

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
2018  
**Open to Public Inspection**

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Carilion New River Valley Medical Center <hr/> Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 12385 <hr/> City or town, state or province, country, and ZIP or foreign postal code Roanoke, VA 24025	<b>D</b> Employer identification number 54-0553805 <hr/> <b>E</b> Telephone number (540) 224-5112 <hr/> <b>G</b> Gross receipts \$ 482,947,473
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>F</b> Name and address of principal officer WILLIAM J FLATTERY PO BOX 12385 Roanoke, VA 24025	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW CARILIONCLINIC ORG		<b>L</b> Year of formation 1941 <b>M</b> State of legal domicile VA
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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 <hr/> <hr/>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	8
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .	<b>5</b>	1,398
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	79
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	272,963	329,295
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	233,436,352	249,899,214
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	4,981,241	7,095,914
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,245,513	2,391,330
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	240,936,069	259,715,753
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	194,648	314,830
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	71,588,756	73,038,262
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	132,747,823	138,328,499
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	204,531,227	211,681,591
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	36,404,842	48,034,162
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	354,911,781	385,032,388
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	92,882,989	111,620,553
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	262,028,792	273,411,835

**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

Signature of officer ***** <hr/> G ROBERT VAUGHAN JR ASSISTANT TREASURER Type or print name and title	2020-08-16 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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 \$ 180,306,482 including grants of \$ 314,830 ) (Revenue \$ 250,326,323 )  
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 ▶ 180,306,482

Part IV Checklist of Required Schedules

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

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

		Yes	No
<b>23</b>	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
<b>24a</b>	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>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	1,398		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>			No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>			No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>			No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>			No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>			No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>			No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>			No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>			No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>			No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>			No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>			No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>			No

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (VA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (THE CORPORATION ATTN H KIRK 213 S JEFFERSON ST ROANOKE, VA 24011 (540) 224-5102)

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

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

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

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

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

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

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

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

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

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

<b>1b Sub-Total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .	1,170,374	5,396,782	748,833

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANESTHESIOLOGY ASSOCIATES OF RADFORD 2900 LAMB CIR STE 340 CHRISTIANSBURG, VA 24073	ANESTHESIOLOGY SERVICES	4,333,348
QUEST DIAGNOSTICS 500 PLAZA DRIVE SECAUCUS, NJ 07094	LABORATORY SERVICES	2,554,791
SIEMENS MEDICAL SOLUTIONS USA INC 40 LIBERTY BLVD MALVERN, PA 19355	EQUIPMENT MAINTENANCE CONTRACTS	925,688
TURNER LONG CONSTRUCTION INC 1807 MURRY ROAD SUITE G ROANOKE, VA 24018	CONSTRUCTION SERVICES	740,568
PEDIATRIX MEDICAL GROUP INC MEDNAX SERVICES INC 1301 CONCORD TERRACE SUNRISE, FL 33323	PHYSICIAN SERVICES	615,672

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **26**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	13,535			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	245,521			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	70,239			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		329,295			
<b>Program Service Revenue</b>	<b>2a</b> Net Patient Revenue	Business Code 622110	249,736,854	249,736,854		
	<b>b</b> Rent from Exempt Affiliates	531120	162,360	162,360		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue		0	0	0	
	<b>g Total.</b> Add lines 2a-2f . . . . .		249,899,214			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		3,122,007		3,122,007	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		1,131,915				
		<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)	1,131,915	0			
	<b>d</b> Net rental income or (loss) . . . . .		1,131,915		1,131,915	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		227,205,627				
		<b>b</b> Less cost or other basis and sales expenses	223,226,041	5,679		
	<b>c</b> Gain or (loss)	3,979,586	-5,679			
	<b>d</b> Net gain or (loss) . . . . .		3,973,907		3,973,907	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> Cafeteria	722514	832,306		832,306		
<b>b</b> Gift Shop	900099	242,301	242,301			
<b>c</b> Court Cost Recovery	900099	42,599	42,599			
<b>d</b> All other revenue . . . . .		142,209	142,209	0		
<b>e Total.</b> Add lines 11a-11d . . . . .		1,259,415				
<b>12 Total revenue.</b> See Instructions . . . . .		259,715,753	250,326,323	0	9,060,135	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	314,830	314,830		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	460,042		460,042	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	173,872	173,872		
<b>7</b> Other salaries and wages	57,400,160	57,331,623	68,537	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	3,662,031	3,657,658	4,373	
<b>9</b> Other employee benefits . . . . .	7,271,808	7,174,827	96,981	
<b>10</b> Payroll taxes . . . . .	4,070,349	4,043,979	26,370	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	29,415,261		29,415,261	
<b>b</b> Legal . . . . .	52,225		52,225	
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .	16,051	16,051		
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	250,221		250,221	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,026,475	22,915,828	110,647	0
<b>12</b> Advertising and promotion . . . . .	11,859	11,859		
<b>13</b> Office expenses . . . . .	2,753,640	2,633,797	119,843	
<b>14</b> Information technology . . . . .	456,720	456,720		
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,417,841	3,379,191	38,650	
<b>17</b> Travel . . . . .	701,781	648,515	53,266	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	2,304,421	2,304,421		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	8,996,118	8,996,118		
<b>23</b> Insurance . . . . .	1,402,792	748,125	654,667	
<b>24</b> 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.)				
<b>a</b> Medical Supplies	29,652,515	29,652,297	218	
<b>b</b> Bad Debt	14,696,748	14,696,748		
<b>c</b> Intercompany Practice Subsidy	15,160,846	15,160,846		
<b>d</b> Assessment Fees	5,699,015	5,699,015		
<b>e</b> All other expenses	313,970	290,162	23,808	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	211,681,591	180,306,482	31,375,109	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	47,078	<b>1</b>	3,958
	<b>2</b> Savings and temporary cash investments . . . . .	23,163	<b>2</b>	56,137
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	34,658,957	<b>4</b>	46,873,891
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	1,179,841	<b>8</b>	1,883,538
	<b>9</b> Prepaid expenses and deferred charges . . . . .	855,685	<b>9</b>	1,874,942
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 202,640,492		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 131,550,945	68,678,242	<b>10c</b> 71,089,547
	<b>11</b> Investments—publicly traded securities . . . . .	45,129,553	<b>11</b>	45,403,674
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	190,867,652	<b>12</b>	199,050,153
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	13,471,610	<b>15</b>	18,796,548
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	354,911,781	<b>16</b>	385,032,388	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	19,683,761	<b>17</b>	22,174,754
	<b>18</b> Grants payable . . . . .		<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	215,479	<b>19</b>	300,080
	<b>20</b> Tax-exempt bond liabilities . . . . .	50,135,461	<b>20</b>	47,721,375
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	597,585	<b>24</b>	178,868
	<b>25</b> 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 . . . . .	22,250,703	<b>25</b>	41,245,476
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	92,882,989	<b>26</b>	111,620,553
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	261,765,887	<b>27</b>	273,376,350
	<b>28</b> Temporarily restricted net assets . . . . .	262,905	<b>28</b>	35,485
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	262,028,792	<b>33</b>	273,411,835	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	354,911,781	<b>34</b>	385,032,388	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	259,715,753
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	211,681,591
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	48,034,162
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	262,028,792
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,657,954
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-32,993,165
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	273,411,835

