student Health		621440	1,987,227	1,987,227			
d All other revenue			7,435,945	7,435,945	0	0	
e Total. Add lines 11a-11d			22,807,833				
12 Total revenue. See Instructions			1,489,550,023	1,446,208,826	87,020	34,628,134	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,661,231	5,661,231		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	221,555	221,555		
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.	3,817,983	3,211,010	606,973	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	3,863,268	3,863,268		
7 Other salaries and wages.	531,461,402	530,946,050	411,290	104,062
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	33,860,853	33,834,649	26,204	
9 Other employee benefits.	41,455,856	41,326,836	102,968	26,052
10 Payroll taxes.	34,670,388	34,620,309	50,079	
11 Fees for services (non-employees)				
a Management.	163,051,911		163,051,911	
b Legal.	79,360		79,360	
c Accounting.	10,139		10,139	
d Lobbying.	89,698	89,698		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	955,707		955,707	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	112,542,258	111,587,970	924,508	29,780
12 Advertising and promotion.	143,907	143,671		236
13 Office expenses.	18,154,836	18,005,884	135,433	13,519
14 Information technology.	4,424,307	4,421,271	3,036	
15 Royalties.				
16 Occupancy.	26,985,538	26,984,620	918	
17 Travel.	3,381,309	3,334,365	32,120	14,824
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	13,782,284	13,782,284		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	47,651,704	47,651,704		
23 Insurance.	15,208,323	11,168,450	4,039,873	
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.	201,043,056	201,039,791	3,265	
b Bad Debt.	82,037,399	82,037,399		
c Assessment Fees.	30,554,944	30,554,944		
d College Expenses.	3,020,226	3,020,226		
e All other expenses.	4,531,274	3,991,682	456,630	82,962
25 Total functional expenses. Add lines 1 through 24e.	1,382,660,716	1,211,498,867	170,890,414	271,435
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	18,519	1	17,586
	2 Savings and temporary cash investments	2,387,776	2	5,005,959
	3 Pledges and grants receivable, net	1,795,724	3	2,463,652
	4 Accounts receivable, net	214,178,896	4	246,865,692
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	4,613,638	7	4,208,444
	8 Inventories for sale or use	10,125,826	8	10,573,019
	9 Prepaid expenses and deferred charges	4,775,300	9	9,165,336
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,124,514,920		
	b Less accumulated depreciation	10b 841,499,455	279,071,803	10c 283,015,465
	11 Investments—publicly traded securities	206,700,376	11	204,645,171
	12 Investments—other securities See Part IV, line 11	751,359,342	12	771,035,206
	13 Investments—program-related See Part IV, line 11	-4,173,533	13	-8,317,602
	14 Intangible assets	65,123	14	65,123
	15 Other assets See Part IV, line 11	141,468	15	115,882
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,471,060,258	16	1,528,858,933	
Liabilities	17 Accounts payable and accrued expenses	176,521,109	17	182,029,352
	18 Grants payable	13,410,000	18	13,240,000
	19 Deferred revenue	6,637,265	19	3,297,074
	20 Tax-exempt bond liabilities	334,315,681	20	323,771,290
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	223,045
	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	280,538,399	25	484,410,362
	26 Total liabilities. Add lines 17 through 25	811,422,454	26	1,006,971,123
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	639,099,468	27	501,315,131
	28 Temporarily restricted net assets	8,662,427	28	8,696,770
	29 Permanently restricted net assets	11,875,909	29	11,875,909
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	659,637,804	33	521,887,810	
34 Total liabilities and net assets/fund balances	1,471,060,258	34	1,528,858,933	

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	1,489,550,023
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,382,660,716
3	Revenue less expenses Subtract line 2 from line 1	3	106,889,307
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	659,637,804
5	Net unrealized gains (losses) on investments	5	-23,523,273
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	-221,116,028
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	521,887,810

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 54-0506332

Name: Carilion Medical Center

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steven Arner Director/Pres /CEO	38 0	X	X					0	617,874	97,360
R Steve Blanks Director/Chair	4 0	X	X					0	11,650	0
Damon Williams Director/Vice Chair	2 4	X		X				0	0	0
Jason Bingham Director	2 0	X						0	0	0
Nathaniel Bishop DMin Director	2 9	X						341,102	0	75,153
George Cartledge III Director	1 2	X						0	1,075	0
Elizabeth Doughty Director	2 0	X						0	1,075	0
James Drougas MD Director	12 0	X						0	1,030	0
Katherin Elam Director	2 0	X						0	0	0
Janet Frantz Director	2 0	X						0	717	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jonathan Gleason MD Director	50 0 0	X						438,257	0	41,909
Daniel Harrington MD Director	50 0 0	X						458,681	0	-23,583
Paul Haskins MD Director	50 0 0	X						390,793	0	16,893
Cynda Johnson MD Director	2 0 48 0	X						0	312,795	6,204
Lee Learman MD PhD Director	2 0 0	X						0	0	0
Michael Nussbaum MD Director	50 0 0	X						620,605	637	148,939
Kianna Price Marshall Director	2 0 0	X						0	0	0
Isabel Thornton Director	2 0 0	X						0	0	0
Nicholas Conte Secretary	3 0 47 0			X				0	523,989	136,049
David Hagadorn Asst Treasurer	0 5 49 5			X				0	143,606	8,062

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			
Donald Halliwill Asst Treasurer	0 5 49 5			X				0	591,117	93,970
Lauren Schantz Asst Secretary	8 0 32 0			X				0	74,069	12,875
G Robert Vaughan Jr Treasurer	0 5 49 5			X				0	294,528	26,998
Patrice Weiss MD Executive Vice President/CMO	46 0 4 0			X				978	668,072	167,815
Nancy Howell Agee CEO, Carilion Clinic	2 0 48 0				X			0	1,733,867	125,927
Joseph Moskal MD SVP/Dept Chair	50 0 0				X			1,197,208	0	132,535
Paul Skolnik MD SVP/Dept Chair	50 0 0				X			459,487	0	144,398
Jonathan Carmouche MD Physician	50 0 0					X		1,439,752	0	21,015
Gregory Howes MD Physician	50 0 0					X		1,429,995	0	30,792
Eric Marvin MD Physician	50 0 0					X		1,241,301	0	45,158

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			
Jesse Seamon MD Physician	50 0 0					X		1,131,644	0	28,441
Jesse Stem MD Physician	50 0 0					X		1,099,883	0	33,794
Bruce Long MD Physician	50 0 0						X	486,487	0	28,456
Jon Sweet MD Physician	50 0 0						X	307,519	0	3,815
Tracey Criss MD Physician	50 0 0						X	262,638	0	32,181

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 54-0506332

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

OMB No 1545-0047

2018

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 Carlion 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		89,698
j Total Add lines 1c through 1i			89,698
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,033,643	16,731,963	15,801,516	15,705,697	16,528,095
b Contributions					
c Net investment earnings, gains, and losses	803,774	1,278,959	1,914,128	904,944	-57,465
d Grants or scholarships					
e Other expenditures for facilities and programs	956,361	977,279	983,681	809,125	764,933
f Administrative expenses					
g End of year balance	16,881,056	17,033,643	16,731,963	15,801,516	15,705,697

- 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 ▶ 70 35 %
 - c** Temporarily restricted endowment ▶ 29 65 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,116,287		6,116,287
b Buildings		500,261,401	345,300,077	154,961,324
c Leasehold improvements		959,463	819,765	139,698
d Equipment		592,225,740	488,737,797	103,487,943
e Other		24,952,029	6,641,816	18,310,213
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				283,015,465

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	7,928,042	F
(2) Closely-held equity interests	1,584,438	C
(3) Other _____		
(A) Comingled Funds	126,139,486	F
(B) Alternative Investments	635,383,240	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	771,035,206	

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	
Due to Affiliates	14,833,724
Pension Liability	403,462,565
Deferred Comp Liability	26,409,226
Interest Rate Swap Liability	39,704,847
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	484,410,362

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: 18007697

Software Version: 2018v3.1

EIN: 54-0506332

Name: Carilion Medical Center

Supplemental Information

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

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

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

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

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			32,986,409		32,986,409	2 58 %
b Medicaid (from Worksheet 3, column a)			198,241,210	198,917,270	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	231,227,619	198,917,270	32,986,409	2 58 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7,051	19,037	2,659,918	462,386	2,197,532	0 17 %
f Health professions education (from Worksheet 5)	1,822	757	51,150,227	10,352,375	40,797,852	3 19 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)	2	3,538	1,035,102		1,035,102	0 08 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	230	15,162	652,106	110,000	542,106	0 04 %
j Total. Other Benefits	9,105	38,494	55,497,353	10,924,761	44,572,592	3 48 %
k Total. Add lines 7d and 7j	9,105	38,494	286,724,972	209,842,031	77,559,001	6 06 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development	11	7,425	210,036		210,036	0 02 %
3 Community support	59	1,550	111,884		111,884	0 01 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building	120	445	34,892	2,962	31,930	0 %
7 Community health improvement advocacy	7	1,200	26,528	645	25,883	0 %
8 Workforce development	6	11	364,597		364,597	0 03 %
9 Other					0	0 %
10 Total	203	10,631	747,937	3,607	744,330	0 06 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 81,310,912	
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)	5 271,761,601
6 Enter Medicare allowable costs of care relating to payments on line 5	6 281,481,729
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7 -9,720,128
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used	<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ROANOKE AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGERY	49 2 %		46 48 %
2 SOUTHWEST VIRGINIA HEALTH PROPETIES LLC	REAL ESTATE	50 56 %		46 48 %
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)

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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 20 <u>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>https://www.carilionclinic.org/locations/carilion-roanoke-memorial-hospital</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>https://www.carilionclinic.org/community-health-assessments#roanoke-valley</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 20 <u>17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>https://www.carilionclinic.org/community-health-assessments#roanoke-valley</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)**

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 0</u> % and FPG family income limit for eligibility for discounted care of <u>400 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.carilionclinic.org/billing/financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.carilionclinic.org/billing/financial-assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.carilionclinic.org/billing/financial-assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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? 91

