Exempt Organization Business Income Tax Ret	turn	OMB No 1545-0687
990-T Exempt Organization Business Income Tax Ret	$a_{\wedge \alpha}$	
	.909	2018
For calendar year 2018 or other tax year beginning 10/01 , 2018, and ending 09/30		
Department cothe Treasury Internal Revenue Service  Go to www.irs.gov/Form990T for instructions and the latest informatio  Do not enter SSN numbers on this form as it may be made public if your organization is		pen to Public Inspection for
Check band		01(c)(3) Organizations Only yer identification number
CARILION NEW DIVER VALLEY MEDICAL CENTER		yees' trust, see instructions)
Print   CARLLON NEW RIVER VALLEY MEDICAL CENTER		54-0553805
D PO POY 12385	E Unrelat	ed business activity code
408(e) 220(e) Type PO BOX 12363  City or town, state or province, country, and ZIP or foreign postal code	(See in:	structions)
☐ 529(a) ROANOKE, VA 24025		NONE
C Book value of all assets at end of year F Group exemption number (See instructions ) ▶		
385,032,388 <b>G</b> Check organization type ▶ ✓ 501(c) corporation ☐ 501(c) trust	401(a) t	rust
	cribe the only	(or first) unrelated
trade or business here ► SEE STATEMENT If only one, complete Parts I		
first in the blank space at the end of the previous sentence, complete Parts I and II, complete		
trade or business, then complete Parts III-V		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controll	led group?	. ▶ ✓ Yes 🗌 No
If "Yes," enter the name and identifying number of the parent corporation ▶ CARILION CLINIC 5	<u>4-1190771</u>	
J The books are in care of ► THE CORPORATION, ATTN H KIRK Telephone nu	mber ▶	(540) 224-5102
Part I Unrelated Trade or Business Income (A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 0		
b Less returns and allowances 0		
2 Cost of goods sold (Schedule A, line 7)		
3 Gross profit Subtract line 2 from line 1c		0
4a Capital gain net income (attach Schedule D)		0
b Net gain (loss) (Form 4/9/, Part II, line 1/) (attach Form 4/9/)		0
c Capital loss deduction for trusts		/ 0
5 Income (loss) from a partnership or an S corporation (attach statement) 5 0	/	0
The state of the s		0
7 Unrelated debt-financed income (Schedule E)		0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0
Exploited exempt activity income (Schedule I) 10 0	0	0
Advertising income (Schedule J)	0	0
		0
13 Total. Combine lines 3 through 12		0
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (	Except for co	ontributions,
deductions must be directly connected with the unrelated business income.)	14	
Compensation of officers, directors, and trustees (Schedule K)	15	<del></del>
15 Salaries and wages	16	<del></del>
17 Bad debts	17	<del></del>
17 Bad debts	. 18	<del></del>
40. Toward bases	. 19	
20 Charitable contributions (See instructions for limitation rules) OGDEN, 217	. 20	
21 Depreciation (attach Form 4562)	01. F	<u> </u>
22 Less depreciation claimed on Schedule A and elsewhere on return	0 221	<del>-</del> 0
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	. 26	<del></del>
27 Excess readership costs (Schedule J)	. 27	<del></del>
28 Other deductions (attach schedule)	28	<del></del>
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from I	<del>-</del>	<del></del>
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instru	<del></del>	
32 Unrelated business taxable income. Subtract line 31 from line 30	· —	

Cat No. 11291J

For Paperwork Reduction Act Notice, see instructions.

