

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10-01-2019**, and ending **09-30-2020**

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

C Name of organization: **Carilion Medical Center**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **PO BOX 12385**
 City or town, state or province, country, and ZIP or foreign postal code: **Roanoke, VA 240252385**

D Employer identification number: **54-0506332**

E Telephone number: **(540) 224-5102**

F Name and address of principal officer:
STEVE ARNER
PO BOX 12385
Roanoke, VA 240252385

G Gross receipts \$ **3,588,090,333**

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)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9,680
6 Total number of volunteers (estimate if necessary)	6	271
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	60,241
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,626,043	38,181,365
9 Program service revenue (Part VIII, line 2g)	1,427,067,490	1,378,831,131
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,386,481	67,040,275
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,470,009	24,159,089
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,489,550,023	1,508,211,860
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,882,786	4,561,677
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)	649,129,750	649,613,528
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,848		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	727,648,180	749,272,389
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,382,660,716	1,403,447,594
19 Revenue less expenses. Subtract line 18 from line 12	106,889,307	104,764,266

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,528,858,933	1,930,321,569
21 Total liabilities (Part X, line 26)	1,006,971,123	1,347,521,886
22 Net assets or fund balances. Subtract line 21 from line 20	521,887,810	582,799,683

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: 2021-08-16

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 1,200,505,343 including grants of \$ 4,561,677) (Revenue \$ 1,395,317,352)
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 ▶ 1,200,505,343

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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		

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 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included in line 1a... 8; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons...; 7b Are any governance decisions of the organization reserved to...; 8 Did the organization contemporaneously document the meetings...; 8a The governing body...; 8b Each committee with authority to act on behalf...; 9 Is there any officer, director, trustee, or key employee listed in Part VII...

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures...; 11a Has the organization provided a complete copy of this Form 990 to all members...; 11b Describe in Schedule O the process, if any, used by the organization...; 12a Did the organization have a written conflict of interest policy...; 12b Were officers, directors, or trustees, and key employees required to disclose...; 12c Did the organization regularly and consistently monitor and enforce compliance...; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review...; 15a The organization's CEO, Executive Director, or top management official...; 15b Other officers or key employees of the organization...; 16a Did the organization invest in, contribute assets to, or participate in a joint venture...; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 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 [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE CORPORATION ATTN H KRK 213 S JEFFERSON ST ROANOKE, VA 24011 (540) 224-5102

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a Net Patient Revenue, 2b Program Related Investments, 2c Clinical Research, 2d Other Patient Revenue, 2e Affiliate Rent Income, 2f All other program service revenue, and 2g Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8b Fundraising events, 9a-9b Gaming activities, 10a-10b Sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,300,548	4,300,548		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	261,129	261,129		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,084,457	3,426,887	657,570	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,584,898	3,584,898		
7 Other salaries and wages	514,020,524	513,595,657	374,878	49,989
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	53,690,160	53,651,003	39,157	
9 Other employee benefits	38,881,928	38,767,214	101,217	13,497
10 Payroll taxes	35,351,561	35,288,835	62,726	
11 Fees for services (non-employees):				
a Management	178,278,116		178,278,116	
b Legal	256,819		256,819	
c Accounting				
d Lobbying	98,107	98,107		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,275,815		1,275,815	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	117,663,791	99,826,364	17,823,126	14,301
12 Advertising and promotion	341,383	339,759		1,624
13 Office expenses	18,475,396	18,390,459	82,353	2,584
14 Information technology	4,920,330	4,919,516	814	
15 Royalties				
16 Occupancy	26,896,900	26,891,345	5,555	
17 Travel	2,140,639	2,097,045	41,322	2,272
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	16,162,902	16,162,902		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,395,824	46,395,824		
23 Insurance	15,106,033	11,578,682	3,527,351	
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	194,377,992	194,375,127	2,865	
b Bad Debt	81,549,017	81,549,017		
c Assessment Fees	39,872,605	39,872,605		
d Dues and Subscriptions	2,275,649	2,016,026	200,042	59,581
e All other expenses	3,185,071	3,116,394	68,677	0
25 Total functional expenses. Add lines 1 through 24e	1,403,447,594	1,200,505,343	202,798,403	143,848
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	17,586	1	17,411
	2 Savings and temporary cash investments	5,005,959	2	18,923,445
	3 Pledges and grants receivable, net	2,463,652	3	1,423,906
	4 Accounts receivable, net	246,865,692	4	265,679,526
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	4,208,444	7	1,349,460
	8 Inventories for sale or use	10,573,019	8	12,775,422
	9 Prepaid expenses and deferred charges	9,165,336	9	4,300,243
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,195,916,839		
	b Less: accumulated depreciation	10b 885,967,227	283,015,465	10c 309,949,612
	11 Investments—publicly traded securities	204,645,171	11	591,629,581
	12 Investments—other securities. See Part IV, line 11	771,035,206	12	725,926,201
	13 Investments—program-related. See Part IV, line 11	-8,317,602	13	-1,880,475
	14 Intangible assets	65,123	14	65,123
	15 Other assets. See Part IV, line 11	115,882	15	162,114
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,528,858,933	16	1,930,321,569	
Liabilities	17 Accounts payable and accrued expenses	182,029,352	17	211,803,738
	18 Grants payable	13,240,000	18	7,877,994
	19 Deferred revenue	3,297,074	19	160,540,791
	20 Tax-exempt bond liabilities	323,771,290	20	467,470,376
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	223,045	24	0
	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	484,410,362	25	499,828,987
	26 Total liabilities. Add lines 17 through 25	1,006,971,123	26	1,347,521,886
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	501,315,131	27	561,406,380
	28 Net assets with donor restrictions	20,572,679	28	21,393,303
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	521,887,810	32	582,799,683	
33 Total liabilities and net assets/fund balances	1,528,858,933	33	1,930,321,569	

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	1,508,211,860
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,403,447,594
3	Revenue less expenses. Subtract line 2 from line 1	3	104,764,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	521,887,810
5	Net unrealized gains (losses) on investments	5	-31,286,438
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	-12,565,955
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	582,799,683

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: 19010655

Software Version: 2019v5.0

EIN: 54-0506332

Name: Carilion Medical Center

Form 990 (2019)

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			
Damon Williams Director/Chair	2.0	X		X				0	2,175	0
Steven Arner Director/President/CEO	36.0	X		X				0	877,942	363,619
George Cartledge III Director	2.0	X						0	1,075	0
Isabel Thornton Director	2.0	X						0	0	0
James Drougas MD Director	4.3	X						12,646	0	0
Janet Frantz Director	2.0	X						0	1,075	0
Jason Bingham Director	2.0	X						0	8,075	0
Katherin Elam Director	2.0	X						0	0	0
Kianna Price Marshall Director	2.0	X						0	1,075	0
Lee Learman MD PhD Director	2.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Nussbaum MD Director	50.0 0	X						687,909	0	170,451
Neil Macdonald MD Director	2.0 0	X						0	0	0
Paul Haskins MD Director	50.0 0	X						371,019	0	241,634
David Hagadorn Asst. Treasurer	0.5 49.5			X				0	149,339	99,463
Donald Halliwill Asst. Treasurer	0.5 49.5			X				0	774,298	360,873
G Robert Vaughan Jr Treasurer	0.5 49.5			X				0	353,112	316,295
Nicholas Conte Secretary	3.0 47.0			X				0	709,682	182,512
Patrice Weiss MD Chief Medical Officer/EVP	46.0 4.0			X				0	817,383	253,428
Joseph Moskal MD SVP/Chair, Dept. of Orthopedics	50.0 0				X			1,511,003	0	141,652
Michael Abbott Senior Vice President	50.0 0				X			248,244	0	30,084

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			
Nancy Howell Agee CEO, Carilion Clinic	2.0 48.0				X			0	2,254,723	341,866
Paul Skolnik MD SVP/Chair, Dept. of Medicine	50.0 0				X			539,031	0	88,390
ADEOLU OLASUNKANMI MD Physician	50.0 0						X	1,100,363	0	47,716
Eric Marvin MD Physician	50.0 0						X	1,429,798	0	135,761
Gregory Howes MD Physician	50.0 0						X	1,647,368	0	77,090
Jesse Stem MD Physician	50.0 0						X	1,296,861	0	62,355
Jonathan Carmouche MD Physician	50.0 0						X	1,845,598	0	142,278
Bruce Long MD Physician	50.0 0						X	447,580	0	195,325
Jon Sweet MD Physician	50.0 0						X	323,855	0	209,773
Tracey Criss MD Physician	50.0 0						X	326,080	0	290,935

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

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

2019
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-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		98,107
j	Total. Add lines 1c through 1i			98,107
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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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 instructions and the latest information.