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA	<p>(Continued From Part V Section C) -Fresh Foods Rx - Fresh Foods Rx is an 8-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 Medically Underserved Areas 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, at Carilion Internal Medicine Riverside 3, 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 the 2019 fiscal year (2018 tax year), more than \$330,000 in grants were awarded to 23 programs to improve mental and dental health access, transportation, disease prevention, literacy services, wellness programming, and to increase the availability of affordable healthy foods, medication and personal rehabilitative equipment. -Targeted Neighborhood Initiatives - CMC's community health goal is to improve health and well-being for the Roanoke Valley, especially for those individuals living in MUAs. The City of Roanoke tends to perform worse than other neighboring 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 is addressing key community health needs identified in the 2018 assessment by focusing additional investment in the Southeast MUA, 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 is improving community health in the Southeast neighborhood. Key focus areas of this health improvement project include access to services, coordination of care and wellness. -LIFT - 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 health center 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 focus was established based on surveys of parents and school staff and through focus groups. The goal is to reduce the number of absences due to illness, decrease Emergency Department visits and hospitalizations, and improve asthma control scores. This partnership will transform the school nursing program to utilize a more integrated, holistic and proactive approach to health, provide a pediatric, dental, and mental health clinic, make Community Health Workers available to assist families with coordination of care and social determinant of health needs and offer financial counseling for families. Community partners include Roanoke City Public Schools, Carilion Planning and Community Development, 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 at VTC. -Significant Health Priorities to be Addressed- -Health Behaviors - Need</p>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA	<p>ds include a culture of healthy behaviors not a priority, poor diet. Carilion Clinic continues to address 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 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. In fiscal year 2019 (tax year 2018), the Morningside Urban Farm hosted nearly 1,000 people who attended more than 60 events including health education classes to help learn to eat healthily and grow fresh produce for their consumption. Produce grown on the farm's 31 beds yielded 26 varieties of vegetables. The produce benefitted those attending classes and events at Morningside, programs at the Presbyterian Community Center, wellness-focused workshops, and the Smith Mountain Lake Good Neighbors Program. 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 fosters healthy behaviors by offering classes to 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 healthy lifestyles impact community health overall. Carilion offers 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 meals. 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 to wellness is compliance with safety and preventive behaviors. CMC coordinates child passenger safety training and child safety seat checks to reduce injuries from car accidents. Carilion family practices 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.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)</p>	<p>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, make healthy wholesome 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. In one season, employees purchased 130 shares, widening the impact of nutritious fresh food and diets to include our Carilion staff. CMC also serves as a convenient pick-up site 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 brings fresh foods to the Southeast Roanoke City community and offers new opportunities for health education and incentives.</p> <p>-Clinical Care - Needs include 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 important to 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 increase 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. Through 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.</p> <p>-Mental health and substance use services - Through a new program, #AllIn, Carilion is providing additional access to non-traditional services for mental health and substance use. A key component of #AllIn is peer support which has expanded the type of care people in the Roanoke Valley can access. Carilion trained 70 peer recovery specialists in the Roanoke Valley and hired three who provide support groups in community and clinical settings as well as support patients who come to the hospital with conditions related to mental illness or substance use. Peer recovery specialists have a unique perspective and can connect with patients through shared experiences. 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 works 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 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 Bradley Free Clinic Mental Health Collaborative program to increase 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.</p> <p>-Dental care - Carilion 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 HRV Oral Health Action Team with support provided by the DentaQuest Foundation.</p> <p>-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 in 2019, Carilion worked diligently to develop a plan for outreach and enrollment in Medicaid for newly eligible beneficiaries. Nearly 10,000 people enrolled in Medicaid as a result of outreach efforts. Community Health Workers, managed by Healthy Roanoke Valley through the Pathways HUB, and other partners also helped clients complete insurance pathways.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)</p>	<p>and to pair them with appropriate services once they are enrolled. Carilion physicians regularly serve uninsured people through hours donated in-kind to the Bradley Free Clinic. Medication access for Bradley Free Clinic patients is improved through RX Partnership, which Carilion supports financially. Additionally, individuals can access regular care and medications as well as coordinate lab services through Carilion financial assistance. - Social and Economic Factors - Needs include 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, 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, and 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 RVCHNA. The direction of the action plan will guide investments Carilion makes in the social determinants of health. In its commitment to reducing inequities of care, Carilion provides financial support for people who cannot afford insurance or health care. Carilion also makes available a Medication Assistance Program to help 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 impact of poverty on health through investments in social determinants such as housing, transportation, employment, education, access to healthy foods and many other worthwhile 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. One Community Health Worker received a referral about a patient who uses a wheelchair and was living in unsanitary conditions. When the Community Health Worker learned the extent of the patient's situation, he partnered with the patient's caregiver to quickly find a solution. Through outreach and assistance from an area nonprofit and a local church, they were able to find the patient a safer home and a replacement wheelchair. The Virginia Tech Carilion Health Sciences and Technology Campus in the City of Roanoke continued to 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 educational 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.</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA, Continued</p>	<p>- Transportation - Carilion recognizes the impact that lack of reliable transportation can have on health in the community To improve access to transportation for the purpose of accessing regular health care, Carilion provides support for the City of Roanoke's trolleys The trolleys provide 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 also forged a partnership with Lyft to pilot a program assisting people with access to safe, reliable transportation to regular primary care appointments In addition, through support of the local Bikeshare program, Carilion sponsored bike stations that provide community members with an additional transportation option that also lends itself to exercise</p> <p>- 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 make Carilion's hospitals and other facilities more energy efficient, increase recycling and the use of recyclable or bio-degradable materials, reduce waste materials and serve local, sustainable foods to patients and in our cafeterias</p> <p>- Implementation and Measurement - Carilion has invested in multiple systems to manage data and track outcomes of our community work In fiscal year 2019 (tax year 2018), Clear Impact software helped develop hospital-specific and project-specific scorecards with appropriate outcome measures Community health education programs and screenings contained program level outcomes assigned based on the topic These outcomes were tracked with pre- and post-tests as well as through screening results Community programs supported by Carilion grants were responsible for regularly reporting program outcomes Scorecards developed contain key secondary data points which are updated annually to track impact of community health initiatives Carilion tracked and measured impact on certain aligned indicators contributing to the Robert Wood Johnson Foundation County Health Factors Ranking and County Health Outcomes Ranking Our goal is to improve County Health Rankings for the entire Roanoke Valley, but we understand that by the nature of County Health Rankings, improvements are relative to progress in other communities in the Commonwealth of Virginia Another software program, REDCap, enabled internal data to be utilized at the aggregate level to display outcomes of targeted health initiatives for research teams, including through asthma interventions at Fallon Park Elementary School Outcome results will be utilized for future planning and decision making Healthy Roanoke Valley also developed outcomes to be measured based on the results of its planning retreat and action team tactical planning following the 2018 Roanoke Valley Community Health Needs Assessment The strategic goals include reducing barriers to resources that address the social determinants of health, expanding access to quality care and supporting a culture of health, encouraging and supporting lifestyle behaviors tied to improved health and well-being, and supporting environmental initiatives that cultivate vibrant neighborhoods</p> <p>- Priority Areas Not being Addressed and the Reasons - A community approach to determine and address priority needs as described earlier in this document was used to determine which needs cannot be immediately addressed Needs not identified as "priority" were not actively addressed during this period CMC intends to address all identified priority health issues through the aforementioned initiatives, programs and/or grants</p>

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Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Financial Assistance Eligibility Criteria	<p>Patients' eligibility is determined by family size, family income, real property equity and liquid assets</p> <p>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</p> <p>The partial adjustment matches the amounts generally billed (AGB) percentage for each service area</p>

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

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Col (F) Percent of Total Expense	Bad debt expense of \$82,037,399 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

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7e Community health improvement services and community benefit operations	<p>This line is reported at actual cost. Carilion's commitment to community service is evident at all levels of the organization. Carilion's commitment to community health is evidenced by its population health infrastructure including its Community Health and Outreach (CHO) department dedicated to assessing and addressing community needs. The department is responsible for leading and facilitating the Community Health Improvement Plan, Community Health Needs Assessments, the system's community grants process, community health education, community benefit collection, and neighborhood health initiatives. CHO staff works with the hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health needs. The hospital has a Community Benefit Council providing oversight for Carilion's community health improvement work and for community benefit strategy, data collection and submission. Carilion Medical Center educates 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. In efforts to increase access to healthcare, Carilion physicians dedicate hours to providing ongoing care for patients of local free clinics and Carilion offers assistance with enrollment in public health care programs such as Medicaid. Interpreter services for non-English speaking patients also makes healthcare more accessible for all community members and reduces inequity. Community benefit operations include expenses associated with tracking community health improvement activities, and the cost associated with coordinating responses to community health needs identified through the most recent Roanoke Valley Community Health Assessment. This coordination includes participation in various community partnerships such as Healthy Roanoke Valley, a collaboration of health and human service agencies developing initiatives to address prioritized community health needs.</p>

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7f Health professions education	This line is reported at actual cost. Carilion Medical Center mentors nursing students, provides continuing education opportunities for local providers and operates a residency program.