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							. 494 -
	Part	Total Unrelated Business Taxable Income					
	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e				
		Instructions)	ſ	33		0	ĺ
	0.4	,					+
	34	Amounts paid for disallowed fringes		34			
	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (se					
		Instructions)		35		0	
	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sur	m [				
		of lines 33 and 34		36		0	
			<u>,                                    </u>				
	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		0	<b>↓</b>
	38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36	3,				
1	1	enter the smaller of zero or line 36	- 1	38		0	
l	Part						
(	39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	$\neg$	39		0	
			- ⊢	33			}
	40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax o					
		the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	<b>^</b> L	40			
	41	Proxy tax. See instructions	<b>&gt;</b>	41			
	42	Alternative minimum tax (trusts only)		42			
	43	Tax on Noncompliant Facility Income. See instructions	_ <b>⊢</b>	43			<u> </u>
			<u> </u>				-
ł		Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0	
1		V Tax and Payments					
1	45⁄a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . 45a		- 1			
	$\smile_{b}$	Other credits (see instructions)	$\neg$	- [			
	С	General business credit. Attach Form 3800 (see instructions)	$\dashv$	1			
	_	Credit for prior year minimum tax (attach Form 8801 or 8827)	$\dashv$	İ			
	d	· · · · · · · · · · · · · · · · · · ·	-			_	
	е	Total credits. Add lines 45a through 45d	<u> </u>	45e		0	_
	46	Subtract line 45e from line 44	L	46		0	l
	47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		47		0	
	48	Total tax. Add lines 46 and 47 (see instructions)		48	-	0	
	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	- ⊢	49	••		1
			┝	+3			
	50a	Payments: A 2017 overpayment credited to 2018	_				
	b	2018 estimated tax payments		i			ĺ
	С	Tax deposited with Form 8868					
	d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d					
	е	Backup withholding (see instructions)					
	f	Credit for small employer health insurance premiums (attach Form 8941) . 50f	$\dashv$				
			-				
	g	Other credits, adjustments, and payments:   Form 2439					1
		☐ Form 4136 ☐ Other ☐ 0 Total ► 50g 0	_				
	51	Total payments. Add lines 50a through 50g		51		0	
	52		コド	52			
	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	_ ⊢	53		0	<del>                                     </del>
H							-
N	54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		0	ļ
	55	Enter the amount of line 54 you want		55		0	
	Part \	I Statements Regarding Certain Activities and Other Information (see instructions)					
	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	r oth	er aut	hority	Yes	No
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r					
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the					
		here	. 010	g., ot	- 31 . ti y		
			<u></u> .			<u> </u>	-
	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	iorei	gn trus	t? .	<u> </u>	V
		If "Yes," see instructions for other forms the organization may have to file.					
	58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				1	] ]
		Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best	of mv k	nowledae	and be	lief, it is
	Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	ige 🕝				
	_		1		IRS disc		
	Here	<del>-            </del>			prepare ructions)?		
		Signature of officer Date Title	L`				
	Paid	Print/Type preparer's name Preparer's signature Date	Char	ck 🗆	, P	TIN	
				ck ∟ employe			
	Prepa	arer					
	Use (	JNIV		s EIN ▶			
		Firm's address ▶	Phon	ne no			
					· · · · · · · · · · · · · · · · · · ·	aaa T	

2

Sche	dule A-Cost of Goods Sold.	Ente	r method of in	vento	ory va	aluation >		<del></del>				
1	Inventory at beginning of year	1	0	,,	6		at e	end of year	6		0	
2	Purchases	2	0		7	Cost of	go	ods sold. Subtract				
3	Cqst of labor	3	0			line 6 from	n lı	ne 5. Enter here and				
4a	Additional section 263A costs					ın Part I, Iır	ne	2	7	]	0	
	(attach schedule)	4a	0		8	Do the rul	les	of section 263A (w	th res	spect to	Yes	No
b	Other costs (attach schedule)	4b	0					duced or acquired foi	resal	e) apply		
_ 5	Total. Add lines 1 through 4b	5	0			to the orga						
	edule C—Rent Income (From le instructions)	Real	Property and	Pers	onal	Property I	Le	ased With Real Pr	opert	y)		
<u></u>	cription of property										_	
	inputor of property											
<u>(1)</u>								<del></del>				
(3)	<del></del>											
(4)									_			
(4)	2. Rent re	ceived	or accrued				П					-
	om personal property (if the percentage of re personal property is more than 10% but not more than 50%)		(b) From real an percentage of rent f 50% or if the rent i	or perso	onal pr	operty exceeds		3(a) Deductions directl in columns 2(a) an				е
(1)		$\top$	·				7					
(5)		$\neg \vdash$		-								
(3)		$\dashv$					╗					
(4)			-	•			T					
Total		0 T	otal				0	(b) Takal da duakiana				
(c) Tot	tal income. Add totals of columns 2(a)	and 2	2(b) Enter					(b) Total deductions. Enter here and on page	1.			
	nd on page 1, Part I, line 6, column (A)						0	Part I, line 6, column (B				0
Sche	dule E-Unrelated Debt-Fina	nced	I Income (see	ınstruc	ctions	3)	,					
	Description of debt-financed p	ropert	v			come from or debt-financed		3. Deductions directly co debt-finar	ced pro	perty		
	T. Goodipilot of cook miditions (	лорог	, _	"""		perty	(	<ul> <li>Straight line depreciation (attach schedule)</li> </ul>		(b) Other de (attach sch		5
(1)							<u> </u>					
(2)												
(3)							L					
(4)							L		ļ		_	
	acquisition debt on or collocable to debt-financed debt	of or allo	idjusted basis ocable to ced property schedule)		4 di	olumn vided Jumn 5		7. Gross income reportable (column 2 × column 6)		. Allocable d umn 6 × tota 3(a) and	I of colu	
(1)						%	Г	<u> </u>				
(2)	,					%						
(3)						%						
(4)						%						
								nter here and on page 1, Part I, line 7, column (A)		er here and t I, line 7, o		
Totals												0
Total o	dividends-received deductions includ	led ın	column 8					. <del>.</del>	•			0