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? Yes No

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,881,056	17,033,643	16,731,963	15,801,516	15,705,697
b Contributions					
c Net investment earnings, gains, and losses	609,120	803,774	1,278,959	1,914,128	904,944
d Grants or scholarships					
e Other expenditures for facilities and programs	696,053	956,361	977,279	983,681	809,125
f Administrative expenses					
g End of year balance	16,794,123	16,881,056	17,033,643	16,731,963	15,801,516

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 ▶ 70.71 %
- c** Temporarily restricted endowment ▶ 29.29 %

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
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- 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		516,136,612	362,967,459	153,169,153
c Leasehold improvements		960,828	840,573	120,255
d Equipment		623,292,886	515,469,748	107,823,138
e Other		49,410,226	6,689,447	42,720,779
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				309,949,612

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	9,628,700	F
(2) Closely-held equity interests	1,347,596	C
(3) Other _____ (A) Comingled Funds		
(B) Alternative Investments (C)	714,949,905	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	725,926,201	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Affiliates	22,698,903
(3) Pension Liability	405,755,618
(4) Deferred Comp Liability	30,200,579
(5) Interest Rate Swap Liability	41,173,887
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	499,828,987

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: 19010655

Software Version: 2019v5.0

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 care assistance.

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

Hospitals

OMB No. 1545-0047
2019
 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	Yes	
1b If "Yes," was it a written policy?	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 _____ %	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 _____ %	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"?		No
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	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)			14,736,919		14,736,919	1.12 %
b Medicaid (from Worksheet 3, column a)			245,705,831	271,565,484	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	260,442,750	271,565,484	14,736,919	1.12 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	9,481	22,990	4,865,308	788,640	4,076,668	0.31 %
f Health professions education (from Worksheet 5)	3	295	45,970,550	8,339,384	37,631,166	2.85 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)	2	1,032	1,903,006		1,903,006	0.14 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	65	5,562	618,205	110,000	508,205	0.04 %
j Total. Other Benefits	9,551	29,879	53,357,069	9,238,024	44,119,045	3.34 %
k Total. Add lines 7d and 7j	9,551	29,879	313,799,819	280,803,508	58,855,964	4.46 %

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	15	5,000	247,918		247,918	0.02 %
3 Community support	20	0	36,380		36,380	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building	81	357	30,279	2,246	28,033	0 %
7 Community health improvement advocacy	7	0	18,873		18,873	0 %
8 Workforce development	11	10	600,615		600,615	0.05 %
9 Other					0	0 %
10 Total	134	5,367	934,065	2,246	931,819	0.07 %

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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.		
			81,553,905
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.		
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)		232,055,867
6	Enter Medicare allowable costs of care relating to payments on line 5		264,524,668
7	Subtract line 6 from line 5. This is the surplus (or shortfall)		-32,468,801
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?	Yes	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ROANOKE AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGERY	49.2 %		46.48 %
2 SOUTHWEST VIRGINIA HEALTH PROPETIES LLC	REAL ESTATE	51.12 %		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 HTTPS://WWW.CARILIONCLINIC</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? <u>HTTPS://WWW.CARILIONCLINIC.ORG/COMMUNITY-HEALTH-ASSESSMENTS#ROANOKE-VALLEY</u>	Yes	
a	If "Yes" (list url): <u>ASSESSMENTS#ROANOKE-VALLEY</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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 checked="" 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: 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)	19	No
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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)	21	Yes
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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 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? 103