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 54-0553805

**Name:** Carilion New River Valley Medical Center

Form 990 (2018)

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**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			
William Flattery Director/Sec/Treas/Hosp VP	46.3	X		X				297,508	0	15,362
Lawrence Hincker Director/Chair	2.5	X		X				0	336	0
Mark Rogers DO Director/Vice Chair	1.2	X		X				0	480	0
William Aden Director	1.2	X						0	80	0
Diane Akers Director	1.2	X						0	480	0
Nathaniel Bishop DMin Director	1.2	X						0	341,102	75,153
Charles Bissell MD Director	1.2	X						0	621,726	11,350
Brian Hemphill PhD Director	1.2	X						0	0	0
Michael Hickman Ed D Director	1.2	X						0	0	0
TAMERA HOWELL MD Director	1.2	X						0	298,169	19,483

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
J Thomas Ryan MD Director	12 ..... 0	X						0	0	0
Joseph Scartelli PhD Director	12 ..... 24	X						0	8,275	0
Joseph Sheffey Director	12 ..... 24	X						0	0	0
Bhairvi Trivedi MD Director	12 ..... 0	X						0	40	0
Cristina Whitaker Trout NP Director	12 ..... 48 8	X						2,213	147,044	11,567
Nicholas Conte Asst Secretary	10 ..... 49 0			X				0	523,989	136,049
David Hagadorn Asst Treasurer	05 ..... 49 5			X				0	143,606	8,062
Donald Halliwill Asst Treasurer	05 ..... 49 5			X				0	591,117	93,970
Lauren Schantz Asst Secretary	15 ..... 38 5			X				0	74,069	12,875
G Robert Vaughan Jr Asst Treasurer	05 ..... 49 5			X				0	294,528	26,998

**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	1,733,867	125,927
Steven Arner Executive Vice President	2 0 ..... 48 0				X			0	617,874	97,360
Ralph Brown MD Physician	50 0 ..... 0					X		238,194	0	17,387
Dale Bryant Pharmacist	50 0 ..... 0					X		163,244	0	41,579
MICHAEL CZAR Pharmacist	50 0 ..... 0					X		149,454	0	24,937
Donna Shelor Pharmacist	50 0 ..... 0					X		165,689	0	-4,562
Beth Wallace Pharmacist	50 0 ..... 0					X		154,072	0	35,336



**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

Carlion New River Valley Medical Center

**Employer identification number**

54-0553805

**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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

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

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

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

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

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 54-0553805

**Name:** Carilion New River Valley 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization Carilion New River Valley Medical Center	Employer identification number 54-0553805
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

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

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

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

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

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


Yes  No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		16,051
<b>j</b> Total Add lines 1c through 1i			16,051
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

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

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

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

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

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
Carilion New River Valley Medical Center

**Employer identification number**  
54-0553805

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</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
<b>1a</b> Land . . . . .		1,887,465		1,887,465
<b>b</b> Buildings . . . . .		103,485,329	59,823,543	43,661,786
<b>c</b> Leasehold improvements		257,609	249,542	8,067
<b>d</b> Equipment . . . . .		88,109,974	69,268,263	18,841,711
<b>e</b> Other . . . . .		8,900,115	2,209,597	6,690,518
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				71,089,547

**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 . . . . .	1,067,491	F
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) Alternative Investments	165,188,590	F
(B) Comingled Funds	32,794,072	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	199,050,153	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Pension Liability	30,016,355
Interest Rate Swap Liability	11,229,121
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	41,245,476

**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.

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

**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.

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

**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	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

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

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**Name of the organization**  
 Carilion New River Valley Medical Center

**Employer identification number**  
 54-0553805

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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			
<b>3</b> 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			
<b>a</b> 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 _____ %	<b>3a</b>	Yes	
<b>b</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 _____ %	<b>3b</b>	Yes	
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>		No
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		No
<b>c</b> 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?	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			4,729,127		4,729,127	2.40 %
<b>b</b> Medicaid (from Worksheet 3, column a)			26,050,396	23,830,703	2,219,693	1.13 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	30,779,523	23,830,703	6,948,820	3.53 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	938	10,381	208,098	33,011	175,087	0.09 %
<b>f</b> Health professions education (from Worksheet 5)	6	46	442,884	200,661	242,223	0.12 %
<b>g</b> Subsidized health services (from Worksheet 6)					0	0 %
<b>h</b> Research (from Worksheet 7)	1	604	13,717		13,717	0.01 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	17	2,642	72,129		72,129	0.04 %
<b>j Total</b> Other Benefits	962	13,673	736,828	233,672	503,156	0.26 %
<b>k Total</b> Add lines 7d and 7j	962	13,673	31,516,351	24,064,375	7,451,976	3.78 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	0	365		365	0 %
2 Economic development	3	0	21,796		21,796	0 01 %
3 Community support	79	646	31,015		31,015	0 02 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building	5	0	17,026		17,026	0 01 %
7 Community health improvement advocacy					0	0 %
8 Workforce development	1	0	12,500		12,500	0 01 %
9 Other					0	0 %
<b>10 Total</b>	89	646	82,702	0	82,702	0 04 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 14,553,671	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5 50,998,396
6 Enter Medicare allowable costs of care relating to payments on line 5	6 56,759,545
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7 -5,761,149
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

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

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

**Part V Facility Information****Section A. Hospital Facilities**

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

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

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 CARILION NEW RIVER VALLEY MEDICAL CENTER

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): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
<b>5</b>	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 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	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</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	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.carilionclinic.org/locations/carilion-new-river-valley-medical-center</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>https://www.carilionclinic.org/community-health-assessments#new-river-valley</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>https://www.carilionclinic.org/community-health-assessments#new-river-valley</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

CARILION NEW RIVER VALLEY MEDICAL CENTER

**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			
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //carilionclinic.org/billing/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //carilionclinic.org/billing/financial-assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //carilionclinic.org/billing/financial-assistance</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