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Sche	dule F—Interest, Ann	uities,	noyaliles,				Organizations	Janizations (Se	emstruc	tions	
	Name of controlled organization		Employer scation number			ted income istructions)	4. Total of specifie payments made	5. Part of column included in the organization's gr	controlling	conn	reductions directly nected with income in column 5
(1)											
(5)											
(3)											
(4)											
None	xempt Controlled Organiz	ations	<u> </u>								
	7. Taxable Income		Net unrelated incoss) (see instructi				ital of specified yments made	10. Part of colur included in the organization's gr	controlling	conne	Deductions directly ected with income in column 10
(1)						-			_		
(5)			· <b>_</b>								
(3)									-		
(4)											
Takala					_			Add columns : Enter here and : Part I, line 8, co	on page 1,	Enter Part I	columns 6 and 11 here and on page 1, , line 8, column (B)
Totals Sche	dule G-Investment I	ncom	e of a Sect	on 5	01(c	)(7), (9),	or (17) Organ	ization (see ins			0
<u> </u>	1. Description of income		2. Amount of			3.	Deductions onected ach schedule)	4. Set-aside (attach sched	s	5. T and s	otal deductions set-asides (col. 3 plus col. 4)
(1)											<del></del>
(5)					-						
(3)											
(4)											
Totals	dule I—Exploited Exe	•	Enter here and Part I, line 9, c	olumn	(A) . 0	er Than	Advertising Ir	come (see ins		Part I, I	ere and on page 1, ine 9, column (B).
	Description of exploited activity		2. Gross unrelated business incor from trade o business	me r	3. Ex dii conne produ unr	epenses rectly cted with uction of elated ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cots 5 through 7		6. Exp	enses able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	·		<u> </u>								ļ
(3)			<u> </u>						ļ		ļ
(4)								<u></u>	<u></u>		<u> </u>
Totals			Enter here and page 1, Part line 10, col (A	I,	page	ere and on 1, Part I, ), col (B)					Enter here and on page 1, Part II, line 26
	dule J-Advertising I	ncom	e (see instruc				<u> </u>				<u>'</u>
Pari						Consoli	dated Basis				·
	1. Name of periodical		2. Gross advertising income		3. 1	Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals	(carry to Part II, line (5))	<u> </u>	<u></u>	0		0	0	<u></u>			0
										ı	Form <b>990-T</b> (2018)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0	0				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5)	0	0				0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name		2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here and on page 1, Part II, line	14		<b>&gt;</b>	0

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Form 990T Part III, Line 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018
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Year Generated,	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2000	115,067		0	0	115,067	2020
2001	121,391		0	0	121,391	2021
2002	133,780		0	0	133,780	2022
Totals	370,238	0	0	0	370,238	