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
<p>Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA</p>	<p>(Continued From Part V Section C) Through HRV, multiple programs and strategies have arisen in response to community needs, such as the Pathways Community HUB. This community-based care coordination system is anchored by Community Health Workers strategically located in two Carilion teaching practices in the City of Roanoke, at Carilion Community Care and Carilion Internal Medicine Riverside 3, and partners' clinics. Through a model addressing social determinants of health, Community Health Workers link clients and their families to resources and services. The program reduces 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 HRV. -Community Grants - Carilion fulfills our commitment to addressing key health priorities through targeted grants for community health improvement programs and those affecting the social determinants of health. Carilion provides many community grants and community health sponsorships to help local charitable organizations fulfill their missions related to the health and well-being of our communities. Community grant dollars are allocated across the entire Carilion Clinic service area based on requests received. During the fall cycle of 2020 fiscal year (2019 tax year), \$85,000 in grants were awarded to nine programs in the Roanoke Valley to improve mental health access, transportation, disease prevention, literacy services and to increase the availability of affordable healthy foods. Carilion's COVID-19 Community Health Fund replaced the traditional spring grant process, focusing on acute COVID-related health care needs and health-related social needs in our region. In the Roanoke Valley, we awarded \$69,500 in funding to support a facility for people experiencing homelessness and recovering from COVID-19 to live and quarantine, programs addressing food insecurity throughout various Southwest Virginia communities, medication access and delivery for free clinic patients in Southwest Virginia, expanded access to mental health care through the free clinic and access to refurbished rehabilitation 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 medically underserved areas (MUAs). The City of Roanoke tends to perform worse than other neighboring communities in many health and social determinant indicators. Efforts often focused on the Northwest and Southeast quadrants of the city-the MUAs most in need. CMC is addressing essential 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 Project- Carilion is working with Roanoke City Public Schools (RCPS) and other partners to expand access to health care services for families through Local Impact for Tomorrow (LIFT). LIFT is a partnership between Carilion, RCPS, Freedom First Credit Union, Delta Dental of Virginia and Roanoke Women's Foundation. Plans are underway to create a community health center in Southeast's Fallon Park Elementary School. The community health center will provide physical, mental and oral health care services and financial wellness programs for local students and families. Groundbreaking for the facility is scheduled for 2021. Additionally, LIFT's Asthma in Schools program at Fallon Park Elementary allows school nurses to administer medication to students with asthma. Roanoke City provided funding to extend care into the home, working with the Child Health Investment Partnership during the COVID-19 pandemic. -Significant Health Priorities to be Addressed- -Health Behaviors - Needs include a culture of healthy behaviors not a priority, and poor diet. Carilion Clinic continues to address health behavior-related priorities from the 2018 RVCHNA. To improve overall health culture and promote healthy diets, Carilion provides various free health education classes, screenings and flu immunizations in community settings. In fiscal year 2020, Carilion provided 393 health education, screening and immunization opportunities/events in the Roanoke Valley, serving 8,593 people. Community health education is provided by the Community Health and Outreach (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, h</p>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA	<p>healthy eating and exercise, stress management, and infant and child safety. During the COVID-19 pandemic, CHO transitioned to "Take a Break" virtual education sessions providing timely, relevant tips focused on improving well-being and maintaining a healthy lifestyle during an uncertain time. As the year progressed, we added well-being support groups, cooking videos, online gardening classes, guided walks and hikes, and limited in-person outdoor education. Resources committed to these programs include staff time, volunteer hours, and food and giveaway items that encourage healthy behaviors. Carilion remains committed to addressing poor diets. Through the Local Foods Program, Carilion provides hundreds of thousands of dollars of support to improve healthy food access. Community grants make healthy, wholesome foods more affordable and accessible in the Roanoke Valley, including one that doubles the value of the Supplemental Nutrition Assistance Program (SNAP) benefit. Carilion's Morningside Urban Farm brings fresh foods to the Southeast Roanoke City community. The farm offers health education and incentives to adopt healthy lifestyles. The farm's programs focused on wellness through gardening, nutrition, physical activity/movement, the arts and music. Produce grown at the farm is donated to those attending Morningside classes and events and community groups such as the Presbyterian Community Center, Boys and Girls Club, and the Rescue Mission. In addition to community events, Carilion fosters healthy behaviors by offering classes to employees and through partnerships with other Roanoke Valley employers. As the largest employer in the region, efforts to engage our employees and their families in healthy lifestyles impact community health overall. Carilion offers VirgIn Pulse. The program enables employees to connect personal activity trackers and a platform to encourage daily healthy behaviors such as exercise, climbing stairs, and planning healthy meals. Additionally, CMC makes a Farm Share program available to employees and their families through payroll deduction. Farm Share widens the impact of nutritious fresh food and diets for our Carilion staff. Carilion remains committed to the Healthier Hospital Initiative pledge and continues to improve quantities of healthy, local, sustainable foods purchased and served through its cafeterias. Wellness comprises a multitude of factors, from mental and social support to prevention and safety. We offer support groups for grief and loss counseling, cancer treatment and recovery, and attention to diabetes and other chronic conditions. CMC also coordinates child passenger safety training and child safety seat checks to reduce injuries from car accidents. Carilion family practices 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 and free Sleep Sack to promote safe sleep practices. Infants born in Carilion hospitals also receive a free Sleep Sack when available.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)</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 essential to CMC when addressing community health needs. In addition to providing financial support to qualifying patients who cannot afford care, Carilion works to improve affordable access to care and resources.</p> <p>-Mental health and substance use services - Through the #AllIn program, Carilion provides additional access to non-traditional mental health and substance use services. A key component of #AllIn is peer support which has expanded the type of care people in the Roanoke Valley can access. Peer recovery specialists have a unique perspective and can connect with patients through shared experiences. In fiscal year 2020, Carilion trained 90 peer recovery specialists in the Roanoke Valley and taught more than 150 laypeople to utilize Narcan through the REVIVE program. We formed five peer recovery center groups pre-COVID. We also convened virtual groups for individuals in recovery to maintain support during the stay-at-home order. Carilion's Addiction Task Force brings together expertise from throughout the Carilion system to better understand and address the opioid epidemic in Southwest Virginia. Efforts 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, growing 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. -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. Additionally, oral health is also prioritized through the HRV Oral Health Action Team with the DentaQuest Foundation's support. -High uninsured / underinsured population and high cost of care - Carilion is committed to helping improve access to affordable medical care in our communities. Since the expansion of Medicaid in the Commonwealth of Virginia in 2019, Carilion has worked diligently on outreach and enrollment for newly eligible beneficiaries. By the end of fiscal year 2020 (tax year 2019), more than 15,754 people were newly enrolled in Medicaid in the Roanoke Valley. Community Health Workers and other partners also helped clients complete insurance pathways pairing them with appropriate services once they were 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 by the RX Partnership, which Carilion supports financially. Additionally, individuals can access regular care and medications as well as coordinate lab services through Carilion financial assistance. To increase access to primary care and resources for adolescents, CMC partners with RCPS 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 their ability to pay. - Social and Economic Factors - Needs include poverty, transportation, affordable / safe housing, educational attainment. In its commitment to reducing inequities in care, Carilion provides financial support for people who cannot afford insurance or health care. Carilion also manages a Medication Assistance Program to increase access to affordable medication and replenishes medication carried aboard emergency medical services vehicles. Support is provided to various not-for-profit organizations. Our support reduces 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</p>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)	<p> gh which employees can provide additional support to these causes. The Virginia Tech Carilion (VTC) Health Sciences and Technology Campus is located in the City of Roanoke. The VTC partnership continues 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. Virginia Western Community College and local universities have partnered with the community to make it possible for local students to access affordable or no-cost education. </p> <p> - Transportation - Carilion recognizes the impact that lack of reliable transportation can have on health. To improve access to transportation for patients in need of regular health care, Carilion supports 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 houses the Virginia Tech Carilion School of Medicine, the Fralin Biomedical Research Institute at Virginia Tech Carilion and many Carilion clinical services. </p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA, Continued	<p>- Physical Environment - While physical environment did not necessarily arise as a top priority in the 2018 RVCHNA, Carilion still recognizes the impact the environment has on the health of our communities. Efforts continue to make our 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. - Implementation and Measurement - Carilion has invested in multiple systems to manage data and track outcomes of our community work. We assessed program-level outcomes for community health education classes and screening events. We tracked these outcomes using pre- and post-tests for education and screening results such as blood pressure, cholesterol, diabetes risk assessments and glucose readings. Community programs supported by Carilion grants were responsible for regularly reporting program outcomes. Scorecards developed contain key secondary data points. They are updated annually to track the community health initiatives' impact. Specifically, Carilion tracked and measured impact on specific aligned indicators contributing to the RWJF County Health Factors Rankings and County Health Outcomes Rankings. Our goal is to improve County Health Rankings for the entire Roanoke Valley. Still, we understand that improvements are relative to progress in other communities in the Commonwealth of Virginia by these rankings' nature. The REDCap software program enabled internal data to be utilized at the aggregate level to display outcomes of targeted health initiatives for research teams. The initiatives included asthma interventions at Fallon Park Elementary School. The results will be used for future planning and decision-making. - Priority Areas Not being Addressed and the Reasons - Earlier, we described using a community approach to determine and address priority needs. We used a similar approach to determine which needs cannot be immediately addressed. We considered several needs during the prioritization process. However, we did not actively address these needs during this period due to low feasibility or low potential impact. These needs are alcohol and drug use, lack of exercise, lack of health literacy, lack of understanding of healthy behaviors, lack of knowledge of community resources, risky sexual activity, tobacco use, access to primary care, access to specialty care (general), communication barriers with providers, coordination of care, quality of care, child abuse/neglect, community safety/violence, domestic violence, lack of family / social support systems, unemployment, air quality, injury prevention/safety of the environment, outdoor recreation, water quality, high prevalence of chronic disease (general).</p>

990 Schedule H, Supplemental Information

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. 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 the financial assistance policy (FAP). Families with family income greater than 200% of the FPG but less than or equal to 400% of the FPG or assets above \$15,000 and less than or equal to \$100,000 are eligible to receive a partial adjustment under FAP. The partial adjustment matches the amounts generally billed (AGB) percentage for each service area.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Col (F) Percent of Total Expense	Patient -related bad debt expense of \$81,553,905 was excluded from the calculation of Part I Line 7 Column (f) Percent of total expense.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part I, Line 7e Community health improvement services and community benefit operations</p>	<p>This line is reported at actual cost. Carilion's commitment to community health is evident at all levels of the organization. Our infrastructure includes a Planning and Community Health division dedicated to assessing and addressing community needs. The division leads and facilitates the Community Health Improvement Plan, Community Health Needs Assessments, community grants, community health education, collection of community benefit data and neighborhood health initiatives. Some Community Health and Outreach staff work 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 also 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 and seasonal screenings to detect facial damage due to sun exposure. Carilion Medical Center's community health education department hosts the local chapter of the National Safe Kids Coalition. The department also offers guidance about childhood injury prevention to the community and other providers. Carilion Medical Center's Safe Kids Coalition coordinator also provides free training and national certification on proper car seat installation for other health and safety providers. Due to COVID-19, work shifted from the typical health education and improvement programming to education and outreach aimed at lessening the impact of the pandemic. For many months, representatives across the organization were involved in the Home Alone program-an outreach effort to connect vulnerable patients to community resources and help them overcome any barriers caused by supply shortages, business closures, and cancellation of medical appointments. Carilion received federal relief funding that will offset the Community Benefit expenses generated by this and other similar work. In efforts to increase access to health care, Carilion physicians dedicate hours to providing ongoing care for patients of local free clinics. Carilion also connects patients to resources for enrollment in public health care programs such as Medicaid. Following the rollout of Medicaid expansion in Virginia, Carilion began contracting with MedAssist for Medicaid enrollment outreach, ensuring access to a wide range of health services across the community. MedAssist screens uninsured patients to identify eligibility and helps them with the application process, including documentation and substantiation of eligibility. Greater coverage increases access to benefits not only for general health, but for dental and mental health services as well. The increase in scope for Medicaid eligibility and enrollment led to an increase in Community Benefit dollars invested in this category. 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>

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7h Research	<p>This line is reported at 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. The Health Analytics Research Team provides accurate and timely reporting, informatics and actionable analytics to forward the mission of Carilion, including clinical, financial, research, and claims data. 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. Another example is an at-home pulmonary rehabilitation program developed to help patients with high-risk chronic obstructive pulmonary disease in rural areas improve health outcomes and healthy behaviors by engaging in at-home self-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	At cost. Carilion's dedication to our mission of improving the health of the communities we serve is evidenced by the annual financial and in-kind contributions we provide to dozens of nonprofit partners. Our support directly impacts the issues identified in our triennial Community Health Needs Assessment and various social determinants that impact health. This support helps provide access to nutrient dense foods, promotion of exercise and healthy activities, chronic disease management, access to mental health services and coordination of care, and many other community health improvement goals.