CARILION NEW RIVER VALLEY MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

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

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

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

CARILION NEW RIVER VALLEY MEDICAL CENTER

**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
<b>23</b>		No
<b>24</b>		No

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

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

Form and Line Reference	Explanation
See Add'l Data	



**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 CARILION NEW RIVER VALLEY MEDICAL CENTER 2900 LAMB CIRCLE CHRISTIANSBURG, VA 24073	PSYCHIATRIC UNIT
2 CARILION NEW RIVER VALLEY REHABILITATION 118 BROAD STREET DUBLIN, VA 24084	OUTPATIENT THERAPY
3 CARILION NEW RIVER HOSPICEHOME HEALTH 707 RANDOLPH STREET SUITE 251 RADFORD, VA 24141	HOSPICE AND HOME HEALTH
4 NEW RIVER VALLEY AMBULATORY SURGERY CENTER 2901 LAMB CIRCLE CHRISTIANSBURG, VA 24073	AMBULATORY SURGERY CENTER
5 BLACKSBURG SPORTS MEDICINE AND REHABILITATION 213 GILBERT STREET BLACKSBURG, VA 24060	PHYSICAL THERAPY
6 PHYSICAL THERAPY CHRISTIANSBURG 120 PONDEROSA DRIVE CHRISTIANSBURG, VA 24084	PHYSICAL THERAPY
7 PHYSICAL THERAPY WYTHEVILLE 178 WEST MAIN STREET WYTHEVILLE, VA 24382	PHYSICAL THERAPY
8 HILLSVILLE PHYSICAL THERAPY 416 SOUTH MAIN STREET HILLSVILLE, VA 24343	PHYSICAL THERAPY
9	
10	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)	<p>(Continued from Part V, Section C) -Significant Health Priorities to be Addressed- Health Behavior Needs include alcohol and drug use, tobacco use, lack of knowledge of healthy behaviors. Carilion Clinic addressed health behavior-related priorities from the 2018 NRVCCHNA. Improving poor diets and the general health culture served as a start to making healthy behaviors more of a priority. Carilion provides a variety of free health education classes and screenings in community settings. Community health education is provided by the Community Health and Outreach department, as well as by Trauma Outreach and select other departments. Health and wellness education topics include-general wellness, healthy eating and activity, infant and child safety, emergency care in the case of gun wound, exercise for balance and confidence building for seniors and other topics as requested. In fiscal year 2019, the health educator also hosted guided public walks and hikes increasing access to exercise opportunities. Resources committed to these programs include staff time and often food and giveaway items that encourage healthy behaviors. In addition to community events, Carilion works to encourage healthy behaviors by offering classes to its employees and through partnerships with other employers in the New River Valley. As the largest employer in the region, efforts to engage employees and their families in their own health impact community health overall. Carilion has rolled out the Virgin Pulse program to employees. This program enables employees to connect personal activity trackers and include others on the platform to encourage daily healthy behaviors such as exercise, climbing stairs, and planning healthy diets. In addition, CNRV hosts a momentum studio with exercise equipment available for employees. A key part of wellness is compliance with safety and preventive behaviors. CNRV coordinates child passenger safety trainings and child safety seat checks to reduce injuries from car accidents. As part of infant safe sleep classes, Carilion provides participants with a free Pack and Play and/or a free Sleep Sack, when available. Infants born in Carilion hospitals also receive a free Sleep Sack, when available, to encourage safe sleep practices. Carilion has also provided support for a health education program at the New River Valley Regional Jail. This program focuses on reducing unwanted pregnancies and neonatal abstinence syndrome through inmate education, on-site clinical family planning services, promotion of community resources and referrals for post-release follow-up care. Carilion remains committed to the Healthier Hospital Initiative pledge and continues to work to improve quantities of healthy, local, sustainable foods purchased and served through its cafeterias. -Alcohol and drug use- Carilion's Opioid Task Force brings together expertise from throughout the Carilion system to better understand and address the opioid epidemic in Southwest Virginia. The Opioid Task Force works to address this epidemic internally and in the community. Efforts arising from this task force include-developing system-wide guidelines and a system dashboard for opioid prescriptions, developing treatment pathways for opioid addiction in specific high-risk groups, developing best practices for risk assessment and treatment and standard orders in Carilion's electronic medical record system, developing an inventory of community resources related to prevention, treatment and recovery services for patients and community members, and providing locations for free, safe, prescription drug returns or deactivation bags. CNRV has been focused on addressing the opioid abuse crisis at a very local level. Through the efforts of one CNRV pharmacist, a program was developed internally that involves the identification of high-risk patients, provision of patient and family education on opioid risks and disposal sites for unused medications, and assistance acquiring Narcan. CNRV has also provided REVIVE trainings. -Tobacco Use- Carilion makes available a "Preparing to Quit" speakers bureau that can be requested by community groups or companies. Carilion employees and their dependents will now be eligible for a new, pharmacist-led smoking cessation program. This program includes group sessions, individual follow-up, resource referrals and free access to nicotine replacement therapy products. Another option includes free participation in the Quit for Life program. Employees are offered a financial incentive when they are tobacco free. -Clinical Care- Needs include access to mental and behavioral health services, high cost of care, coordination of care. Issues with access to care are a focus for CNRV when addressing community health needs. In addition to providing financial support to qualifying patients who cannot afford care, Carilion is working to improve affordable access to care and resources.</p>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Needs identified in CHNA (Continued)	<p>-Mental health and substance use services- Part of CNRV, Carilion Clinic Saint Albans Hospital offers comprehensive inpatient and outpatient psychiatric treatment and chemical dependency programs. In an effort to improve access to care for the community, Saint Albans plans to open an Office-based Opioid Treatment (OBOT) program. Through the OBOT, CNRV will provide patients with a robust offering of coordinated services including medication assisted treatment, group therapy, coordination of care and medication reconciliation. Saint Albans has designated a space for the OBOT, offering privacy for patients and rooms for group therapy. In an ongoing effort to increase access to psychiatry and mental health services, the technological infrastructure to provide telepsych services has been put in place at Saint Albans. Service provision is currently limited by provider availability. Carilion is committed to serving the needs of its communities and continues to work toward providing telepsych services in the New River Valley.</p> <p>-High cost of care- Carilion is committed to helping improve access to affordable medical care in our communities. With expansion of Medicaid in the Commonwealth of Virginia in 2019, Carilion worked diligently to help patients and community members with enrollment in Medicaid for newly eligible beneficiaries.</p> <p>-Social and Economic Factors- Includes poverty, transportation, affordable / safe housing, lack of health literacy, lack of knowledge of community resources. In its commitment to reducing inequities in care, Carilion provides financial support for people who cannot afford insurance or health care. Carilion also makes available a Medication Assistance Program to help people gain access to affordable medication. Carilion also replenishes medication carried aboard emergency medical services vehicles. Support is also provided to a variety of not-for-profit organizations, helping to reduce the impacts of poverty on health through investments in social determinants such as housing, transportation, employment, education, access to healthy foods and many other worthwhile causes. Each year, Carilion Clinic coordinates a system-wide United Way campaign through which employees can provide additional support to these causes. CNRV invites community partners to present at operations committee meetings to educate CNRV providers and staff on community resources available for patients. Carilion will explore opportunities to improve access to care through various types of telemedicine provision, which are not currently offered in the area. In addition, through a comprehensive forensic nursing program, CNRV is engaged with the community for abuse prevention and review efforts. CNRV participates on local abuse and fatality review teams. As a result of the Healthy Roots Conversation between community stakeholders, partners came together, organized by Community Foundation of the New River Valley, to develop a network of organizations that will together address broad spectrum community needs. This work will bring together existing community networks already addressing food access and quality early childhood education along with health issues and other community needs.</p> <p>-Physical Environment- While physical environment did not necessarily arise as a top priority in the 2018 NRVCHNA, Carilion still recognizes the impact the environment has on the health of our communities. Therefore, efforts continue to improve the efficiency of Carilion's hospitals and other structures, the utilization of recycling and recyclable or bio-degradable materials where possible, the reduction of waste and the utilization of local, sustainable foods. CNRV has also recently invested in a solar panel field to improve energy efficiency.</p> <p>-Implementation and Measurement- Carilion has invested in multiple systems to manage data and track outcomes of our community work. In fiscal year 2019 (tax year 2018) Clear Impact software helped develop hospital-specific scorecards with appropriate outcome measures. Community health education programs and screenings contained program level outcomes assigned based on the topic. These outcomes were tracked with pre- and post-tests as well as through screening results. Community programs supported by Carilion grants were responsible for regularly reporting program outcomes. Scorecards contain key secondary data points which are updated annually to track the impact of community health initiatives. Specifically, Carilion tracked and measured impact on certain aligned indicators contributing to the Robert Wood Johnson Foundation County Health Factors Ranking and County Health Outcomes Ranking. Our goal is to improve County Health Rankings for the entire New River Valley, but we understand that by the nature of County Health Rankings, improvements are relative to improvements in other communities within the Commonwealth of Virginia.</p> <p>-Priority Areas Not being Addressed and the Reasons- A community approach to</p>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Needs identified in CHNA (Continued)	<p>termine and address priority needs as described earlier in this document was used to determine which needs cannot be immediately addressed. The needs not identified as "priority" are those that will not be actively addressed in this time period. It is CNRV's intent to address many of the identified priority health issues through the aforementioned initiatives, partnerships, programs and/or grants. Of the top 10 identified priorities in the 2018 NRCHNA, transportation, access to safe/affordable housing, tobacco use and coordination of care are not directly addressed by initiatives included in the Implementation Strategy. In the past, Carilion has provided grant funding to support transportation efforts in the New River Valley area. Carilion will continue to explore ways to provide support for improved transportation and housing, as well as for tobacco cessation and coordination of care in the New River Valley. At this time, CNRV does not have the local expertise to provide transportation or housing services. Please visit <a href="https://carilionclinic.org/community-health-assessments#about">https://carilionclinic.org/community-health-assessments#about</a> to review the 2018 New River Valley Community Health Needs Assessment. Learn more about Carilion Clinic Community Health and Outreach at <a href="https://www.carilionclinic.org/community-health-outreach">https://www.carilionclinic.org/community-health-outreach</a>.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Other Financial Assistance Eligibility Criteria	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 FPG and assets equal or below \$15,000 receive 100% adjustment under 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 receive a partial adjustment under FAP. The partial adjustment matches the AGB percentage for each service area.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Public Availability of Community Benefit Report	Information about 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 <a href="https://www.carilionclinic.org/about-carilion-clinic#our-values">https://www.carilionclinic.org/about-carilion-clinic#our-values</a> .