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	N/A

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7h Research	<p>This line is reported at actual cost. Carilion Medical Center participates in clinical research projects and provides a Human Research Protections Office, which includes the Institutional Review Board. The Human Research Protections Office is designed to protect the rights, dignity and welfare of individuals who are the subject of research conducted by the organization's clinicians, staff or students. 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.</p>

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7i Cash and in-kind contributions for community benefit	<p>At cost Carilion has long been committed to improving the health of the communities we serve We know significant change doesn't happen without collaboration, it takes a community of partners working 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>

Form and Line Reference	Explanation
<p>Schedule H, Part II Community Building Activities</p>	<p>Line 1 - Physical improvements and housing - N/A Line 2 - Economic development - As the largest employer in southwest Virginia, Carilion participates in programming and supports local Chambers of Commerce, the Better Business Bureau, and the Roanoke Regional Partnership to improve economic development efforts through pro-business advocacy Carilion supported the Partnership's Experience 2019, a one-day conference to develop future leaders for the Roanoke region Carilion takes an active role in local economic development endeavors by investing in research and technology and communicating with local businesses about the region's current business climate and prospective businesses Carilion encouraged the growth of local start-up businesses through financial support and providing mentors for cohorts for the RAMP Business Accelerator Funding provided to the Greater Roanoke Transit Company for the Star Line Trolley provides free transportation around downtown Roanoke and serves as a critical link to the Carilion and Virginia Tech Carilion locations in Roanoke's Innovation Corridor along Jefferson Street Line 3 - Community support - Research demonstrates the strong connection between social determinants of health such as transportation, housing and education, and the overall health and well-being of communities Support is provided in a variety of ways for nonprofit organizations addressing barriers to good health arising from these social determinants Carilion created a section in the Don and Barbara Smith Children's Museum to engage kids in play in a medical setting and to help them learn about good health and develop interest in health professions Through the support of local partners, Carilion helps provide better education and opportunities for children and families as well as improved housing, better nutrition and additional resources for its neighbors in need, removing a range of obstacles to good health In fiscal year 2019 (tax year 2018) Carilion worked with the Rescue Mission homeless shelter in support of the Back to School Blast, which provides around 1,200 area students with new backpacks containing school supplies at the start of the school year, engages Carilion physicians in providing physicals and immunizations, and provides 500 children with new athletic shoes Time is also dedicated to helping children learn through volunteer business education offered in the classroom coordinated through Junior Achievement of Southwest Virginia Carilion Medical Center is deeply involved with a variety of other health and social determinant-related initiatives and supports local organizations through coordination of activities and participation as volunteers and board members in addition to providing financial support Through financial donations, Carilion helps to reduce inequity, promote community development and repair, provide for social needs of veterans and seniors, maintain important community building amenities and support events for organizations like Child Health Investment Partnership (CHIP) of Roanoke Valley Line 4 - Environmental improvements - N/A Line 5 - Leadership development and training for community members - N/A Line 6 - Coalition building - Carilion believes in the power of collaboration and understands that community health issues must be addressed in concert with the community To ensure lasting community impact from the health assessment and community health improvement process, Carilion participates in community health coalitions that address health, safety and social determinant needs in the 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 everyone living in the Roanoke Valley An example is Carilion's representation and participation on the Roanoke Valley Collective Response, a partnership of more than 70 cross-sector organizations working together to respond to the opioid crisis in our region In addition, Carilion representatives participate in Roanoke Area Youth Substance Abuse Coalition (RAYSAC), 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 coordination of and/or participation on the Safe Kids coalition, the Sexual Assault Response Team Advisory Council, VHHA's Trafficking Task Force, the Elder Justice Alliance, the Southwest Virginia Action Alliance for SAFE Babies, the Virginia Attorney General's Sexual Assault Kit Initiative, Roanoke Prevention Alliance's Resiliency Collective, the Total Action for Progress Headstart Health Services Advisory Committee and many more Line 7 - Community health improvement advocacy - In-kind support was provided for distribution of a newsletter on behalf</p>

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>of adolescent and student health services as well as for the Virginia Health Care Foundation Line 8 - Workforce development - Carilion partners to provide workforce development efforts and training for community members both to develop a pipeline of future healthcare workers and with the understanding that employment is directly linked to health and wellness In fiscal year 2019 (tax year 2018) Carilion Medical Center partnered to offer Project SEARCH, a one-year high school transition program providing employment and educational opportunities for individuals with significant disabilities This collaborative program includes Goodwill Industries of the Valleys, the Virginia Department of Rehabilitative Services, Blue Ridge Behavioral Health, the Blue Ridge Independent Living Center and parent representatives Through Virginia Foundation for Independent Colleges, Carilion provided scholarship funds for students who couldn't otherwise afford college tuition In addition, to improve access to needed care and meet the needs of underserved individuals in the Roanoke Valley, Carilion deploys special recruitment efforts for specific types of providers</p>

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	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

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

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Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Medicare allowable costs are determined from the Medicare cost report using the cost-to-charge 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
<p>Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance</p>	<p>When accounts receivable efforts are exhausted, the account may be placed with a collection agency and extraordinary collection actions (ECAs) may be considered. Accounts will not be placed with a collection agency prior to 120 days from the date the first billing statement is provided except when mailings are returned with no forwarding address and combining multiple accounts of varying age with those already transferred or for legal verification regarding other liabilities. Reasonable efforts will be made to identify appropriate forwarding addresses. When a Financial Assistance Application (FAA) is received during the application period (within 240 days after the date the first billing statement is provided), but after initiation of ECAs, all ECAs will be suspended. Best efforts will be made to process completed applications within 30 days of receipt of the application, financial assistance eligibility will be determined and communicated to the individual. Incomplete applications must be completed within 30 days of the initial notification of additional items required, otherwise, the application will be deemed incomplete and closed. If an individual is eligible for financial assistance, ECAs, other than the sale of debt, will be reversed and any payments related to eligible care refunded to the extent no longer owed. ECAs will be reinstated if the individual is not eligible for financial assistance or does not complete the FAA by the deadline. At least 30 days before initiating an ECA, Carilion will send the patient written notice of intended ECA(s), a plain language summary explaining financial assistance available and the process for determining eligibility, and the deadline for applying for assistance. Carilion will also attempt to call individuals at least 30 days before initiating an ECA to make them aware of the financial assistance available and how to obtain assistance with the application process. Carilion shall enter into a written contract with any collection agency to which it refers bad debt. The contract will obligate the collection agency to observe and comply with Carilion's obligations under this Policy and the Financial Assistance Policy. A collection agency to which bad debt is referred for collection may not engage in any ECAs without the prior written consent of Carilion. After making reasonable efforts to determine if a patient qualifies for Financial Assistance and the patient either does not qualify for Financial Assistance or fails to submit an application as requested, within 240 days from the date the first billing statement is provided, Carilion may engage in one or more of the following ECAs: 1. Place a lien on an individual's property, 2. Attach or seize an individual's bank account or any other personal property, 3. Commence a civil action against an individual, 4. Garnish an individual's wages, 5. Sell an individual's debt to another party, or 6. Report the account to credit agencies. Individual account balances greater than \$5,000 are not sent to a collection agency. These are handled through the Debt Recovery Department (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>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - CARILION MEDICAL CENTER -DBA CRMH Line 16a URL https //www carilionclinic org/billing/financial-assistance,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - CARILION MEDICAL CENTER -DBA CRMH Line 16b URL https //www carilionclinic org/billing/financial-assistance,

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

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>In addition to conducting regular Community Health Needs Assessments, Carilion closely monitors community health indicators and responds to needs as they arise. Each year, Carilion updates scorecards with refreshed County Health Rankings indicators provided by the Robert Wood Johnson Foundation. Carilion is also responsive to needs identified through clinical data and departments. Carilion's call center is available for community members to ask questions and to direct callers to community resources as issues are raised. The Planning department monitors data such as self-pay and Medicaid rates, patient origin and travel time, and age and income distributions to drive Carilion's access to care strategies. Carilion Clinic's community health improvement process was adapted from Associates in Process Improvement's Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle developed by Walter Shewhart. It consists of five steps: (1) conducting the CHNA, (2) strategic planning, (3) creating the implementation strategy, (4) program implementation, and (5) evaluation. This cycle is repeated every three years. Needs are also identified through advisory boards and focus groups conducted, on occasion, in key neighborhoods or aligned with community initiatives. Through ongoing collaboration with community stakeholders, regular communication of community needs occurs and partners can respond cohesively. 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, coordinate 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 working to implement cost-effective programs resulting in improved health outcomes.</p>