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>Line 1 - Physical improvements and housing - N/A Line 2 - Economic development - As the largest employer in Southwest Virginia, Carilion impacts economic development by investing in jobs, increased wages for employees and various capital building projects. In addition, Carilion had direct economic development expenses from programming and support of local Chambers of Commerce, the Better Business Bureau, and the Roanoke Regional Partnership, improving economic development efforts through pro-business advocacy. We supported the Partnership's Accelerate 2022 campaign to quicken the region's growth through leveraging livability, the outdoors, and higher education to achieve job growth, investment, qualified workforce and economic impact. Carilion is active in local economic development endeavors, including supporting the Valleys Innovation Council, investing in research and technology and communicating with local businesses about the region's current business climate and prospective companies. Funding provided to the Greater Roanoke Transit Company for the Star Line Trolley offers free transportation around downtown Roanoke. It 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 communities' overall health and well-being. Carilion supports nonprofit organizations addressing barriers to good health arising from these social determinants in various ways. Carilion also collaborates with local partners to support better education and opportunities for children and families and improved housing, better nutrition and additional resources for its neighbors in need. These efforts make progress in removing a range of obstacles to good health for residents of our region. In fiscal year 2020 (tax year 2019), Carilion worked with the Rescue Mission homeless shelter to support the Back to School Blast, which provides around 1,000 area students with new backpacks containing school supplies at the start of the school year and engages Carilion physicians in providing physicals and immunizations. Through monetary donations and organizational support, Carilion reduces inequity, promotes community development and repair, provides for veterans and seniors' social needs, maintains essential community-building amenities, and supports events for organizations like the Boys and Girls Club of Southwest Virginia, the NAACP and Local Colors of Western Virginia. 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 we must address our most significant health issues in concert with the community. To ensure lasting 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. Also, we partner with multiple community and business organizations around initiatives to improve health and wellness for everyone living in the Roanoke Valley. An example is Carilion's representation and participation on the Injury and Violence Prevention Collaborative Network, a group of organizations across Virginia working to strengthen injury and violence prevention efforts and enforce positive change on one of the leading causes of hospitalizations and deaths for both children and adults. Carilion also works with Children's Trust on coalition-building efforts to decrease child abuse and neglect. Other coalition-building activities include board participation with the Child Health Investment Partnership of the Roanoke Valley, Feeding Southwest Virginia, the Boys and Girls Club of Southwest Virginia, DePaul Community Resources, the Virginia Rural Health Association, and many more. Line 7 - Community health improvement advocacy - Carilion's mission of community health improvement focuses not only on what the organization does directly but also on supporting advocacy through other organizations' work. During fiscal year 2020 (2019 tax year), Carilion worked with various groups. These included Equality Virginia, an organization focused on ensuring protection in legislation for LGBTQ Virginians and providing advocacy for transgender Virginians. We also worked with the Virginia Tech Carilion School of Medicine's Inclusivity Task Force, which advances inclusivity across all aspects of the student experience. Financial support also furthers our advocacy efforts. We contribute to many causes, including the Children's Trust "Save Jane" campaign, which brings awareness to child abuse in the Roanoke Valley; the Humble Hustle Company, which empowers black youth and connects diverse communities; and Girls on the Run, an organization t</p>

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>hat promotes running as a method of empowering young girls. Line 8 - Workforce development - With the understanding that employment is directly linked to health and wellness, Carilion partners to provide workforce development and training for community members. These efforts also develop a pipeline of future health care workers. In fiscal year 2020 (tax year 2019), 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 Aging and Rehabilitative Services, and local school systems. Carilion was a founding partner in VA Ready. This new initiative focuses on helping Virginians impacted by the pandemic return to work through training for in-demand jobs in high-growth sectors. Carilion is involved in the Virginia Business Higher Education Council Growth4VA coalition, promoting reform and reinvestment in the higher education system. Through the Virginia Foundation for Independent Colleges, Carilion provided fellowship funds to help students strengthen their research experience and prepare them for a career in the sciences. In addition, Carilion deploys special recruitment efforts for specific types of providers to improve access to needed care and meet the needs of underserved individuals in the Roanoke Valley.</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. In accordance with 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.

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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, in cases of a deceased patient, 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;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>In addition to conducting regular Community Health Needs Assessments (CHNA), Carilion Clinic 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 internal departments. Carilion's call center, Carilion Direct, is available for community members to ask questions and connect with community resources. The Planning and Community Development department studies chronic disease incidence and prevalence rates, monitors health status indicators and assesses health disparities. Carilion adapted its community health improvement process from Associates in Process Improvement's Model for Improvement and the Plan-Do-Study-Act 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 in key neighborhoods or aligned with community initiatives. Ongoing collaboration with community stakeholders allows for regular communication of community needs and gives our partners opportunities to respond cohesively. Carilion fosters community development in its CHNA and community health improvement processes through the Strive Collective Impact Model for the Community Health Assessment Team. 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 toward shared strategies.</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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<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 comprises 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, arts, shopping, recreational opportunities, natural beauty and services not available in the region's more rural areas. In addition to Carilion, key safety net providers in the region include Veterans Administrations; New Horizons, a federally qualified health center; free clinics; local offices of the Virginia Department of Health; and other human service organizations. Despite these entities' presence, however, 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 in health and social determinants. The 2015-2019 American Community Survey (ACS) found the Roanoke MSA's total population to be 313,009. The cities of Roanoke and Salem had 99,229 residents and 25,317 residents, respectively. The counties of Botetourt, Craig, Franklin and Roanoke had 33,343, 5,110, 56,187 and 93,823 residents, respectively. The median age in the MSA localities ranges from 37.8 in the City of Roanoke to 47.2 in Craig and Franklin Counties, all above the state median of 38.2 (U.S. Census Bureau, 2015-2019 5-year American Community Survey, Table S0101, https://data.census.gov/cedsci/table?q=S0101&tid=ACSST5Y2019.S0101&hidePreview=true). The Weldon Cooper Center for Public Service predicts positive population change by 2040 for all communities except Craig County, which may have very slight population loss (Weldon Cooper Center for Public Service, https://demographics.coopercenter.org/virginia-population-projections). The ACS finds that for most of the Roanoke MSA, a more significant percentage of the population is White than in the Commonwealth of Virginia as a whole, with rates ranging up to 98.6% in Craig County (U.S. Census Bureau, 2015-2019 5-year estimates, American Community Survey, Table DP05, https://data.census.gov/cedsci/table?tid=ACSDP5Y2019.DP05&hidePreview=true). The Roanoke Valley's urban hub, the City of Roanoke, is more racially and ethnically diverse than the rest of the MSA. Roanoke's population is 62.4% White, 29.0% Black, and 3.0% Asian, with 4.4% representing more than one race. The remainder represents small minorities of American Indian/Alaskan Native, Native Hawaiian/Pacific Islander or some other race. Of the population, 6.3% are Hispanic or Latino (U.S. Census Bureau, 2015-2019 5-year estimates, American Community Survey, Table DP05, https://data.census.gov/cedsci/table?tid=ACSDP5Y2019.DP05&hidePreview=true). The city is divided into quadrants (Northwest, Northeast, Southwest and Southeast) separated geographically by railroad tracks, the Roanoke River and Interstate 581. These quadrants vary significantly in the demographic and economic make-up of their residents. Specifically, two of the quadrants- Northwest and Southeast-have federal designations as Medically Underserved Areas. The quadrants are home to a large proportion of the low-income individuals and families in the city who may be uninsured, underinsured or are Medicaid recipients who 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. Our flagship hospital in the heart of the City of Roanoke, the largest urban hub in western Virginia. Carilion provides quality care for nearly one million individuals through a comprehensive network of hospitals, primary and specialty physician practices, wellness centers, and other complementary services. Carilion's roots go back more than a century when a group of dedicated citizens came together and built a hospital to meet the community's health care needs. Today, Carilion is a vital anchor institution focused on health care and dedicated to our mission of improving the health of the communities we serve. With an enduring commitment to our region's health, care is advanced through clinical services, medical education, research and community health investments. Carilion believes in service, collaboration and caring for all. Carilion invests in discovering and responding to local and regional health needs, understanding that we must involve additional stakeholders to address community health issues and create change effectively. Carilion Medical Center (CMC) includes Carilion's flagship facility, Carilion Roanoke Memorial Hospital (CRMH) (https://www.carilionclinic.org/locations/carilion-roanoke-memorial-hospital). 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 CRMH 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 serves patients regardless of their ability to pay. The hospital's governing board members are elected annually and reside in the region. The majority of members are neither hospital employees nor contractors. Medical staff privileges are extended to qualified providers. Surplus funds are reinvested in new technology, clinical initiatives, education and charitable efforts. Reinvestments include providing free, discounted and subsidized care and critical medical services not otherwise offered in our region.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<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 region's health, Carilion advances care through medical education and research, helps its community stay healthy and inspires 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. Advances include developing a multi-specialty physician group, transforming our primary care practices into patient-centered medical homes, implementing electronic health records system-wide, and creating a robust partnership with Virginia Tech, including developing the Virginia Tech Carilion (VTC) School of Medicine and the Fralin Biomedical Research Institute at VTC. In addition, Carilion continues to evolve its long relationship with what is now Radford University Carilion to assist with educating students in various health professions. Each decision and adaptation have fundamentally changed the way Carilion collaborates and provides care (https://www.carilionclinic.org/about-carilion-clinic). Carilion's community and population health infrastructure is the health system's engine for providing collaborative opportunities to improve and promote the community's health. Carilion'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. The health system's many partnerships with cross-sector organizations create a collaborative culture of community health and wellness.</p>