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance</p>	<p>Line 7, Column (f) Bad debt expense of \$14,553,671 as included in Part IX, Statement of Expenses on line 25 was excluded from the calculation of Part I Line 7 Column (f) Percent of total expense Line 7e - Community Health Improvement and Community Benefit Operations - This line is reported at actual cost Carilion's commitment to community service is evident at all levels of the organization Carilion's commitment to community health is evidenced by its population health infrastructure including its Community Health and Outreach (CHO) department dedicated to assessing and addressing community needs The department is responsible for leading and facilitating the Community Health Improvement Plan, Community Health Needs Assessments, the system's community grants process, community health education, community benefit collection, and neighborhood health initiatives CHO staff works with the hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health needs The hospital has a Community Benefit Team overseeing the hospital's plan to address community need in partnership with the local community health assessment team There is also a Community Benefit Council providing oversight for Carilion's community health improvement work and for community benefit strategy, collection and submission Carilion New River Valley Medical Center (CNRV) provides education to the public about health risks and steps that can be taken to improve health Events include regularly scheduled health screenings for blood pressure, blood glucose and cholesterol as well as seasonal education on skin damage due to exposure to the sun CNRV's community health education department provides education on childhood injury prevention to the community and other providers Additional health improvement services include assistance with enrollment in public medical programs such as Medicaid and assistance accessing affordable prescriptions through Carilion's Medication Assistance Program 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 New River Valley Community Health Needs Assessment This coordination includes participation in various community partnerships such as PATH and the newly formed Healthy Roots NRV, a collaboration of health and human service agencies coming together to address prioritized community health needs Line 7f - Health professions education - This line is reported at actual cost Carilion Community Health and Outreach certified trainers educate community health professionals such as EMS and CHIP personnel on Child Passenger Safety Line 7g - Subsidized Health Services - N/A Line 7h - Research - This line is reported at actual cost Carilion New River Valley Medical Center provides community research 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 Line 7i - Cash and In-Kind Contributions - At cost Carilion has long been committed to improving the health of the communities we serve We know significant change doesn't happen without collaboration, it takes a community of partners working toward common goals Carilion's dedication to this mission is evidenced by the support provided annually to various nonprofit partners, furthering its efforts to positively impact health Financial and in-kind contributions are made each year to dozens of organizations directly impacting the issues identified in our triennial Community Health Needs Assessment and a variety of social determinants that impact people's health Support provided helps with transportation and basic needs access, disease prevention, trauma-informed care, unwanted pregnancy prevention efforts, and a multitude of other community health improvement goals</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>Schedule H, Part II Community Building Activities</p>	<p>Line 1 - Physical improvements and housing - In fiscal year 2019 (tax year 2018), Carilion New River Valley Medical Center leadership participated in a New River Valley Housing Study Line 2 - Economic development - As the largest employer in Southwest Virginia, Carilion participates in programming and supports local Chambers of Commerce, improving economic development efforts through pro-business advocacy Carilion takes an active role in local economic development endeavors by investing in research and technology and conversing with local businesses about the region's current business climate and prospects CNRV takes an active role in local economic development through participation in OnWARD NRV, a regional economic development organization working to attract jobs and talent to the New River Valley Line 3 - Community support - Research demonstrates the strong connection between social determinants of health such as transportation, housing and education, and the overall health and well-being of communities Support is provided in a variety of ways for nonprofit organizations that address barriers to good health arising from these social determinants Through support of local partners, Carilion can help provide better education and opportunities for children and families as well as improved housing, better nutrition and additional supportive resources for its neighbors in need, removing a range of obstacles to good health Carilion New River Valley Medical Center is deeply involved with a variety of health and social determinant-related initiatives and supports local organizations through coordination of activities and participation as volunteers and on boards in addition to providing financial support For example, Carilion leaders dedicate their time to impact the need for quality childhood education by participating on the First Steps, on the Montgomery County School Health Advisory Board, in the Alliance for Better Childcare Strategies and on the Montgomery County Prevention Partners coalition Financial donations also support various causes and organizations including Alliance for Better Childcare Strategies, Radford Child Development Center, NAACP and others Line 4 - Environmental improvements - n/a Line 5 - Leadership development and training for community members - n/a Line 6 - Coalition building - Carilion believes in the power of collaboration and understands that community health issues must be addressed in concert with the community To ensure lasting community impact from the health assessment and community health improvement process, Carilion participates in community health coalitions that address health, safety and social determinant needs in the New River Valley In addition, Carilion partners with multiple community and business organizations around initiatives to improve health and wellness and to impact the social determinants of health for all who live in the New River Valley An example is Carilion's representation on the local Federally Qualified Health Center Board and associated volunteer hours donated In addition, Carilion leadership led a walk for the American Heart Association Line 7 - Community health improvement advocacy - n/a Line 8 - Workforce development - Carilion partners to provide workforce development efforts and training for community members both to develop a pipeline of future healthcare workers and with the understanding that employment is directly linked to health and wellness In fiscal year 2019 (tax year 2018) Carilion New River Valley Medical Center provided scholarship support for students with an interest in nursing careers</p>



## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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 New River Valley Medical Center expects to be entitled in exchange for providing patient care. For patient accounts receivable resulting from revenue recognized prior to October 1, 2018, an allowance for doubtful accounts was established to reduce the carrying value of such receivables to net realizable value. Subsequent to the adoption of Accounting Standards Update (ASU) No. 2014-09, Revenue from Contracts with Customers (Topic 606) (ASU 2014-09), the estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to patient accounts receivable rather than an allowance for doubtful accounts.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	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 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. Medicare allowable costs are determined from the Medicare cost report using the cost-to-charge ratio.

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- CARILION NEW RIVER VALLEY MEDICAL CENTER Line 16a URL <a href="https://carilionclinic.org/billing/financial-assistance">https //carilionclinic.org/billing/financial-assistance,</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- CARILION NEW RIVER VALLEY MEDICAL CENTER Line 16b URL <a href="https://carilionclinic.org/billing/financial-assistance">https //carilionclinic.org/billing/financial-assistance,</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- CARILION NEW RIVER VALLEY MEDICAL CENTER Line 16c URL <a href="https://carilionclinic.org/billing/financial-assistance">https //carilionclinic.org/billing/financial-assistance,</a>

## 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, Carilion closely monitors community health indicators and responds to needs as they arise. Each year, Carilion updates scorecards with refreshed County Health Rankings indicators provided by the Robert Wood Johnson Foundation. Carilion is also responsive to needs identified through clinical data and departments. Carilion's call center is available for community members to ask questions and to direct callers to community resources as issues are raised. The Planning department monitors data such as self-pay and Medicaid rates, patient origin and travel time, and age and income distributions to drive Carilion's access to care strategies. Carilion Clinic's community health improvement process was adapted from Associates in Process Improvement's Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle developed by Walter Shewhart. It consists of five steps: (1) conducting the CHNA, (2) strategic planning, (3) creating the implementation strategy, (4) program implementation, and (5) evaluation. This cycle is repeated every three years. Needs are also identified through advisory boards and focus groups conducted, on occasion, in key neighborhoods or aligned with community initiatives. Through ongoing collaboration with community stakeholders, regular communication of community needs occurs and partners can respond cohesively. Carilion Clinic fosters community development in its CHNA and community health improvement processes by using the Strive Collective Impact Model for the CHAT. This evidence-based model focuses on solving problems together with coalitions of cross-sector partners and has been proven to lead to large-scale changes. It focuses on relationship-building between organizations and the progress towards shared strategies. Carilion Clinic, the New River Health District of the Virginia Department of Health and the New River Valley Partnership for Access to Health Care (PATH) partnered to conduct the 2018 New River Valley Community Health Needs Assessment. This process was community-driven and focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers, the target populations, and the community as a whole. "Since 1995 the New River Valley Partnership for Access to Health Care (PATH) has served as a collaborative community-focused alliance of 50+ Health and Human Service organizations, other community organizations and businesses. This partnership resulted from discussions and review of statistics from a 1994 New River Valley Health and Human Services Needs Assessment which indicated that the number one concern of residents in the New River Health District or Planning District Four - a 1,400 square mile multi-jurisdictional rural, urban and suburban region of southwest Virginia including the localities of Floyd, Giles, Montgomery and Pulaski counties and the City of Radford - was lack of affordable health care. The mission of PATH is to maximize access to health care for all residents of the New River Valley." (VDH, PATH Retrieved from <a href="http://www.vdh.virginia.gov/new-river/path/">http://www.vdh.virginia.gov/new-river/path/</a>)</p>