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

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Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 4 Community Information</p>	<p>The Roanoke Metropolitan Statistical Area (MSA) is home to Carilion Clinic's flagship hospital, Carilion Roanoke Memorial Hospital. The MSA 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. Roanoke 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, thousands of low-income, uninsured, and underinsured residents 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 2014-2018 American Community Survey (ACS) found the total population of the Roanoke MSA to be 313,291 (U S Census Bureau, 2014-2018 5-year American Community Survey, Table S0101 https://data.census.gov/cedsci/table?q=S0101&tid=ACST5Y2018.S0101&hidePreview=true) The cities of Roanoke and Salem had 99,621 residents and 25,519 people respectively. The counties of Botetourt, Craig, Franklin and Roanoke had 33,222, 5,113, 56,233 and 93,583 residents respectively (U S Census Bureau, 2014-2018 5-year American Community Survey, Table S0101 https://data.census.gov/cedsci/table?q=S0101&tid=ACST5Y2018.S0101&hidePreview=true) The U S Census Bureau predicts positive population change by 2040 for all communities except Salem City and Craig County, which both may have very slight population loss (Virginia Employment Commission Community Profiles (2020) https://virginiaworks.com/community-profiles) Median age in the MSA localities ranges from 38.7 in the City of Roanoke to 48.3 in Craig County, all above the state median of 38.1 (U S Census Bureau, 2014-2018 5-year American Community Survey, Table S0101 https://data.census.gov/cedsci/table?q=S0101&tid=ACST5Y2018.S0101&hidePreview=true) The ACS finds that for most of the 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 99.6% in Craig County (U S Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 https://data.census.gov/cedsci/table?tid=ACSDP5Y2018.DP05&hidePreview=true) 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 62.5% White, 28.7% Black, and 3.1% Asian with 3.6% 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, 6.1% are Hispanic or Latino (U S Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 https://data.census.gov/cedsci/table?tid=ACSDP5Y2018.DP05&hidePreview=true) The 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Carilion Clinic is a not-for-profit, integrated health care system located among the Blue Ridge Mountains with its flagship hospital in the heart of the City of Roanoke, the largest metropolitan hub in western Virginia. Nearly one million individuals receive quality care through Carilion's comprehensive network of hospitals, primary and specialty physician practices, wellness centers, and other complementary services. Carilion's roots go back more than a century when a group of dedicated citizens came together and built a hospital to meet the community's health care needs. Today, Carilion is a crucial 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. Patients served by Carilion receive care regardless of their ability to pay. Carilion believes in service, collaboration and caring for all. Through ongoing investments in discovering and responding to the health needs of its community, Carilion understands additional stakeholders must be involved to address community health issues and create change effectively. Carilion Medical Center (CMC) includes Carilion Clinic's flagship facility, Carilion Roanoke Memorial Hospital (CRMH). A 703-bed hospital, CRMH consists of a Neonatal Intensive Care Unit, Carilion Children's Hospital, specialty and advanced clinical care, and the region's only Level 1 Trauma Center and Level 1 Pediatric 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. CMC is governed by a board of directors elected annually. The majority of board members live and work in the hospital's service region and are not employed by the hospital, nor are they contractors. Medical staff members are qualified professionals who have privileges to provide a full range of services at the hospital. Surplus funds reinvested benefit patients through new technology, specialty services, clinical initiatives, education and charitable efforts. Reinvestments include providing free, discounted and subsidized care and critical medical services that would not otherwise be offered in our region and operate at a loss (https://www.carilionclinic.org/locations/carilion-roanoke-memorial-hospital)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 Affiliated health care system</p>	<p>Carilion 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 further—developing a multi-specialty physician group, transforming our primary care practices into patient-centered medical homes, implementing electronic health records system-wide, creating a robust partnership with Virginia Tech, and opening a medical school and research institute. Each decision, each adaptation, has fundamentally changed the way Carilion collaborates and provides care (https://www.carilionclinic.org/about-carilion-clinic). Carilion's Community Health and Outreach (CHO) department is the health system's engine for providing collaborative opportunities to improve and promote the health of the community. The department's Community Health Assessments process helps identify the strengths and barriers impacting health. Its community-based programs reflect the Robert Wood Johnson Foundation's framework of four main influences of health: health behaviors, social and economic factors, clinical care access and quality, and physical environment. CHO is also the driving force for the health systems many partnerships with cross-sector organizations that create a collaborative culture of community health and wellness. To advance the education of health professionals, Carilion Medical Center operated Jefferson College of Health Sciences, a private higher education institution within the hospital that "prepares, within a scholarly environment, ethical, knowledgeable, competent and caring healthcare professionals." Jefferson College provided more than 1,100 students with opportunities to become part of the health care profession, serving communities ranging from southwest Virginia to the Shenandoah Valley and beyond. Jefferson College merged with Radford University July 1, 2019 and remains in partnership with Carilion Clinic, teaching students in our clinical setting on the campus of Carilion Medical Center to continue to meet the healthcare workforce needs in the community and beyond. Through a unique public-private partnership between Virginia Tech and Carilion Clinic, the Virginia Tech Carilion School of Medicine within Virginia Tech educates physician thought leaders through inquiry, research, and discovery on Carilion Clinic's main campus in Roanoke. Virginia Tech students learn, train, and work side by side with Carilion's highly experienced medical staff. This innovative approach stresses the importance of research, quality, safety, evidence-based medicine, interdisciplinary and interprofessional teamwork, chronic disease management, wellness and prevention and public health.</p>

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 54-0506332
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 AVE ROANOKE, VA 24014 HTTPS //CARILIONCLINIC.ORG/LOCATIONS/CARILION-ROANOKE-MEMORIAL-HOSPITAL H 1840	X	X	X	X		X	X			A
2	CARILION MEDICAL CENTER -DBA CRCH 101 ELM AVE ROANOKE, VA 24013 HTTPS //CARILIONCLINIC.ORG/LOCATIONS/CARILION-ROANOKE-COMMUNITY-HOSPITAL 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
Schedule H, Part V, Section B, Line 3E	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT PRIORITIZES THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED BY THE ASSESSMENT, AND EXPLAINS HOW THE HEALTH NEEDS WERE PRIORITIZED

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility A, 1</p>	<p>Facility A, 1 - GROUP A Carilion Clinic's Community Health Needs Assessments (CHNAs) are community-driven projects and success is highly dependent on engaging 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 who are medically underserved, low-income, minority, and suffer from chronic diseases. The following organizations served on the CHAT for the 2018 (tax year 2017) Roanoke Valley Community Health Needs Assessment (RVCHNA): 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, Healthy Roanoke Valley (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. During the CHNA process, community stakeholders, leaders, and providers were encouraged to complete the Stakeholder Survey (print and electronic versions available). This survey provided an additional perspective about the health needs and barriers facing our community. Stakeholder focus groups were conducted with the 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 population focus groups were conducted to capture the story of needs and barriers to health for the uninsured, underinsured, low-income, minority, senior, and chronically ill populations. Focus group locations were chosen based on their proximity and convenience to target populations. Ten target population focus groups were held and participants discussed health needs and barriers to health, as well as access to primary, oral, and mental health care. Target population focus groups were conducted with 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 Melrose Towers (in the NW Roanoke City Medically Underserved Area (MUA)) and Morningside Manor (in the SE Roanoke City MUA), certified peer recovery specialists, Presbyterian Community C</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	<p>enter parents and staff, and Roanoke Rescue Mission guests. A 39-question survey was developed including questions about socioeconomic factors, access to medical, dental, and mental health care, health behaviors, physical environment, health outcomes, and demographics. The survey included commonly used questions and metrics from previously validated community surveys including 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, Centers for Disease Control (CDC), Youth Risk Behavior Surveillance System, Centers for Disease Control (CDC), Martin County Community Health Assessment, Martin County, North Carolina, Previous Roanoke Valley Community Health Surveys. English and Spanish versions were available. 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 consisting of Bedford, Botetourt, Craig and Roanoke counties, Roanoke City, and Salem City. Special efforts were made to include the subpopulations of underserved/vulnerable populations disproportionately impacted by the social determinants of health including income, race/ethnicity, education, and 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
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - Group A Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital (Group A), both owned by Carilion Medical Center and serving the same area, jointly conducted their CHNA The Salem VA Medical Center also participated on the Community Health Assessment Team

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - GROUP A 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, Healthy Roanoke Valley (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, Virginia Department of Health

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - Group A The 2018 Roanoke Valley CHNA was also shared to be posted to Community Health Assessment Team partner websites and social media

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>Facility A, 1 - Group A Carilion Medical Center's two hospital facilities, Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, partnered with Healthy Roanoke Valley (HRV) to conduct the 2018 Roanoke Valley Community Health Needs Assessment (RVCHNA) during the 2017 tax year. Healthy Roanoke Valley (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 complementary services, the system provides quality care close to home for nearly one million Virginians. Carilion's roots go back to 1899 when a group of dedicated citizens came together and built a hospital to meet the healthcare needs of the community. Today, Carilion is a key anchor institution focusing on more than just healthcare, Carilion is dedicated to its mission of improving the health of the communities we serve. With an enduring commitment to the health of our region, Carilion advances care through clinical services, medical education, research and community health investments. Carilion believes in service, collaboration and caring for all. Through ongoing investment in discovering and responding to the health needs of the community comes the understanding that the involvement of additional stakeholders is essential to effectively address community health issues and create change. The purpose of the 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 Roanoke Valley Community Health Needs Assessment (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 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 tiebreaker. Once the priorities were clearly identified, the CHAT rated the feasibility and potential impact of solutions for each health issue. Healthy Roanoke Valley 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: (1) Poverty / low average household income, (2) Transportation / transit system.</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>stem, (3) Access to mental / behavioral health services and substance use services, (4) Culture healthy behaviors not a priority, (5) High uninsured / underinsured population, (6) Affordable / safe housing, (7) Access to dental care, (8) Poor diet, (9) High cost of care, (10) Educational attainment</p> <p>-CMC Implementation Plan- According to the Robert Wood Johnson Foundation's (RWJF) County Health Rankings, where an individual lives, works and plays is a strong predictor of their health outcomes. Currently, in the United States, a person's zip code can help predict their life expectancy due to its direct link to the social determinants of health such as poverty, race/ethnicity, education and employment status in these areas. These factors are so important to our overall health that they were added to the 10-year national Healthy People 2020 objectives 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 have access to state-of-the-art health care close to home, providing community grants and sponsorships to extend our mission and support of other organizations addressing health needs, creating and implementing community-wide strategies to reduce barriers, coordinate resources and enhance community strengths, and providing community-based health and wellness programs. Carilion Clinic's response strategies are organized by the RWJF framework for what influences health, which include health behaviors, social and economic factors, clinical care access and quality, and physical environment. Commitment to community service is evident at all levels of the organization. Carilion's commitment to community health is evidenced by its commitment to a population health infrastructure including a Community Health and Outreach (CHO) department dedicated to assessing and addressing community needs. The department is responsible for leading and facilitating the Community Health Improvement Plan (CHIP), CHNAs, the system's community grant process, community health education, community benefit collection, and neighborhood health initiatives. CHO has staff at the system level and each community hospital and works with each hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health needs. A Community Benefit Council provides oversight and strategic guidance for Carilion's community health improvement work and for community benefit strategy, collection and submission.</p> <p>-Community Partnerships- Carilion Clinic believes in the power of collaboration and understands community health issues must be addressed in cooperation with the community. To ensure lasting community impact from the health assessment and community health improvement process, Carilion participates in and provides financial and in-kind support to community health coalitions addressing health needs in the Roanoke Valley.</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
<p>Schedule H, Part V, Section B, Line 11 Facility A, 1</p>	<p>y such as HRV In addition, Carilion partners with multiple community and business organizations 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 Clinic HRV's strategic framework was updated to align with the triennial Community Health Needs Assessment This is a community-driven process and a major component of Carilion Clinic's Health Improvement Implementation Strategy for the Roanoke Valley Through strategic planning in response to the 2018 Roanoke Valley Community Health Needs Assessment priorities, HRV identified four goals 1 Reduce barriers to resources that address the social determinants of health, 2 Expand access to quality care and support a culture of health, 3 Encourage and support life style behaviors that result in improved health and wellbeing, 4 Support and advocate for natural and built environments that cultivate vibrant neighborhoods 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 (Continued in Schedule H, Part VI)</p>