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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	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
Schedule H, Part V, Section B, Line 5 Facility A, 1	<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 Veteran Affairs Medical Center, United Way of Roanoke Valley, and the Virginia Department of Health. To further obtain input from the community, 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 a Stakeholder Survey (print and electronic versions were available) to provide additional perspectives about our community's health needs and barriers. CHATs conducted stakeholder focus groups 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, Presbyterians</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>an Community Center parents and staff, and Roanoke Rescue Mission guests. A 39-question survey was developed (in English and Spanish) 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 conducted by organizations such as National Association of County and City Health Officials (NACCHO), and Centers for Disease Control and Prevention. The CHAT and HRV Data Tracking and Quality Improvement Action Team identified target populations, collection sites and survey distribution methods. The survey focused on Roanoke Valley residents 18 years of age and older in the following service area 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 Veteran Affairs 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 Community Health Assessment Team (CHAT) shared the 2018 Roanoke Valley CHNA on partner websites and social media. The RVCHNA was also shared through community forums, community presentations and media interviews.

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. The following information describes the implementation strategies used by Carilion Medical Center (CMC), comprised of Carilion Roanoke Memorial Hospital (C RMH) and Carilion Roanoke Community Hospital (CRCH), to address the community health needs identified in the 2018 Roanoke Valley Community Health Needs Assessment (RVCHNA). The complete implementation strategies are available online at https://www.carilionclinic.org/community-health-assessments#roanoke-valley According to the Robert Wood Johnson Foundation's (RWJF) County Health Rankings (http://www.countyhealthrankings.org), where an individual lives, works and plays is a strong predictor of their health outcomes. 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. (https://www.rwjf.org/en/library/interactives/whereliveaffectshowlongyoulive.html). These factors, part of the 10-year national Healthy People 2030 objectives, are crucial to our overall health because they "create social and physical environments that promote good health for all." (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) Carilion responds to community health needs in innovative ways- making sure our regions have access to state-of-the-art health care close to home, providing community grants and sponsorships to extend our mission and support other organizations addressing health needs, creating and implementing community-wide strategies to reduce barriers, coordinate resources and enhance community strengths, and providing community-based health and wellness programs. Commitment to community health is evident at all levels of the organization. Carilion's infrastructure includes a Planning and Community Development division dedicated to assessing and addressing community needs. The division is responsible for leading and facilitating the Community Health Improvement Plan (CHIP), CHNAs, Carilion's community grant process, community health education, community benefit collection, and neighborhood health initiatives. There are Community Health and Outreach (CHO) staff at the system level and each community hospital. They work with hospital Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies. A Community Benefit Council provides oversight and strategic guidance for Carilion's community health improvement work and for community benefit strategy, collection and submission. Carilion's response strategies follow the RWJF framework for what influences health, health behaviors, social and economic factors, clinical care access and quality and physical environment. With the onset of COVID-19, Carilion immediately recognized the prominent role we would play in both prevention and treatment for our region. The pandemic demanded a shift in operations and p</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>riorities. While some of our implementation strategies were delayed or altered, Carilion quickly responded to the new and unique health-related social needs arising from COVID-19. An addendum to the CMC implementation strategies was approved in July 2020 to reflect the organization's planning and response to the pandemic. The complete addendum is available online at https://www.carilionclinic.org/sites/default/files/2020-10/CMC%20IS%20COVID%20Addendum_0.pdf. -COVID-19 Community Response- Carilion worked with local media partners to provide expert advice and guidance to the community for COVID-19 prevention, detection and recovery. In a historic collaborative effort, competing hospitals and broadcasting organizations publicized a community town hall. We coordinated efforts to ensure the public received the most accurate and up-to-date information about the pandemic. We developed the COVID-19 Community Hotline as a dedicated phone line to answer community member questions about COVID-19 signs and symptoms, Carilion guidelines, and resources. We also established a recovery support phone line to ensure employees, patients, and community members have access to mental health and recovery support. Peer Recovery Specialists created five virtual peer support community groups. These provide options for individuals in recovery to maintain recovery-oriented support during stay-at-home orders. Carilion is actively providing counsel to community partners, businesses, universities and colleges regarding COVID-19 through consultation with our infectious disease physicians and our management team. This service, offered free of charge, aims to promote safety and reduce hospitalizations and deaths. -Home Alone and Patient Outreach- Because older adults are especially vulnerable to COVID-19, accessing essential resources presented another serious challenge for them during the pandemic. Amid stay-at-home orders, business closures and medical appointment cancellations, we made it our mission to check on seniors in need who were living alone. Carilion's Planning and Community Development, Geriatric Medicine, Home Care and Hospice and Accountable Care Organization departments coordinated efforts to establish Home Alone. Through this initiative, Carilion made more than 1,200 phone calls to provide up-to-date information and connect seniors with local governments and community resources. From delivering masks to offering support over the phone, the program helped meet a wide-range of needs head-on. Seniors were able to stay home safely, reduce their exposure to COVID and avoid the hospital -Community Partnerships- Carilion Clinic believes in the power of collaboration. Carilion also understands the most significant health issues are addressed through cooperation with the community. Carilion participates in and provides financial and in-kind support to community health coalitions addressing the Roanoke Valley health needs. We also partner with multiple community and busin</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>ess organizations to improve health and wellness and to impact the social determinants of health for everyone we serve. -Healthy Roanoke Valley (HRV)- Forming a true community collaborative with lasting impact is no small feat. In 2012, using the Strive Collective Impact model, Carilion and United Way brought together strategic community partners to create HRV. An initiative supported by United Way of Roanoke Valley, HRV is now a partnership of more than 50 organizations striving to enhance health equity and create a "culture of wellness" across our region. For years, HRV has been serving as a valuable partner with Carilion Clinic. The collaborative updated HRV's strategic framework to align with the triennial Community Health Needs Assessment (CHNA), a community-driven process and a significant component of Carilion'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 lifestyle behaviors that result in improved health and wellbeing, 4. Support and advocate for natural and built environments that cultivate vibrant neighborhoods. Carilion provides in-kind support to HRV with representatives active on the HRV steering committee and action teams focused on wellness, mental health, primary care, oral health and coordination of care. In response to the COVID-19 pandemic, HRV focused on engaging partners and supporting the United Way of Roanoke Valley-led community response effort. HRV staff members were deeply involved in supporting community efforts around health care access and resources, personal protective equipment shortages and sourcing, community food resources, and financial education and literacy. HRV's Mental Health & Substance Use and Wellness Action Teams developed a shared message to address behavioral health issues in the community related to the pandemic and racial unrest. Meanwhile, the Health Start initiative pivoted its focus from family education to providing emergency supplies of fresh produce to families with children. (Continued in Schedule H, Part VI)</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 13 Facility A, 1	Facility A, 1 - Group A. Individuals with Out of Network insurance are not eligible for Financial Assistance unless the plan does not meet minimum essential coverage as defined in PPACA or it is a governmental plan.