**990 Schedule H, Supplemental Information**

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
<p>Schedule H, Part VI, Line 4 Community Information</p>	<p>The New River Valley, home to Carilion New River Valley Medical Center, is composed of the independent City of Radford and the counties of Floyd, Giles, Montgomery and Pulaski. It is nestled among the Blue Ridge and Appalachian Mountains in Southwest Virginia. The Valley is home to two universities, Virginia Tech and Radford University, and to New River Community College. Their presence enriches the local culture and workforce. A rich mix of urban and rural communities, the New River Valley boasts scenic views and thriving communities complete with restaurants, arts and culture offerings and an abundance of outdoor recreation and relaxation opportunities (<a href="https://www.newrivervalleyva.org/">https://www.newrivervalleyva.org/</a>). Key safety net providers in the region in addition to Carilion Clinic include the New River Health District, Community Health Center of the New River Valley, a federally qualified health center, free clinics, and other service organizations. Despite the presence of these entities, there remain thousands of low-income, uninsured, and underinsured residents who do not have access to affordable health care services. The 2018 New River Valley Community Health Needs Assessment (NRVCHNA) revealed distinct communities with significant differences in size and population and significant disparities both in health and in social determinants. The 2014-2018 American Community Survey (ACS) found the total population of the New River Valley to be 182,341 and the population of Wythe County to be 28,940 (U.S. Census Bureau, 2014-2018 5-year American Community Survey, Table S0101 <a href="https://data.census.gov/cedsci/table?q=S0101&amp;tid=ACSSST5Y2018.S0101&amp;hidePreview=true">https://data.census.gov/cedsci/table?q=S0101&amp;tid=ACSSST5Y2018.S0101&amp;hidePreview=true</a>). The City of Radford had 17,630 residents (U.S. Census Bureau, 2014-2018 5-year American Community Survey, Table S0101 <a href="https://data.census.gov/cedsci/table?q=S0101&amp;tid=ACSSST5Y2018.S0101&amp;hidePreview=true">https://data.census.gov/cedsci/table?q=S0101&amp;tid=ACSSST5Y2018.S0101&amp;hidePreview=true</a>). The counties of Floyd, Giles, Montgomery and Pulaski had 15,666, 16,814, 97,997 and 34,234 residents respectively (Virginia Employment Commission Community Profiles (2020) <a href="https://virginiaworks.com/community-profiles/">https://virginiaworks.com/community-profiles/</a>). The U.S. Census Bureau predicts positive future population change of varying degrees for all communities except Giles and Pulaski Counties. Median age in the MSA localities ranges from 22.9 in Radford City to 47 in Floyd County, as compared to the state median of 38.1 (U.S. Census Bureau, 2014-2018 5-year American Community Survey, Table S0101 <a href="https://data.census.gov/cedsci/table?q=S0101&amp;tid=ACSSST5Y2018.S0101&amp;hidePreview=true">https://data.census.gov/cedsci/table?q=S0101&amp;tid=ACSSST5Y2018.S0101&amp;hidePreview=true</a>). The ACS finds that for most of the New River Valley, a larger percentage of the population is White than in the Commonwealth of Virginia as a whole with percentages ranging all the way up to 95.7% in Floyd County and 96.6% in Giles County (U.S. Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 <a href="https://data.census.gov/cedsci/table?tid=ACSDP5Y2018.DP05&amp;hidePreview=true">https://data.census.gov/cedsci/table?tid=ACSDP5Y2018.DP05&amp;hidePreview=true</a>). Montgomery County and Radford City, the localities which host Virginia Tech and Radford University, are more racially and ethnically diverse than other parts of the New River Valley, with populations that are 85.9% and 84.5% White, 4.6% and 9.8% Black, and 6.6% and 1.5% Asian with 1.6% and 3.4% representing more than one race and the remainder representing small minorities of American Indian/Alaskan Native, Native Hawaiian/Pacific Islander or some other race. Of the population in both localities, 3.2% and 1.9% respectively are Hispanic or Latino (U.S. Census Bureau, 2014-2018 5-year estimates, American Community Survey, Table DP05 <a href="https://data.census.gov/cedsci/table?tid=ACSDP5Y2018.DP05&amp;hidePreview=true">https://data.census.gov/cedsci/table?tid=ACSDP5Y2018.DP05&amp;hidePreview=true</a>). The Valley has many small-town communities, each with a different feel and array of resources. These small towns vary greatly in the demographic and economic make-up of the residents who live there.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>As the leading health care provider in the New River Valley, Carilion New River Valley Medical Center (CNRV) serves the Southwest Virginia counties of Montgomery, Pulaski, Floyd, Wythe, and Giles in addition to the City of Radford. CNRV's history dates back to 1941, when Radford Community Hospital (RCH) was first established to serve the industrial developments in the area at the time. RCH continued to modernize and grow and became affiliated with the Roanoke Hospital Association in November of 1987, during the transition of the Roanoke Hospital Association into Carilion Health System (now Carilion Clinic). On March 20, 1999, RCH capitalized on its standing as a regional hospital and opened Carilion New River Valley Medical Center (CNRV) at its current location in Christiansburg, Virginia. The 109-bed acute care facility offers modern medical operating rooms and state of the art technology (including advanced imaging and robotic surgery). The Level III Trauma Center treats more than 30,000 cases per year and the OB/GYN and midwifery program delivers nearly 1,200 babies per year at The Birthplace. The current medical complex includes multiple surgical and medical care practices, Carilion Children's, and Carilion Clinic Saint Albans Hospital for psychiatry and behavioral medicine. Carilion New River Valley Medical Center serves all patients regardless of their ability to pay. The Hospital's governing Board is elected annually and the majority of members are neither employees nor contractors of the Hospital. Medical staff privileges are extended to qualified providers. Surplus funds are reinvested in new technology, clinical initiatives, education and charitable efforts. This includes providing free, discounted and subsidized care as well as critical medical services that operate at a loss (<a href="https://www.carilionclinic.org/locations/carilion-new-river-valley-medical-center">https://www.carilionclinic.org/locations/carilion-new-river-valley-medical-center</a>)</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>Carilion New River Valley Medical Center is wholly owned by Carilion Clinic, a not-for-profit health care organization based in Roanoke, Virginia. Through a comprehensive network of hospitals, primary and specialty physician practices, and complementary services, Carilion provides exceptional care for nearly one million Virginians. With an enduring commitment to the health of the region, Carilion also seeks to advance care through medical education and research, help its community stay healthy and inspire the region to grow stronger. In the mid-2000s, Carilion made the strategic decision to transform from a collection of hospitals to a physician-led, integrated health care system. It was a courageous move. In every moment since, Carilion has worked to evolve further—developing a multi-specialty physician group, transforming our primary care practices into patient-centered medical homes, implementing electronic health records system-wide, creating a robust partnership with Virginia Tech, and opening a medical school and research institute. Each decision, each adaptation, has fundamentally changed the way Carilion collaborates and provides care (<a href="https://www.carilionclinic.org/about-carilion-clinic">https://www.carilionclinic.org/about-carilion-clinic</a>). Carilion's Community Health and Outreach (CHO) department is the health system's engine for providing collaborative opportunities to improve and promote the health of the community. The department's Community Health Assessments process helps identify the strengths and barriers impacting health. Its community-based programs reflect the Robert Wood Johnson Foundation's framework of four main influences of health: health behaviors, social and economic factors, clinical care access and quality, and physical environment. CHO is also the driving force for the health systems many partnerships with cross-sector organizations that create a collaborative culture of community health and wellness. To advance the education of health professionals, Carilion Medical Center operated Jefferson College of Health Sciences, a private higher education institution within the hospital that "prepares, within a scholarly environment, ethical, knowledgeable, competent and caring healthcare professionals." Jefferson College provided more than 1,100 students with opportunities to become part of the health care profession, serving communities ranging from southwest Virginia to the Shenandoah Valley and beyond. Jefferson College merged with Radford University July 1, 2019 and remains in partnership with Carilion Clinic, teaching students in our clinical setting on the campus of Carilion Medical Center to continue to meet the healthcare workforce needs in the community and beyond. Through a unique public-private partnership between Virginia Tech and Carilion Clinic, the Virginia Tech Carilion School of Medicine within Virginia Tech educates physician thought leaders through inquiry, research, and discovery on Carilion Clinic's main campus in Roanoke. Virginia Tech students learn, train, and work side by side with Carilion's highly experienced medical staff. This innovative approach stresses the importance of research, quality, safety, evidence-based medicine, interdisciplinary and interprofessional teamwork, chronic disease management, wellness and prevention and public health.</p>

# Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 54-0553805

**Name:** Carilion New River Valley Medical Center

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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 NEW RIVER VALLEY MEDICAL CENTER 2900 LAMB CIRCLE CHRISTIANSBURG, VA 24073 <a href="https://carilionclinic.org/locations/carilion-new-river-valley-medical-center">https://carilionclinic.org/locations/carilion-new-river-valley-medical-center</a> H 1838	X	X					X			

**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 , 1	<p>Facility , 1 - Carilion New River Valley Medical Center 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) New River Valley Community Health Needs Assessment (NRVCHNA) CHIP of NRV, Community Health Center of the New River Valley, Community Housing Partners, New River Community Action, New River Valley Agency on Aging, New River Valley CARES, Virginia Department of Health - Mount Rogers Health District, Virginia Department of Health - New River Health District, Virginia Tech In addition to the CHAT, the NRVCHNA conducted focus groups among stakeholders and target populations and administered a community health survey During the CHNA process, community stakeholders, leaders, and providers were encouraged to complete the Stakeholder Survey (print and electronic versions available) This survey provided an additional perspective about the health needs and barriers facing our community Stakeholder focus groups were conducted with the Community Health Assessment Team, the Montgomery County Sheriff's Office, the NRV CHIP staff, the Palliative Care Partnership of the NRV, and the Pulaski County Sheriff's Office 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 Nine 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 Community Health Center of New River Valley patients in two different clinic locations, Children's Health Investment Partnership (CHIP) clients, Carilion New River Valley Medical Center Environmental Services Staff, New River Valley Agency on Aging Friendship Cafe groups in multiple localities and with the YMCA International Women's group A 38-question Community Health survey was developed including questions about socioeconomic factors, access to medical, dental, and mental health care, health behaviors, physical environment, health outcomes, and demographics The survey included commonly used questions and metrics from previously validated community surveys, including (1) Community Themes and</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 , 1	<p>Strengths Assessments, National Association of County and City Health Officials (NACCHO), Mobilizing for Action through Planning and Partnerships (MAPP) (2) Community Healthy Living Index, YMCA (3) Behavioral Risk Factor Surveillance System, Centers for Disease Control (CDC) (4) National Health Interview Survey, Centers for Disease Control (CDC) (5) Youth Risk Behavior Surveillance System, Centers for Disease Control (CDC) (6) Martin County Community Health Assessment, Martin County, North Carolina (7) Previous Carilion Clinic Community Health Surveys English and Spanish versions were available The CHAT identified target populations, collection sites, and methods of survey distribution The population of interest was New River Valley residents 18 years of age and older The New River Valley CHNA service area included Floyd County, Montgomery County, Pulaski County, Radford City, and Wythe County Special efforts were made to ensure inclusion of underserved/vulnerable populations disproportionately impacted by the social determinants of health including Income, Race/ethnicity, Education, Insurance status The survey was also made available to all residents living in the New River Valley and oversampling of the target populations occurred through targeted outreach efforts In total, 1,068 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 6b Facility , 1	Facility , 1 - Carilion New River Valley Medical Center CHIP of NRV, Community Health Center of the New River Valley, Community Housing Partners, New River Community Action, New River Valley Agency on Aging, New River Valley CARES, Virginia Department of Health-Mount Rogers Health District, Virginia Department of Health-New River Health District, Virginia Tech

**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 , 1	Facility , 1 - Carilion New River Valley Medical Center The 2018 New River Valley CHNA was also shared to be posted to Community Health Assessment Team partner websites and social media