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 CARILION ROANOKE MEMORIAL REHAB 2017 SOUTH JEFFERSON STREET ROANOKE, VA 24014	PSYCHIATRY SERVICES
1 CNRV EMERGENCY SERVICES 2900 LAMB CIRCLE CHRISTIANSBURG, VA 24073	EMERGENCY PHYSICIANS
2 CES - FRANKLIN 180 FLOYD AVENUE ROCKY MOUNT, VA 24151	EMERGENCY PHYSICIANS
3 CES - GILES 159 HARTLEY WAY PEARISBURG, VA 24134	EMERGENCY PHYSICIANS
4 CSJH EMERGENCY DEPARTMENT 1 HEALTH CIRCLE LEXINGTON, VA 24450	EMERGENCY PHYSICIANS
5 CES - TAZEWELL 388 BEN BOLT AVENUE TAZEWELL, VA 24651	EMERGENCY PHYSICIANS
6 CARILION GYN ONCOLOGY 1 RIVERSIDE CIRCLE SUITE 300 ROANOKE, VA 24016	GYNECOLOGICAL ONCOLOGY
7 CARILION CLINIC DERMATOLGOY & MOHS 1 RIVERSIDE CIRCLE SUITE 300M ROANOKE, VA 24016	DERMATOLOGY AND MOHS SURGERY
8 CARILION IMAGING PROFESSIONALS 159 HARTLEY WAY PEARISBURG, VA 24134	IMAGING SERVICES
9 CARILION CLINIC DENTISTRY PEDIATRIC 101 ELM AVE SE ROANOKE, VA 24013	DENTAL SERVICE
10 CARILION CLINIC OCCUPATIONAL MEDICINE 101 ELM AVE ROANOKE, VA 24013	OCCUPATIONAL MEDICINE
11 CARILION WOUND CARE CENTER CARILION 101 ELM AVE ROANOKE, VA 24013	WOUND CARE
12 COMMUNITY CARE 101 ELM AVE ROANOKE, VA 24013	FAMILY MEDICINE
13 CARILION PRENATAL DIAGNOSTIC CENTER 102 HIGHLAND AVE STE 455 ROANOKE, VA 24013	PRENATAL TESTING
14 CARILION BREAST CARE CENTER 102 HIGHLAND AVE STE 202 ROANOKE, VA 24013	BREAST CARE CENTER

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)
16 CARILION PEDIATRIC ENDOCRINOLOGY CLINIC 102 HIGHLAND AVENUE SUITE 455 ROANOKE, VA 24013	ENDOCRINOLOGY
1 PEDIATRIC CARDIOLOGY CLINIC 102 HIGHLAND AVENUE SUITE 101 ROANOKE, VA 24013	CARDIOLOGY
2 CARILION GENETICS 102 HIGHLAND AVENUE SUITE 104 ROANOKE, VA 24013	GENETIC COUNSELING
3 CARILION PEDIATRIC NEUROLOGY 102 HIGHLAND AVENUE SUITE 104 ROANOKE, VA 24013	NEUROSCIENCES
4 CARILION PEDIATRIC PULMONOLOGY AND ALLERGY 102 HIGHLAND AVENUE SUITE 203 ROANOKE, VA 24013	PULMONOLOGY
5 CARILION GYN CLINIC 102 HIGHLAND AVENUE SUITE 303 ROANOKE, VA 24013	GYNECOLOGICAL SERVICES
6 PEDIATRIC GASTROENTEROLOGY 102 HIGHLAND AVENUE SUITE 305 ROANOKE, VA 24013	GASTROENTEROLOGY
7 CARILION CLINIC PEDIATRIC SURGERY CLINIC 102 HIGHLAND AVENUE SUITE 404 ROANOKE, VA 24013	SURGICAL SERVICES
8 CARILION SLEEP CENTER 1030 JEFFERSON PLAZA STE G100 ROANOKE, VA 24016	SLEEP DISORDER
9 CARILION ANTICOAGULATION CLINIC 1030 S JEFFERSON ST STE G101 ROANOKE, VA 24016	ANTICOAGULATION CLINIC
10 CARILION GENERAL PEDIATRIC CLINIC 1030 S JEFFERSON ST STE 106 ROANOKE, VA 24016	GENERAL PEDIATRICS
11 PEDIATRIC DEVELOPMENTAL CLINIC 1030 S JEFFERSON ST SUITE 201 ROANOKE, VA 24016	PEDIATRIC DEVELOPMENT
12 CARILION DIABETIC EDUCATION 1030 S JEFFERSON SUITE G101 ROANOKE, VA 24016	DIABETIC EDUCATION
13 CARILION WELLNESS-BOUTETOURT 105 SUMMERFIELD COURT ROANOKE, VA 24019	OUTPATIENT THERAPY SERVICES
14 CARILION CLINIC UROGYNECOLOGY 1107B BROOKDALE STREET MARTINSVILLE, VA 24112	UROGYNECOLOGY AND CARDIOLOGY 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 CARILION CLINIC UROLOGY CHRISTIANSBURG 120 AKERS FARM ROAD NE CHRISTIANSBURG, VA 24073	UROLOGY
1 CARILION REPRODUCTIVE ENDOCRINOLOGY 1231 S JEFFERSON STREET ROANOKE, VA 24016	REPRODUCTIVE ENDOCRINOLOGY
2 CARILION CLINIC VASCULAR MCCLANAHAN 127 MCCLANAHAN ST ROANOKE, VA 24014	VASCULAR SERVICES
3 CARILION CARDIAC REHAB 127 MCCLANAHAN ST ROANOKE, VA 24014	CARDIAC REHAB
4 CARILION HEART FAILURE CLINIC 127 MCCLANAHAN ST ROANOKE, VA 24014	HEART FAILURE SERVICES
5 CFM ROANOKE SALEM 1314 PETERS CREEK ROAD ROANOKE, VA 24017	FAMILY PRACTICE
6 CARILION CLINIC OBGYN DALEVILLE 150 MARKET RIDGE LANE DALEVILLE, VA 24083	OBSTETRICS AND GYNECOLOGY
7 DALEVILLE IMAGING 150 MARKET RIDGE LANE DALEVILLE, VA 24083	IMAGING SERVICES
8 GENERAL SURGERY CLINIC 180 FLOYD AVENUE ROCKY MOUNT, VA 24151	SURGICAL SERVICES
9 CARILION CLINIC OBGYN SALEM 1957 W MAIN STREET SALEM, VA 24153	OBSTETRICS AND GYNECOLOGY
10 CARILION CARDIOTHORACIC SURGERY 2001 CRYSTAL SPRING AVENUE SUITE 20 1 ROANOKE, VA 24014	CARDIAC SURGERY SERVICES
11 CARILION CLINIC CARDIOLOGY 2001 CRYSTAL SPRING AVENUE SUITE 20 3 ROANOKE, VA 24014	CARDIOLOGY SERVICES
12 CARILION CLINIC PULMONARY AND SLEEP MEDICINE 2001 CRYSTAL SPRING AVENUE SUITE 30 0 ROANOKE, VA 24014	PULMONARY AND SLEEP SERVICES
13 CARILION INFECTIOUS DISEASE CLINIC 2001 CRYSTAL SPRING AVENUE SUITE 30 1 ROANOKE, VA 24014	INFECTIOUS DISEASE
14 CARILION CENTER FOR HEALTH AGING 2001 CRYSTAL SPRING AVENUE SUITE 30 2 ROANOKE, VA 24014	GERIATRICS

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 CARILION CLINIC DENTISTRY GENERAL SURGERY 2017 S JEFFERSON ST ROANOKE, VA 24014	SURGICAL SERVICES
1 CARILION CLINIC DEPARTMENT OF PSYCHIATRY 2017 S JEFFERSON ST ROANOKE, VA 24014	BEHAVIORAL HEALTH
2 CARILION DENTAL CARE 2017 S JEFFERSON ST ROANOKE, VA 24014	DENTAL SERVICE
3 CHILD AND ADOLESCENT PSYCHIATRY 2017 S JEFFERSON ST ROANOKE, VA 24014	CHILD AND ADOLESCENT PSYCHIATRY SERVICES
4 COMMUNITY PSYCHIATRY 2017 S JEFFERSON ST ROANOKE, VA 24014	PSYCHIATRY SERVICES
5 CFM SOUTHEAST 2145 MOUNT PLEASANT BOULEVARD ROANOKE, VA 24014	FAMILY PRACTICE
6 CARILION CLINIC IMAGING ION 2331 FRANKLIN ROAD ROANOKE, VA 24014	IMAGING SERVICES
7 CARILION CLINIC NEUROSURGERY - ION 2331 FRANKLIN ROAD ROANOKE, VA 24014	NEUROSURGERY
8 CARILION CLINIC PAIN MANAGEMENT - ION 2331 FRANKLIN ROAD ROANOKE, VA 24014	PAIN MANAGEMENT
9 CARILION PHYSICAL MEDICINE AND REHAB 2331 FRANKLIN ROAD ROANOKE, VA 24014	PHYSICAL MEDICINE
10 CARILION CLINIC ORTHOPAEDICS - ION 2331 FRANKLIN ROAD SW ROANOKE, VA 24014	ORTHOPAEDICS
11 CARILION CLINIC DEPARTMENT OF PSYCHIATRY 2900 LAMB CIRCLE CHRISTIANSBURG, VA 24073	PSYCHIATRY AND BEHAVIORAL HEALTH SERVICES
12 CNRVMC - NEUROSCIENCES 2900 LAMB CIRCLE CHRISTIANSBURG, VA 24073	NEUROLOGY
13 CNRVMC - RADIOLOGY 2900 LAMB CIRCLE CHRISTIANSBURG, VA 24073	RADIOLOGY SERVICES
14 CARILION CLINIC NEUROPSYCHOLOGY CCR3 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	NEUROPSYCHOLOGY 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 CARILION CLINIC GENERAL SURGERY 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	SURGICAL SERVICES
1 CARILION CLINIC INTERNAL MEDICINE 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	INTERNAL MEDICINE
2 CARILION CLINIC NEUROLOGY 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	NEUROLOGY
3 CARILION CLINIC ORTHOPAEDICS TRAUMA 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	ORTHOPAEDIC TRAUMA
4 CARILION CLINIC TRAUMACRITICAL CARE 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	SURGICAL SERVICES
5 CARILION IMAGING 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	IMAGING SERVICES
6 CARILION OBGYN - RIVERSIDE 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	OBSTETRICS AND GYNECOLOGY
7 CRMH RHEUMATOLOGY CLINIC 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	RHEUMATOLOGY
8 CARILION CLINIC GASTROENTEROLOGY 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	GASTROENTEROLOGY
9 CARILION CLINIC ORTHOPAEDICS 3 RIVERSIDE CIRCLE ROANOKE, VA 24016	ORTHOPAEDICS
10 CARILION OTOLARYNGOLOGYENT 3 RIVERSIDE CIRCLE 4TH FLOOR ROANOKE, VA 24016	OTOLARYNGOLOGY AND ENT SERVICES
11 CARILION PEDIATRIC OTOLARYNGOLOGYENT 3 RIVERSIDE CIRCLE 4TH FLOOR ROANOKE, VA 24016	PEDIATRIC OTOLARYNGOLOGY AND ENT SERVICES
12 CARILION PLASTIC AND RECONSTRUCTIVE SURGERY 3 RIVERSIDE CIRCLE SUITE 400 ROANOKE, VA 24016	PLASTIC AND RECONSTRUCTIVE SURGERY
13 CARILION CARDIOLOGY WESTLAKE 35 MEDICAL COURT HARDY, VA 24101	CARDIOLOGY SERVICES
14 CARILION SLEEP CENTER WESTLAKE 35 MEDICAL COURT HARDY, VA 24101	SLEEP DISORDER