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 - Tazewell 388 Ben Bolt Avenue Tazewell, VA 24651	Emergency Physicians
4 Carilion Clinic Pain Management 1 Riverside Circle Roanoke, VA 24016	Pain Management
5 Carilion Clinic Genetic Counseling 1 Riverside Circle Roanoke, VA 24016	Genetic Counseling
6 Carilion GYN Oncology 1 Riverside Circle Suite 300 Roanoke, VA 24016	Gynecological Oncology
7 Carilion Clinic Dermatology & Mohs Surgery 1 Riverside Circle Suite 300M Roanoke, VA 24016	Dermatology and Mohs Surgery
8 Carilion Clinic Occupational Medicine Elm Ave 101 Elm Avenue SE Roanoke, VA 24013	Occupational Medicine
9 Carilion Wound Care Center Carilion Roanoke Community Hospital 101 Elm Avenue SE Roanoke, VA 24013	Wound Care
10 Carilion Dentistry Pediatric Surgery 101 Elm Avenue SE Roanoke, VA 24013	Dental Service
11 Community Care 101 Elm Avenue SE Roanoke, VA 24013	Family Medicine
12 Carilion Maternal Fetal Medicine 101 Elm Avenue Suite 400 Roanoke, VA 24013	Maternal Fetal Medicine
13 Carilion Clinic Urogynecology 101 Elm Avenue Suite 400 Roanoke, VA 24013	Obstetrics
14 Carilion Prenatal Diagnostic Center 102 Highland Ave Suite 455 Roanoke, VA 24013	Prenatal Testing

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 Breast Care Diagnostic Center 102 Highland Ave Ste 202 Roanoke, VA 24013	Breast Care Center
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 Clinic 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 Pediatric Endocrinology Clinic 102 Highland Avenue Suite 455 Roanoke, VA 24013	Endocrinology
9 Carilion Sleep Center 1030 S Jefferson St Ste G100 Roanoke, VA 24016	Sleep Disorder
10 Carilion Anticoagulation Clinic 1030 S Jefferson St Ste G101 Roanoke, VA 24016	Anticoagulation Clinic
11 Carilion Clinic Pediatric Child Developmental Clinic 1030 S Jefferson Street Roanoke, VA 24016	Child Development Services
12 Carilion General Pediatric Clinic 1030 S Jefferson Street Suite 106 Roanoke, VA 24016	General Pediatrics
13 Pediatric Developmental Clinic 1030 S Jefferson Street Suite 201 Roanoke, VA 24016	Pediatric Development
14 Carilion Diabetic Education 1030 S Jefferson Suite G101 Roanoke, VA 24016	Diabetic Education

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)
31 Carilion Uro-Gynecology Associates 1030 S Jefferson St Ste 109 Roanoke, VA 24016	Urogynecology
1 Carilion Wellness-Botetourt 105 Summerfield Court Roanoke, VA 24019	Outpatient Therapy Services
2 Carilion Clinic Urology Christiansburg 120 Akers Farm Road NE Christiansburg, VA 24073	Urology
3 Carilion Clinic Reproductive Medicine and Fertility 1231 S Jefferson Street Roanoke, VA 24016	Reproductive Endocrinology
4 Carilion Clinic Vascular McClanahan 127 McClanahan Street Roanoke, VA 24014	Vascular Services
5 Carilion Cardiac Rehab 127 McClanahan Street Roanoke, VA 24014	Cardiac Rehab
6 Carilion Heart Failure Clinic 127 McClanahan Street Roanoke, VA 24014	Heart Failure Services
7 Physical Therapy Westlake 12970 Booker T Washington HWY Hardy, VA 24101	Physical Therapy Services
8 CFM Roanoke Salem 1314 Peters Creek Road Roanoke, VA 24017	Family Practice
9 Carilion Clinic OBGYN Daleville 150 Market Ridge Lane Daleville, VA 24083	Obstetrics and Gynecology
10 Daleville Imaging 150 Market Ridge Lane Daleville, VA 24083	Imaging Services
11 Pediatric Subspecialty Clinic 1620 Graves Mill Road Lynchburg, VA 24502	Pediatrics
12 General Surgery Clinic 180 Floyd Avenue Rocky Mount, VA 24151	Surgical Services
13 Carilion Clinic Cardiology Services - Rocky Mount 180 Floyd Avenue Rocky Mount, VA 24151	Cardiology
14 Physical Therapy West Salem 1955 West Main Street Salem, VA 24153	Physical Therapy Services

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
46 Carilion Clinic OBGYN Salem 1957 W Main Street Salem, VA 24153	Obstetrics and Gynecology
1 Carilion Clinic Imaging - Crystal Spring 2001 Crystal Spring Ave SW Roanoke, VA 24014	Imaging Services
2 Carilion Cardiothoracic Surgery 2001 Crystal Spring Avenue Suite 20 1 Roanoke, VA 24014	Cardiac Surgery Services
3 Carilion Clinic Cardiology 2001 Crystal Spring Avenue Suite 20 3 Roanoke, VA 24014	Cardiology Services
4 Carilion Clinic Pulmonary and Sleep Medicine 2001 Crystal Spring Avenue Suite 30 0 Roanoke, VA 24014	Pulmonary and Sleep Services
5 Carilion Infectious Disease Clinic 2001 Crystal Spring Avenue Suite 30 1 Roanoke, VA 24014	Infectious Disease
6 Carilion Center for Healthy Aging 2001 Crystal Spring Avenue Suite 30 2 Roanoke, VA 24014	Geriatrics
7 Carilion Clinic Dentistry General Surgery Jefferson 2017 S Jefferson St Roanoke, VA 24014	Surgical Services
8 Carilion Clinic Department of Psychiatry and Behavioral Medicine Adult Outpatient 2017 S Jefferson Street Roanoke, VA 24014	Behavioral Health
9 Carilion Dental Care 2017 S Jefferson Street Roanoke, VA 24014	Dental Service
10 Child and Adolescent Psychiatry 2017 S Jefferson Street Roanoke, VA 24014	Child and Adolescent Psychiatry Services
11 Community Psychiatry 2017 S Jefferson Street Roanoke, VA 24014	Psychiatry Services
12 CFM Southeast 2145 Mount Pleasant Boulevard Roanoke, VA 24014	Family Practice
13 Carilion Clinic Imaging ION 2331 Franklin Road Roanoke, VA 24014	Imaging Services
14 Carilion Clinic Neurosurgery - ION 2331 Franklin Road Roanoke, VA 24014	Neurosurgery

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 Pain Management - ION 2331 Franklin Road Roanoke, VA 24014	Pain Management
1 Carilion Physical Medicine and Rehabilitation 2331 Franklin Road Roanoke, VA 24014	Physical Medicine
2 Carilion Clinic Orthopaedics - ION 2331 Franklin Road SW Roanoke, VA 24014	Orthopaedics
3 Carilion Clinic Department of Psychiatry and Behavioral Medicine 2900 Lamb Circle Christiansburg, VA 24073	Psychiatry and Behavioral Health Services
4 CNRVMC - Neurosciences 2900 Lamb Circle Christiansburg, VA 24073	Neurology
5 CNRVMC - Radiology 2900 Lamb Circle Christiansburg, VA 24073	Radiology Services
6 Carilion Children's Pediatrics - New River 2900 Lamb Circle Christiansburg, VA 24073	Pediatrics
7 Carilion Clinic Sleep Center - New River Valley 2900 Lamb Circle Suite 7-700A Christiansburg, VA 24073	Sleep Medicine
8 Carilion Clinic Genetics - Lynchburg 2900 Old Forest Rd Lynchburg, VA 24501	Pediatric Genetics
9 Carilion Clinic Neuropsychology CCR3 3 Riverside Cir Roanoke, VA 24016	Neuropsychology Services
10 Carilion Clinic General Surgery 3 Riverside Circle Roanoke, VA 24016	Surgical Services
11 Carilion Clinic Internal Medicine 3 Riverside Circle Roanoke, VA 24016	Internal Medicine
12 Carilion Clinic Neurology 3 Riverside Circle Roanoke, VA 24016	Neurology
13 Carilion Clinic Orthopaedics Trauma 3 Riverside Circle Roanoke, VA 24016	Orthopaedic Trauma
14 Carilion Clinic TraumaCritical Care 3 Riverside Circle Roanoke, VA 24016	Surgical Services

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
76 Carilion Imaging 3 Riverside Circle Roanoke, VA 24016	Imaging Services
1 Carilion OBGYN - Riverside 3 Riverside Circle Roanoke, VA 24016	Obstetrics and Gynecology
2 CRMH Rheumatology Clinic 3 Riverside Circle Roanoke, VA 24016	Rheumatology
3 Carilion Clinic Gastroenterology 3 Riverside Circle Roanoke, VA 24016	Gastroenterology
4 Carilion Clinic Orthopaedics 3 Riverside Circle Roanoke, VA 24016	Orthopaedics
5 Carilion Clinic Endocrinology 3 Riverside Circle Roanoke, VA 24016	Endocrinology
6 Carilion OtolaryngologyENT 3 Riverside Circle 4th Floor Roanoke, VA 24016	Otolaryngology and ENT Services
7 Carilion Pediatric OtolaryngologyENT 3 Riverside Circle 4th Floor Roanoke, VA 24016	Pediatric Otolaryngology and ENT Services
8 Carilion Plastic and Reconstructive Surgery 3 Riverside Circle Suite 400 Roanoke, VA 24016	Plastic and Reconstructive Surgery
9 Carilion Cardiology Westlake 35 Medical Court Hardy, VA 24101	Cardiology Services
10 Carilion Sleep Center Westlake 35 Medical Court Hardy, VA 24101	Sleep Disorder
11 Carilion Surgery Westlake 35 Medical Court Hardy, VA 24101	Surgical Services
12 Urogynecology Westlake 35 Medical Court Hardy, VA 24101	Urogynecology
13 Carilion Clinic Dermatology and Mohs Surgery - Westlake 35 Medical Court Hardy, VA 24101	Dermatology and Mohs Surgery
14 Carilion Clinic Orthopaedic Surgery - Westlake 35 Medical Court Hardy, VA 24101	Orthopaedics

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 Carilion Clinic Otolaryngology and Audiology - Westlake 35 Medical Court Hardy, VA 24101	Otolaryngology and ENT Services
1 Carilion Clinic Imaging - Westlake 35 Medical Court Hardy, VA 24101	Imaging Services
2 Brambleton Radiology Services 3707 Brambleton Avenue Roanoke, VA 24018	Radiology Services
3 Carilion Clinic Family Medicine Tazewell 388 Ben Bolt Avenue Tazewell, VA 24651	Family Medicine
4 Carilion Clinic Orthopaedics - Franklin 390 S Main Street Suite 103 Rocky Mount, VA 24151	Orthopaedics
5 Carilion Clinic Plastic and Reconstructive Surgery 390 S Main Street Suite 103 Rocky Mount, VA 24151	Plastic and Reconstructive Surgery
6 General Surgery Rocky Mount 390 South Main Street Rocky Mount, VA 24151	Surgical Services
7 Carilion Wellness - Roanoke 4508 Starkey Road Roanoke, VA 24018	Physical Therapy Services
8 Carilion Clinic Allergy and Immunology 46 Wesley Road Daleville, VA 24083	Allergy and Immunology Services
9 Carilion Clinic Pediatric Medicine Rocky Mount 490 S Main St Rocky Mount, VA 24151	Pediatric Medicine
10 Breast Mammography - North 6415 Peters Creek Road Roanoke, VA 24019	Breast Mammography
11 Carilion Children's Pediatric Behavioral Medicine 902 Jefferson St Roanoke, VA 24016	Pediatric Child Development
12 Carilion Obstetrics and Gynecology Clinic 902 South Jefferson Street Upper Level Roanoke, VA 24016	Obstetrics and Gynecology

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Carilion Medical Center

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.

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...
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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash 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 29
3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PATIENTS	8	252,129			
(2) SCHOLARSHIPS	5	9,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	The hospital donates funds to other charitable organizations in support of health and community improvement. Such organizations also have community boards which oversee the expenditure of such funds. 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. A grant cycle specifically addressing needs resulting from the impacts of COVID-19 was held in fiscal year 2020 (tax year 2019) and due to the nature of the funding, awardees were required to submit only one, final report. 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. Carilion Medical Center also has a program under which endowment 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. Recipients submit a mid-year report, and a final program evaluation to report on the program's services, outcomes and budget. Site visits may be made to grantees as needed.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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
American Heart Association 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	501(c)3	18,500				Event Sponsorship
ARCH Roanoke 404 Elm Ave SW Roanoke, VA 24016	23-7064477	501(c)3	17,000				COVID Isolation 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
Center in the Square 1 Market Square Roanoke, VA 24011	51-0238900	501(c)3	50,000				Children's Museum
Children's Trust Roanoke Valley 541 Luck Avenue Roanoke, VA 24016	51-0235891	501(c)3	70,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Service of Roanoke Valley 360 Campbell Ave SW Roanoke, VA 24016	54-0505946	501(c)3	12,000				Mental Health Support
Roanoke Symphony Orchestra 128 East Campbell Ave Roanoke, VA 24011	54-6019736	501(c)3	20,000				Corporate 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
(7) Virginia Blue Ridge Affiliate of Susan G Komen 4910 Valley View Blvd Roanoke, VA 24012	56-2619425	501(c)3	20,000				Event sponsorship
(8) Virginia Foundation for Independent Colleges 901 East Byrd St Richmond, VA 23219	54-0554396	501(c)3	10,000				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
Virginia Health Care Foundation 707 E Main St Richmond, VA 23219	54-1639924	501(c)3	50,000				Leadership Partner Support
Virginia Tech Foundation Inc 902 Prices Fork Rd Blacksburg, VA 24061	54-0721690	501(c)3	8,403				Regional Leadership Forum

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 300 Turner St NW Blacksburg, VA 24061	54-6001805	Virginia	52,500				COVID Innovation
United Way of Roanoke Valley 325 Campbell Ave SW Roanoke, VA 24016	54-0535302	501(c)3	15,000				Family Self-Sufficiency

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	25,000				Event Sponsorship
National Academy of Sciences 500 Fifth Street NW Keck Ctr Rm 731 Washington, DC 20001	53-0196932	501(c)3	25,000				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 Roanoke-Blacksburg Innovation Network 1700 Kraft Dr Blacksburg, VA 24060	46-2975294	501(c)3	100,000				General Support
VA Business Higher Education 1108 East Main Street Richmond, VA 23219	54-1827038	501(c)3	50,000				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
Virginia Ready Initiative 107 S West Street Alexandria, VA 22314	85-1103573	501(c)3	62,500				General Support
Ronald McDonald House Charities of SW VA 2224 S Jefferson St Roanoke, VA 24014	54-1244769	501(c)3		263,675	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
CHIP of Roanoke Valley 1201 Third Street Roanoke, VA 24016	54-1566451	501(c)3	50,000				General Support
Blue Ridge Literacy 706 S Jefferson Street Roanoke, VA 24016	54-1377063	501(c)3	10,000				English and Health Literacy Class

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys and Girls Club of SWVA 1714 9th Street SE Roanoke, VA 24013	54-1867366	501(c)3	35,000				Food Access Program and Van
Bradley Free Clinic 1240 Third Street SW Roanoke, VA 24016	23-7380491	501(c)3	25,000				Continuity of Care & Behavioral Health Services

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
City of Roanoke 215 Church Ave Roanoke, VA 24011	54-6001569	City of Roanoke	20,000				Financial Empowerment Center
Kid's Soar 305 Mountain Ave SW Roanoke, VA 24016	01-0583325	501(c)3	8,500				Literacy initiative

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Local Environmental Agricultural Project PO Box 3249 Roanoke, VA 24015	27-1050909	501(c)3	15,000				Healthy Foods Incentive
Greater Roanoke Transit Company 1108 Campbell Avenue Roanoke, VA 24013	54-0982022	City of Roanoke	43,831				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
Renovation Alliance 530 Eighth St SW Roanoke, VA 24016	54-1961045	501(c)3	10,000				Repairs for Low Income Homeowners
Virginia Tech Carilion School of Medicine 2 Riverside Circle Roanoke, VA 24016	26-4556177	501(c)3	3,126,044				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
Radford University 232 Cook Hall Radford, VA 24142	23-7219782	VIRGINIA	10,200				Transfusion Project

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <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>		
<p>b If any of the boxes on 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>		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 on Line 1a?</p>	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> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<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>		No
		No
		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>		No
		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>		No
		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>	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>		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>		