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 CARILION SURGERY WESTLAKE 35 MEDICAL COURT HARDY, VA 24101	SURGICAL SERVICES
1 UROGYNECOLOGY WESTLAKE 35 MEDICAL COURT HARDY, VA 24101	UROGYNECOLOGY SERVICES
2 BRAMBLETON RADIOLOGY SERVICES 3707 BRAMBLETON AVENUE ROANOKE, VA 24018	RADIOLOGY SERVICES
3 TAZEWELL VETERANS AFFAIRS COMMUNITY 388 BEN BOLT AVENUE TAZEWELL, VA 24651	VETERAN AFFAIRS OUTPATIENT CLINIC
4 CARILION CLINIC ORTHOPAEDICS - FRANKLIN 390 S MAIN STREET SUITE 103 ROCKY MOUNT, VA 24151	ORTHOPAEDICS
5 GENERAL SURGERY ROCKY MOUNT 390 SOUTH MAIN STREET ROCKY MOUNT, VA 24151	SURGICAL SERVICES
6 CARILION WELLNESS - ROANOKE 4508 STARKEY ROAD ROANOKE, VA 24018	PHYSICAL THERAPY SERVICES
7 CARILION CLINIC ALLERGY AND IMMUNOLOGY 46 WESLEY ROAD DALEVILLE, VA 24083	ALLERGY AND IMMUNOLOGY SERVICES
8 CARILION CLINIC PEDIATRIC MEDICINE ROCKY MOUNT 490 S MAIN ST ROCKY MOUNT, VA 24151	PEDIATRIC MEDICINE
9 BREAST MAMMOGRAPHY - NORTH 6415 PETERS CREEK ROAD ROANOKE, VA 24014	BREAST MAMMOGRAPHY
10 CARILION CLINIC PEDIATRIC CHILD DEVELOPMENT 1030 S JEFFERSON ST ROANOKE, VA 24016	CHILD DEVELOPMENT SERVICES
11 CARILION OBSTETRICS AND GYNECOLOGY CLINIC 902 S JEFFERSON ST UPPER LEVEL ROANOKE, VA 24016	OBSTETRICS AND GYNECOLOGY
12 CARILION MATERNAL FETAL MEDICINE 101 ELM AVENUE ROANOKE, VA 24013	MATERNAL FETAL MEDICINE
13 CARILION CLINIC UROGYNECOLOGY 101 ELM AVENUE SUITE 400 ROANOKE, VA 24013	OBSTETRICS
14 CARILION CLINIC FAMILY MEDICINE TAZEWELL 388 BEN BOLT AVENUE TAZEWELL, VA 24651	FAMILY MEDICINE

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 PEDIATRIC SUBSPECIALTY CLINIC 1620 GRAVES MILL ROAD LYNCHBURG, VA 24502	PEDIATRICS

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Carilion 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 58
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	22	212,555			
(2) SCHOLARSHIPS	7	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 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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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. Carilion Clinic is committed to improving the health of the communities we serve by addressing key health priorities identified through our triennial Community Health Assessments. Carilion fulfills this commitment in many ways, one of which is through targeted grants for community health improvement programs and those that impact the social determinants of health. 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.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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
(1) Alzheimer's Association 355 Rio Rd West Ste 102 Charlottesville, VA 22901	13-3039601	501(c)(3)	10,000				Event Sponsorship
American Cancer Society 2840 Electric Rd Ste 106A Roanoke, VA 24018	13-1788491	501(c)3	11,000				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	17,250				Event Sponsorships
Boys & Girls Clubs 1714 9th Street SE Roanoke, VA 24013	54-1867366	501(c)3	12,783				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
Bradley Free Clinic 1240 Third St SW Roanoke, VA 24016	23-7380491	501(c)3	11,000				substance use disorders
Feeding America Southwest Virginia 1025 Electric Road Salem, VA 24153	54-1939556	501(c)3	40,000				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
The First Tee of Roanoke Valley 3707 Densmore Road NW Roanoke, VA 24017	20-1237999	501(c)3	10,000				Event Sponsorship
Freedom First Enterprises 5240 Valleypark Blvd Roanoke, VA 24019	81-3904720	501(c)3	100,000				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
JDRF 3959 Electric Rd Ste 222 Roanoke, VA 24018	23-1907729	501(c)3	21,500				Event Sponsorships
Jefferson Center Foundation 541 Luck Ave Roanoke, VA 24016	62-1392982	501(c)3	5,000				Community 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
(11) Junior Achievement of Southwest Virginia 3433 Brambleton Ave SW Ste 202B Roanoke, VA 24018	54-0628293	501(c)3	10,800				Event Sponsorship
Legal Aid Society of the Roanoke Valley 132 Campbell Ave Roanoke, VA 24011	54-0856327	501(c)3	5,000				Community 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
Lewis Gale Foundation dba Health Focus of SW VA 1902 Braeburn Drive Salem, VA 24153	54-6051298	501(c)3	7,550				Event Sponsorship
Medical Society of VA Foundation 2924 Emerywood Parkway Richmond, VA 23294	52-1394768	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
Mill Mountain Theatre One Market Square SE Roanoke, VA 24011	54-0792067	501(c)3	10,000				Event Sponsorship
National Center for Healthcare Leadership 17 N State Street Suite 1530 Chicago, IL 60602	36-4483505	501(c)3	15,000				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
National Quality Forum 1030 15th Street NW Suite 800 Washington, DC 20005	52-2175544	501(c)3	10,000				Event Sponsorship
Opera Roanoke 20 East Church Ave 3rd Floor Roanoke, VA 24011	51-0213334	501(c)3	5,000				Community 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
Presbyterian Community Center 1828 Jamison Ave SE Roanoke, VA 24013	54-1610899	501(c)3	5,000				Event Sponsorship
NAACP-Roanoke Branch PO Box 12362 Roanoke, VA 24025	54-6070115	501(c)4	7,000				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
Roanoke Symphony Orchestra 128 East Campbell Ave Roanoke, VA 24011	54-6019736	501(c)3	20,520				Corporate Sponsorship
Roanoke Valley Alleghany Regional Commission PO Box 2569 Roanoke, VA 24010	54-0722734	VIRGINIA	9,000				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 Suite 212 Roanoke, VA 24012	56-2619425	501(c)3	20,000				Event sponsorships
TAP 302 Second Street SW Roanoke, VA 24011	54-6057095	501(c)3	6,100				Dental Care 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 Avenue SE Roanoke, VA 24011	54-6026841	501(c)3	8,500				Event sponsorships
Virginia Foundation for Independent Colleges 901 East Byrd St Suite 1625 Richmond, VA 23219	54-0554396	501(c)3	10,000				Science Research Fellowships

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 Growth and Opportunity Foundation 1108 East Main St Suite 1100 Richmond, VA 23219	81-1586667	501(c)3	25,000				General support
Virginia Tech Carilion School of Medicine 2 Riverside Circle Roanoke, VA 24016	54-6001805	VIRGINIA	8,000				Virginia State Science & Engineering Fair

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	30,000				CTRHB Research Project
Virginia Tech 702 University City Blvd Blacksburg, VA 24060	54-6001805	Virginia	9,036				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 Suite 2155 Blacksburg, VA 24060	46-2975294	501(c)3	115,000				General Operations and Programs
Center in the Square 1 Market Square Roanoke, VA 24011	51-0238900	501(c)3	100,000				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
United Way of Roanoke Valley 325 Campbell Ave SW Roanoke, VA 24016	54-0535302	501(c)3	28,312				Healthy Roanoke Valley Health collaborative
YMCA of Virginia's Blue Ridge Inc 108 Orange Avenue Roanoke, VA 24016	54-0515736	501(c)3	5,500				Group exercise and healthy diet classes

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
National Multiple Sclerosis Society 733 Third Avenue 3rd Floor New York, NY 10017	13-5661935	501(c)3	15,000				Event Sponsorship
Ronald McDonald House Charities of SW VA 2224 S Jefferson St Roanoke, VA 24014	54-1244769	501(c)3		259,778	FMV	Donated Rent	Donated Rent