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 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. Five reported individuals received this benefit, the value of which is included in reported compensation.
Schedule J, Part I, Line 1b Written policy regarding payment or reimbursement of expenses	Provision of the health club benefit is documented in Board meeting minutes and Carilion internally tracks the memberships and pays the health club directly.
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 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, 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.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Mr. Arner, 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 the reporting period are included in Part II of this schedule with "retirement and other deferred compensation." \$195,000 of prior year deferrals were paid to Dr. Moskal 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 various deferred vesting dates 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. \$195,503 was distributed under this plan in the reporting year.
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 and its Compensation Committee.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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				
1 Steven Arner Director/President/CEO	(i)	0	0	0	0	0	0	0
	(ii)	647,421	225,708	4,813	345,071	18,548	1,241,561	0
1 Paul Haskins MD Director	(i)	300,894	65,545	4,580	221,683	19,951	612,653	0
	(ii)	0	0	0	0	0	0	0
2 Michael Nussbaum MD Director	(i)	561,198	116,870	9,841	155,196	15,255	858,360	0
	(ii)	0	0	0	0	0	0	0
3 Tracey Criss MD Physician	(i)	247,516	74,302	4,262	273,662	17,273	617,015	0
	(ii)	0	0	0	0	0	0	0
4 Nicholas Conte Secretary	(i)	0	0	0	0	0	0	0
	(ii)	501,457	201,967	6,258	163,964	18,548	892,194	0
5 David Hagadorn Asst. Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	138,561	2,000	8,778	98,598	865	248,802	0
6 Donald Halliwill Asst. Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	568,290	201,281	4,727	343,625	17,248	1,135,171	0
7 G Robert Vaughan Jr Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	270,749	78,415	3,948	297,970	18,325	669,407	0
8 Patrice Weiss MD Chief Medical Officer/EVP	(i)	0	0	0	0	0	0	0
	(ii)	592,094	218,870	6,419	233,397	20,031	1,070,811	0
9 Bruce Long MD Physician	(i)	381,683	60,544	5,353	177,682	17,643	642,905	0
	(ii)	0	0	0	0	0	0	0
10 Jon Sweet MD Physician	(i)	235,870	84,626	3,359	198,007	11,766	533,628	0
	(ii)	0	0	0	0	0	0	0
11 Michael Abbott Senior Vice President	(i)	203,065	43,438	1,741	23,249	6,835	278,328	0
	(ii)	0	0	0	0	0	0	0
12 Nancy Howell Agee CEO, Carilion Clinic	(i)	0	0	0	0	0	0	0
	(ii)	1,292,284	555,922	406,517	329,565	12,301	2,596,589	195,503
13 Joseph Moskal MD SVP/Chair, Dept. of Orthopedics	(i)	1,059,011	242,434	209,558	121,621	20,031	1,652,655	195,000
	(ii)	0	0	0	0	0	0	0
14 Paul Skolnik MD SVP/Chair, Dept. of Medicine	(i)	420,042	109,178	9,811	78,752	9,638	627,421	0
	(ii)	0	0	0	0	0	0	0
15 Jonathan Carmouche MD Physician	(i)	1,348,131	494,365	3,102	124,635	17,643	1,987,876	0
	(ii)	0	0	0	0	0	0	0
16 Gregory Howes MD Physician	(i)	1,053,523	591,012	2,833	60,747	16,343	1,724,458	0
	(ii)	0	0	0	0	0	0	0
17 Eric Marvin MD Physician	(i)	968,562	458,733	2,503	119,418	16,343	1,565,559	0
	(ii)	0	0	0	0	0	0	0
18 ADEOLU OLASUNKANMI MD Physician	(i)	747,581	344,332	8,450	28,514	19,202	1,148,079	0
	(ii)	0	0	0	0	0	0	0
19 Jesse Stem MD Physician	(i)	756,856	536,452	3,553	44,712	17,643	1,359,216	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 5 columns: (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 the 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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) MARY SWEET MD	FAMILY MEMBER OF JON SWEET, FORMER KEY EMPLOYEE	374,284	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

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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 do anything to make our patients and patients 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. Total volunteer hours worked were 12,170. NOTE: THE VOLUNTEER PROGRAM WAS SUSPENDED ON MARCH 16,2020 DUE TO COVID WHICH AFFECTED THE AMOUNT OF VOLUNTEER HOURS WORKED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4a Program Service Description</p>	<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 31,269 patients and provided 179,750 days of care during fiscal year 2020. Hospital programs and accomplishments include the 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 (3,070 babies delivered), high-risk pregnancy, urogynecology, gynecologic oncology and fertility and reproductive care. Another area of surgical excellence is orthopaedics. It includes joint replacement, orthospine 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 subspecialists 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 medical service helicopter</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description	<p>ers 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 75,712 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 nearly 9 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 9,685 events touching over 35,246 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, financial assistance for the year exceeded \$14 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, 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, G. Robert Vaughan, Jr., and Patrice Weiss.

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. Several days 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, 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.</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 conflict of interest policy is included in our Code of Excellence which is available to the public on our website. 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: 2837619, Related or Exempt Function Revenue: 2837619, 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: 7929297, Related or Exempt Function Revenue: 7929297, 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 from/(to) Affiliates - -9290109; Pension-related changes other than net periodic pension costs - -3078245; Transfer Accumulated FCV LLC Investment from Carilion Clinic - -197601;

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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	CARLILION 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	-1,497	201,189		No			No	10 %
(2) CARILION CLINIC MEDICARE SHARED SAVINGS COMPANY LLC PO BOX 12385 ROANOKE, VA 24025 45-5235473	MEDICARE HMO	VA	CARILION CLINIC	Related	6,471,910	0		No			No	50 %
(3) SOUTHWEST VIRGINIA HEALTH PROPERTIES LLC 1102 Jefferson Street SE Roanoke, VA 24016 01-0691570	REAL ESTATE	VA	Carilion Medical Center	Related	86,256	1,299,766		No			No	51.12 %
(4) RAVEN ASSET BASED OPPORTUNITY FUND IV LP 110 Greene St Suite 9G New York, NY 10012 82-4119491	Private Equity	DE	NA	N/A								
(5) TI PLATFORM CC SMA LP 1160 Battery Street East San Francisco, CA 94111 84-2852539	Investments	DE	NA	N/A								
(6) STARWOOD VEP II CO-INVEST LLC 591 W Putman Avenue Greenwich, CT 06830 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	Yes	
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)	Yes	
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)		No

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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
CHS INC PO BOX 12385 ROANOKE, VA 24025 54-1725732	SERVICES	VA	NA	C Corporation				Yes	
CARILION CLINIC MEDICARE RESOURCES LLC PO BOX 12385 ROANOKE, VA 24025 26-3729975	MEDICARE HMO	VA	NA	C Corporation				Yes	
CARILION BEHAVIORAL HEALTH INC PO BOX 12385 ROANOKE, VA 24025 20-3136891	HEALTHCARE	VA	NA	C Corporation				Yes	
CARILION EMERGENCY SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-2033006	HEALTHCARE	VA	NA	C Corporation				Yes	
SCA CREDIT SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-1180398	COLLECTION AGENCY	VA	NA	C Corporation				Yes	
CARILION HEALTHCARE CORPORATION PO BOX 12385 ROANOKE, VA 24025 54-1586601	HEALTHCARE	VA	NA	C Corporation				Yes	
MEDKEY INC PO BOX 12385 ROANOKE, VA 24025 54-1645357	FINANCING SERVICES	VA	NA	C Corporation				Yes	
SPROTT PRIVATE RESOURCE LENDING (C-CO- INVEST) LP 98-1378742	INVESTMENTS	CA	NA	C Corporation				Yes	
BLACKMOOR OWNERSHIP HOLDINGS LIMITED	INVESTMENTS	CJ	NA	C Corporation				Yes	
MAGNITUDE SYSTEMATIC LONG SHORT FUND	INVESTMENTS	CJ	NA	C Corporation				Yes	
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
CARILION CLINIC FOUNDATION	A	38,784	COST
CARILION EMERGENCY SERVICES	A	95,940	COST
CARILION HEALTHCARE CORPORATION	A	27,000	COST
CHS INC	A	56,392	COST
CARILION SERVICES INC	A	720,790	COST
CARILION EMERGENCY SERVICES	L	302,902	COST
CARILION FRANKLIN MEMORIAL HOSPITAL	L	1,943,999	COST
CARILION GILES COMMUNITY HOSPITAL	L	487,032	COST
CARILION HEALTHCARE CORPORATION	L	252,764	COST
CARILION NEW RIVER VALLEY MEDICAL CENTER	L	2,919,690	COST
CARILION SERVICES INC	L	79,638	COST
CARILION STONEWALL JACKSON HOSPITAL	L	709,341	COST
CARILION TAZEWELL COMMUNITY HOSPITAL	L	1,996,945	COST
CARILION BEHAVIORAL HEALTH	M	133,062	COST
CHS INC	K	1,773,512	COST
CHS INC	M	5,237,442	COST
CARILION NEW RIVER VALLEY MEDICAL CENTER	K	215,495	COST
CARILION SERVICES INC	M	199,125,574	COST
CARILION TAZEWELL COMMUNITY HOSPITAL	K	152,009	COST
SCA CREDIT SERVICES INC	M	883,791	COST
CARILION SERVICES INC	R	9,294,593	CASH
Carilion Clinic Foundation	C	505,223	CASH