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
Greater Roanoke Transit Company 1108 Campbell Avenue Roanoke, VA 24013	54-0982022	City of Roanoke	59,885				General Support
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
Apple Ridge Farms 541 Luck Ave No 304 Roanoke, VA 24016	54-1409250	501(c)3	20,000				Community urban farm paired w/health education programs
Bedford Ride 1613 Oakwood Street Bedford, VA 24523	51-0189604	501(c)3	5,000				Non-emergency medical transportation

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 Assistive Technology Service PO Box 121 Union Hall, VA 24176	46-4866068	501(c)3	5,000				Refurbish used children's rehab equipment
Family Service of Roanoke Valley 360 Campbell Ave Roanoke, VA 24016	54-0505946	501(c)3	5,000				Access to counseling for community members

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
Foundation for Rehab Equipment & Endowment PO Box 8873 Roanoke, VA 24014	54-1934695	501(c)3	5,000				Access to used rehab equipment
Grandin Theatre 1310 Grandin Road SW Roanoke, VA 24015	01-0557881	501(c)3	75,000				Community support and health 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
Kiwanis Foundation of Roanoke 3511 Mudlick Road Roanoke, VA 24018	54-6038865	501(c)3	10,000				All-abilities playground in underserved community
Local Environmental Agricultural Project PO Box 3249 Roanoke, VA 24015	27-1050909	501(c)3	18,323				Healthy food incentive program at farmers markets

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
LovABLE Services 5637 Lowland Lane SW Roanoke, VA 24018	20-4993419	501(c)3	10,000				Custard shop in underserved area training and employing people with disabilities
Mental Health America 10 Church Ave Suite 300 Roanoke, VA 24011	54-0703132	501(c)3	25,000				Access to mental health 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
The Rescue Mission of Roanoke Inc PO Box 11525 Roanoke, VA 24022	54-0573900	501(c)3	10,000				Efforts to provide peer recovery and trauma informed care
Roanoke Community Garden Association PO Box 4326 Roanoke, VA 24015	26-2082150	501(c)3	10,000				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
Kids Soar 305 Mountain Ave SW Roanoke, VA 24016	01-0583325	501(c)3	8,500				Community Literacy initiative
West End Center 1223 Patterson Ave Roanoke, VA 24016	54-1150320	501(c)3	10,000				West End Center - wellness program and healthy eating

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
Public Health Institute attn Carol Emmott Fellowship 555 12th St 10th Floor Oakland, CA 94607	94-1646278	501(c)3	40,000				Sponsorship
Children's Trust Roanoke Valley 541 Luck Avenue Ste 308 Roanoke, VA 24016	51-0235891	501(c)3	60,000				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
CHIP of Roanoke Valley 1201 Third Street Roanoke, VA 24016	54-1566451	501(c)3	50,000				General Support
Radford University East Main Street Radford, VA 24141	54-6001789	501(c)3		978,895	Book	Medical and Office Equipment	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
2019 Commemoration Inc PO Box 1607 Williamsburg, VA 23187	81-0703911	501(c)3	125,000				Sponsorship
Virginia Tech Carilion School of Medicine 2 Riverside Circle Roanoke, VA 24016	54-6001805	Virginia	2,969,284				Medical School 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
Carilion Clinic Patient Transportation LLC 431 McClanahan Roanoke, VA 24014	54-1864693	501(c)3	50,000				Neonatal Pediatrics Transportation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b		No		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Employees are occasionally awarded small gifts or prizes which are grossed up for taxes at management's discretion and included in taxable compensation. During the reporting period, Dr. Criss received such benefit.

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	All Directors are offered a free family or individual membership to a health club owned by a related organization if they choose to accept it. Dr. Nussbaum received this benefit and its value was included in taxable compensation from the organization.

Return Reference	Explanation
Schedule J, Part I, Line 1b Written policy regarding payment or reimbursement of expenses	Management determines tax gross-up decisions based on IRS requirements, amount, and the non-cash status of the benefits. Provision of the health club benefit is documented in Board meeting minutes and Carilion internally tracks the memberships and pays the health club directly.

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	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. 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, bonus, "at-risk" and other cash compensation, and benefits, including deferred and retirement benefits. Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, 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.

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

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



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 54-0506332
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				
Steven Arner	(i)	0	0	0	0	0	0	0
Director/Pres /CEO	(ii)	539,549	73,492	4,833	80,224	17,136	715,234	0
Nathaniel Bishop DMin	(i)	291,503	42,731	6,868	72,099	3,054	416,255	0
Director	(ii)	0	0	0	0	0	0	0
Jonathan Gleason MD	(i)	326,508	109,167	2,582	23,290	18,619	480,166	0
Director	(ii)	0	0	0	0	0	0	0
Daniel Harrington MD	(i)	379,606	70,329	8,746	-37,548	13,965	435,098	0
Director	(ii)	0	0	0	0	0	0	0
Paul Haskins MD	(i)	330,588	56,641	3,564	-1,629	18,522	407,686	0
Director	(ii)	0	0	0	0	0	0	0
Cynda Johnson MD	(i)	0	0	0	0	0	0	0
Director	(ii)	308,140	0	4,655	0	6,204	318,999	0
Michael Nussbaum MD	(i)	529,187	80,442	10,976	138,343	10,596	769,544	0
Director	(ii)	637	0	0	0	0	637	0
Tracey Criss MD	(i)	215,996	43,654	2,988	14,250	17,931	294,819	0
Physician	(ii)	0	0	0	0	0	0	0
Nicholas Conte	(i)	0	0	0	0	0	0	0
Secretary	(ii)	455,282	62,409	6,298	118,913	17,136	660,038	0
David Hagadorn	(i)	0	0	0	0	0	0	0
Asst Treasurer	(ii)	133,333	1,800	8,473	7,243	819	151,668	0
Donald Halliwill	(i)	0	0	0	0	0	0	0
Asst Treasurer	(ii)	515,337	70,983	4,797	78,134	15,836	685,087	0
G Robert Vaughan Jr	(i)	0	0	0	0	0	0	0
Treasurer	(ii)	259,842	30,582	4,104	10,275	16,723	321,526	0
Patrice Weiss MD	(i)	978	0	0	0	0	978	0
Executive Vice President/CMO	(ii)	575,614	85,948	6,510	149,196	18,619	835,887	0
Bruce Long MD	(i)	427,445	43,789	15,253	9,837	18,619	514,943	0
Physician	(ii)	0	0	0	0	0	0	0
Jon Sweet MD	(i)	226,342	77,876	3,301	-7,005	10,820	311,334	0
Physician	(ii)	0	0	0	0	0	0	0
Nancy Howell Agee	(i)	0	0	0	0	0	0	0
CEO, Carilion Clinic	(ii)	1,242,837	285,745	205,285	114,597	11,330	1,859,794	0
Joseph Moskal MD	(i)	1,057,221	130,176	9,811	113,916	18,619	1,329,743	0
SVP/Dept Chair	(ii)	0	0	0	0	0	0	0
Paul Skolnik MD	(i)	398,350	51,316	9,821	135,202	9,196	603,885	0
SVP/Dept Chair	(ii)	0	0	0	0	0	0	0
Jonathan Carmouche MD	(i)	1,294,434	142,722	2,596	4,784	16,231	1,460,767	0
Physician	(ii)	0	0	0	0	0	0	0
Gregory Howes MD	(i)	1,031,642	395,970	2,383	13,473	17,319	1,460,787	0
Physician	(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				
Eric Marvin MD	(i)	946,062	292,726	2,513	27,839	17,319	1,286,459	0
Physician	(ii)	0	0	0	0	0	0	0
Jesse Seamon MD	(i)	620,429	508,852	2,363	15,457	12,984	1,160,085	0
Physician	(ii)	0	0	0	0	0	0	0
Jesse Stem MD	(i)	696,748	400,302	2,833	29,011	4,783	1,133,677	0
Physician	(ii)	0	0	0	0	0	0	0

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Carlion 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) BRUCE JOHNSON MD	FAMILY MEMBER OF CYNDA JOHNSON, DIRECTOR	72,199	EMPLOYEE		No
(2) MARY SWEET MD	FAMILY MEMBER OF JON SWEET, FORMER KEY EMPLOYEE	527,100	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Carilion Medical Center

Employer identification number

54-0506332

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 6 Volunteers	The hospital operates a Customer Service-based program for volunteers and we strive 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 III, Line 4a Program Service Description	<p>Carilion Medical Center (CMC) d/b/a Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital exists to serve the health care needs of its communities and region, regardless of the patient's ability to pay CMC admitted 37,883 patients and provided 193,187 days of care during the year of 2019 Hospital programs and accomplishments include the new organization of our Cardiovascular Institute It includes extensive expertise in cardiology for advanced heart failure, structural heart disease, electrophysiology labs for complex arrhythmias and a robust cardiothoracic surgery program with advanced procedures for complex aortic and vascular disease Our vascular program remains a leader in treatment and surgical intervention CMC is known for tertiary level care with expertise in Level 1 trauma for adults and pediatric patients, primary and comprehensive stroke care, neurosurgery for adults and children, and women's services for obstetrics (3,176 babies delivered), high-risk pregnancy, urogynecology, gynecologic oncology and fertility and reproductive care Another area of surgical excellence is orthopaedics It includes joint replacement, ortho spine surgery, sports medicine, trauma surgery, foot and ankle, hand and upper extremity and pediatrics Other medical programs include specialized intensive care units for neurotrauma, cardiac care and cardiac surgery, vascular, medical intensive care, and dedicated units for oncology and thoracic surgery patients The programs are supported by our acclaimed Magnet nursing program, receiving four Magnet designations over the years Additional programs include the region's only neonatal intensive care unit, advanced diagnostics and expertise for gastroenterology conditions, inpatient and outpatient psychiatric services, a comprehensive inpatient rehabilitation unit, and inpatient and outpatient surgical care utilizing advanced techniques in robotic and endovascular procedures Diagnostic testing capabilities in radiology support all CMC programs, including advanced imaging in CT, MRI and PET/CT We've expanded our field of experts in molecular imaging and nuclear medicine procedures and ultrasound and provide screening mammography and diagnostic breast imaging Carilion Children's is our region's only pediatric center of excellence with an inpatient hospital within CMC, a pediatric intensive care unit, NICU, and trauma care Pediatric sub-specialists support the facility in surgery, pulmonology, oncology, cardiology, gastroenterology, psychiatry, orthopaedics, neurosurgery, dentistry, neurology, and endocrinology CMC provides several services and programs to target the specific health needs of the area, including diabetes management, medically supervised weight loss, urgent care, physical, speech and occupational therapy programs, cardiac and pulmonary rehab and home health and hospice care Supporting our communities is our 24/7 Level 1 trauma center, full-service emergency department, three</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description	<p>medical service helicopters and a highly advanced medical communications center to support the region's emergency transportation needs Carilion Roanoke Memorial Hospital (CRMH) has been consistently ranked among the nation's top 100 hospitals by Becker's Hospital Review, among the top three hospitals in Virginia by U S News and World Report, and it is the region's preferred hospital according to surveys conducted by National Research Corporation (NRC) Health With 87,855 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 14 percent of ED visits The urgent care centers also provide access points for cost effective care at an appropriate level CMC also supports community screenings and education on chronic disease prevention and management, sponsoring 9,308 events touching over 49,125 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 \$32 million</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a FORMS 1099	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, Line 2 Family/business relationships amongst interested persons	Nancy Howell Agee, Steve Arner, Nicholas Conte, David Hagadorn, Donald Halliwill, Cynda Johnson, Lauren Schantz, G Robert Vaughan, Jr , and Patrice Weiss - Business relationship

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	The organization's Articles of Incorporation and Bylaws were revised to eliminate the provision that the President or Chair of the Board of the Jefferson College of Health Sciences would serve as an ex officio member of the organization's Board of Directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	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, Line 7a Members or stockholders electing members of governing body	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, Line 7b Decisions requiring approval by members or stockholders	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, Line 11b Review of form 990 by governing body	The Form 990 was prepared by Carilion's internal Tax Department with input from various Carilion departments as applicable, and reviewed by internal Accounting Management 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, Line 12c Conflict of interest policy	<p>Our organization monitors and reviews proposed and current transactions for conflicts of interest in a variety of ways. At the governing board level, we have board members complete an initial (upon appointment) and annual conflict of interest questionnaire to disclose actual or potential conflicts. Board members are required to update their disclosure as needed in between questionnaires. All disclosures are reviewed by the Organizational Integrity & Compliance Office and as needed escalated to the appropriate leaders/board members for further discussion/review. If a disclosure is viewed as an actual or potential conflict, an action is recommended to the Compliance Committee of the Carilion Clinic Board and implemented as approved. Actions can include recusal in discussion/voting at board meetings, limitation/termination of the transaction, removal from board appointment or other appropriate controls. In addition, at any time, board members are encouraged to disclose any potential conflicts as they arise at a board meeting and to recuse themselves as deemed appropriate. The same process takes place as described above for key employees (upon hire and annually thereafter), including all officers, members of the management team, physicians/mid-level practitioners, pharmacists and key supply chain buyers. After review and further discussion as needed, action may be required to manage an actual conflict or to reduce the appearance of such as approved by Organizational Integrity & Compliance Office and other key management team members. As needed, the governing board leaders are notified of any conflicts which may impact board proceedings.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The organization has 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, the Executive Vice Presidents (Chief Financial Officer, Chief Medical Officer, Chief Operating Officer, Chief Administrative Officer and Chief Legal Officer), and select Senior Vice Presidents who are the physician Chairs of the Clinical Departments. For the fiscal year covered by this return, the Compensation Committee also used the same process to review the compensation of other Disqualified Individuals, including the Hospital Vice Presidents. In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders, which includes Vice Presidents, Senior Vice Presidents, Executive Vice Presidents, and the CEO, as well as the compensation philosophy for employed physicians. Some officers of the organization who are not compensated in their capacity as an officer but rather in their role as employee in a position not mentioned above are not subject to Committee review. This review included review of a comprehensive report from an independent, outside compensation consultant specializing in healthcare organizations for select positions and the prior year's report on all of the reviewed positions. The reports reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonus, 'at-risk' and other cash compensation, and benefits, including deferred and retirement benefits. Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, which list was reviewed by the Compensation Committee. The Compensation Committee maintained detailed minutes of its meetings, setting forth the deliberations and decisions of the Committee regarding the compensation of these executives.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other - Total Revenue 2964379, Related or Exempt Function Revenue 2964379, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue 7435945, Related or Exempt Function Revenue 7435945, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers to Affiliates - -29704384, Pension-related changes other than net periodic pension costs - -191411644,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Carilion 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	136	197,794		No			No	10 %
(2) COMMUNITY MEDICAL ASSOCIATES LLP PO BOX 12385 ROANOKE, VA 24025 54-1517662	REAL ESTATE	VA	CARILION CLINIC	Related	5,456,438	0		No			No	47 3 %
(3) CARILION CLINIC MEDICARE SHARED SAVINGS COMPANY LLC PO BOX 12385 ROANOKE, VA 24025 45-5235473	MEDICARE HMO	VA	CARILION CLINIC	Related	-4,114,685	0		No			No	50 %
(4) SOUTHWEST VIRGINIA HEALTH PROPERTIES LLC 1102 Jefferson Street SE Roanoke, VA 24016 01-0691570	REAL ESTATE	VA	Carilion Clinic	Related	104,485	608,049		No			No	50 56 %
(5) RAVEN ASSET BASED OPPORTUNITY FUND IV LP 110 Greene St Suite 9G New York, NY 10012 82-4119491	Private Equity	DE	NA	N/A								
(6) TI PLATFORM CC SMA LP 1160 Battery Street East San Francisco, CA 94111 84-2852539	Investments	DE	NA	N/A								
(7) STARWOOD VEP II CO-INVEST LLC 591 W Putman Avenue Greenwich, CT 06930 83-3262407	Investments	DE	NA	N/A								

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

See Additional Data Table

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d 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 VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 54-0506332
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)	Type II	NA		No
PO BOX 12385 ROANOKE, VA 24025 54-1190773	FUNDRAISING	VA	501(c)(3)	7	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0480606	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0549603	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0553805	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-1190879	SUPPORTING ORGANIZATION	VA	501(c)(3)	Type II	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0568001	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-6074580	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-1965057	SUPPORTING ORGANIZATION	VA	501(c)(3)	Type 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
(1) CHS INC PO BOX 12385 ROANOKE, VA 24025 54-1725732	SERVICES	VA	NA	C Corporation				Yes	
(1) CARILION CLINIC MEDICARE RESOURCES LLC PO BOX 12385 ROANOKE, VA 24025 26-3729975	MEDICARE HMO	VA	NA	C Corporation				Yes	
(2) CARILION BEHAVIORAL HEALTH INC PO BOX 12385 ROANOKE, VA 24025 20-3136891	HEALTHCARE	VA	NA	C Corporation				Yes	
(3) CARILION EMERGENCY SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-2033006	HEALTHCARE	VA	NA	C Corporation				Yes	
(4) SCA CREDIT SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-1180398	COLLECTION AGENCY	VA	NA	C Corporation				Yes	
(5) CARILION HEALTHCARE CORPORATION PO BOX 12385 ROANOKE, VA 24025 54-1586601	HEALTHCARE	VA	NA	C Corporation				Yes	
(6) MEDKEY INC PO BOX 12385 ROANOKE, VA 24025 54-1645357	FINANCING SERVICES	VA	NA	C Corporation				Yes	
(7) SPROTT PRIVATE RESOURCE LENDING (C-CO- INVEST) LP 98-1378742	INVESTMENTS	CA	NA	C Corporation				Yes	
(8) BLACKMOOR OWNERSHIP HOLDINGS LIMITED	INVESTMENTS	CJ	NA	C Corporation				Yes	
(9) MAGNITUDE SYSTEMATIC LONG SHORT FUND	INVESTMENTS	CJ	NA	C Corporation				Yes	
(10) TANGIBLE SEGREGATED PORTFOLIO OF THE SOUTH AFRICA ALPHA SPC	INVESTMENTS	CJ	NA	C Corporation				Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Carilion Clinic Foundation	A	37,615	COST
(1)	Carilion Emergency Service	A	94,524	COST
(2)	Carilion Healthcare Corporation	A	26,592	COST
(3)	Carilion Services Inc	A	1,267,090	COST
(4)	CHS Inc	A	56,340	COST
(5)	Carilion Emergency Services	L	296,538	COST
(6)	Carilion Franklin Memorial Hospital	L	2,325,562	COST
(7)	Carilion Giles Community Hospital	L	1,373,337	COST
(8)	Carilion Healthcare Corporation	L	334,510	COST
(9)	Carilion New River Valley Medical Center	L	3,832,149	COST
(10)	Carilion Services Inc	L	1,237,064	COST
(11)	Carilion Stonewall Jackson Hospital	L	1,791,987	COST
(12)	Carilion Tazewell Community Hospital	L	1,906,577	COST
(13)	Carilion Behavioral Health	M	133,281	COST
(14)	CHS Inc	K	1,707,093	COST
(15)	CHS Inc	M	5,669,361	COST
(16)	Carilion New River Valley Medical Center	K	162,360	COST
(17)	Carilion Services Inc	K	56,533	COST
(18)	Carilion Services Inc	M	184,489,888	COST
(19)	Carilion Tazewell Community Hospital	K	149,763	COST
(20)	MedKey Inc	L	1,020,720	COST
(21)	SCA Credit Services Inc	M	834,445	COST
(22)	Carilion Services Inc	R	29,704,393	Cash
(23)	Carilion Clinic Foundation	C	589,668	COST