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - Carilion New River Valley Medical Center Carilion Clinic is a not-for-profit, integrated healthcare system located in Virginia's Blue Ridge Mountains with its flagship hospital in the heart of the City of Roanoke, the largest urban hub in western Virginia. There, through a comprehensive network of hospitals, primary and specialty physician practices, wellness centers and other complementary services, the system provides quality care close to home for nearly one million Virginians. Carilion's roots go back to 1899, when a group of dedicated citizens came together and built a hospital to meet the healthcare needs of the community. Today, Carilion is a key anchor institution focusing on more than just healthcare, Carilion is dedicated to its mission of improving the health of the communities we serve. With an enduring commitment to the health of our region, Carilion advances care through clinical services, medical education, research and community health investments. Carilion believes in service, collaboration and caring for all. Through ongoing investment in discovering and responding to the health needs of the community comes the understanding that the involvement of additional stakeholders is essential to effectively address community health issues and create change. The purpose of this implementation strategy is to describe what Carilion New River Valley Medical Center (CNRV) plans to do to address the community health needs identified in the 2018 New River Valley Community Health Needs Assessment (NRVCHNA). After all primary and secondary data collection was completed, the CHAT reviewed all data then identified and prioritized the ten most pertinent community needs using the Robert Wood Johnson Foundation framework for what influences health. The data were combined and overall priorities chosen based on the number of times a category was selected in the top 10, with the average ranking serving as a tie-breaker. Once the priorities were clearly identified, the CHAT rated the feasibility and potential impact of solutions for each health issue. The findings of the 2018 NRVCHNA revealed 10 priority health-related issues in the community, identified by the CHAT after review of the data collected: (1) Transportation / transit system (2) Alcohol and drug use (3) Affordable / safe housing (4) Lack of knowledge of community resources (5) Tobacco use (6) Poverty / low average household income (7) High cost of care (8) Lack of health literacy / lack of knowledge of healthy behaviors (9) Access to mental / behavioral health services (10) Coordination of care. According to the Robert Wood Johnson Foundation's (RWJF) County Health Rankings, where an individual lives, works and plays is a strong predictor of their health outcomes (<a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a>). Currently in the United States, a person's zip code can help predict their life expectancy due to its direct link to the social determinants of health such as poverty, race/ethnicity.</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 , 1	<p>city, education and employment status in these areas (<a href="https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html">https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html</a>) These factors are so important to our overall health, that they were added to the 10-year national Healthy People 2020 objectives to "create social and physical environments that promote good health for all" (<a href="https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health">https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health</a>) 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 Carilion Clinic's response strategies are organized by the RWJF framework for what influences health, which includes health behaviors, social and economic factors, clinical care access and quality, and physical environment Commitment to community service is evident at all levels of the organization Carilion's commitment to community health is evidenced by its population health infrastructure including an entire Community Health and Outreach (CHO) department dedicated to assessing and addressing community needs The department is responsible for leading and facilitating the Community Health Improvement Plan (CHIP), CHNAs, the system's community grant process, community health education, community benefit collection, and neighborhood health initiatives CHO has staff at the system level and each community hospital and works with each hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health needs Each Carilion Clinic hospital has a Community Benefit Team which oversees the local hospital's plan to address community need in partnership with the local CHAT There is also a Community Benefit Council at the system level providing oversight for Carilion Clinic as a whole This council is responsible for overseeing and strategically guiding Carilion's community health improvement work and for community benefit strategy, collection and submission Carilion Clinic believes in the power of collaboration and understands community health issues must be addressed in cooperation with the community To ensure lasting community impact from the health assessment and community health improvement process, Carilion participates in and provides financial and in-kind support to community health coalitions addressing health needs Carilion partners with the New River Health District and PATH in the New River Valley In addition, Carilion partners with multiple community and business organizations on initiatives to improve health and wellness and to impact the social determinants of health for all who live in t</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 , 1</p>	<p>he New River Valley Carilion New River Valley Medical Center partnered with PATH to serve as the CHAT for the 2018 NRVCHNA "Since 1995 the New River Valley Partnership for Access to Health Care (PATH) has served as a collaborative community-focused alliance of 50+ Health and Human Service organizations, other community organizations and businesses This partnership resulted from discussions and review of statistics from a 1994 New River Valley Health and Human Services Needs Assessment which indicated that the number one concern of residents in the New River Health District or Planning District Four - a 1,400 square mile multi-jurisdictional rural, urban and suburban region of Southwest Virginia including the localities of Floyd, Giles, Montgomery and Pulaski counties and the City of Radford - was lack of affordable health care The mission of PATH is to maximize access to health care for all residents of the New River Valley " (<a href="http://www.vdh.virginia.gov/new-river/path/">http //www vdh virginia gov/new-river/path/</a>) In fiscal year 2019 (tax year 2018) CNRV partnered with the New River Health District, th e Community Foundation of the NRV and other PATH partners to organize Healthy Roots-A Conv ersation to Improve Health and Wellbeing in the New River Valley, a planning retreat for k ey community stakeholder representatives to review the needs identified and determine acti on steps to take as a community to address key health priorities arising from the 2018 NRV CHNA As a result, Carilion funded the Community Foundation of the New River Valley to dev elop a network of organizations to jointly address community needs Carilion Clinic is com mitted to improving the health of the communities we serve by addressing key health priori ties identified through our triennial Community Health Needs Assessments Carilion fulfill s this commitment in many ways, one of which is through targeted grants for community heal th improvement programs and those affecting the social determinants of health Carilion pr ovides a multitude of community grants and community health sponsorships to help local cha ritable organizations fulfill their missions related to the health and well-being of our c ommunities Community grant dollars are allocated across the entire Carilion Clinic servic e area based on requests received During the 2019 fiscal year (2018 tax year), \$53,500 in grants were awarded to 4 programs to improve transportation and basic needs access, disea se prevention, trauma-informed care, and unwanted pregnancy prevention efforts (Continued in Part VI, Section C)</p>

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Carilion New River Valley Medical Center

Employer identification number

54-0553805

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 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of 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 12
3 Enter total number of other organizations listed in the line 1 table 2

**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)					
(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 tax-exempt organizations and public schools with a similar health or community improvement mission. Such organizations also have community boards which oversee the expenditure of such funds. 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 every funded project. Site visits may be made to grantees. Program evaluation includes alignment with Community Health Assessment priorities, program impact, organizational effectiveness and community benefit through collection of data including clients served, cost effectiveness of the program (cost per client or service), tangible community or client outcomes, and specific efforts to cultivate diverse funding sources for program sustainability. Each grantee must agree to submit requested data and reports on a timely basis and to complete the evaluation process as requested.

## Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 54-0553805  
**Name:** Carilion New River Valley Medical Center

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Floyd County High School 721 Baker St Floyd, VA 24091	54-6001281	Floyd County	22,333				Athletic Trainer Grant
Giles County Public Schools 151 School Rd Pearisburg, VA 24134	54-6001307	Giles County	44,463				Athletic Trainer Grant



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Blacksburg Partnership 506 South Main St Blacksburg, VA 24060	04-3765864	501 (c) (3)	8,409				Event Sponsorship
(4) Alliance for Better Childcare Strategies 990 Cambria St NE Christiansburg, VA 24068	82-5108334	501 (c) (3)	17,500				Child Abuse prevention

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Blacksburg Country Club 1064 Clubhouse Rd Blacksburg, VA 24060	54-0536604		7,500				Blacksburg Battles Cancer
(6) Edward Via College of Osteopathic Medicine 2265 Kraft Dr Blacksburg, VA 24060	54-2052107	501 (c) (3)	50,000				Certified athletic trainers

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Onward New River Valley 2020 Kraft Dr 2000 Blacksburg, VA 24060	54-1545804	501 (c) (6)	25,000				Economic development
Radford Child Development 518 Meadow Ridge Radford, VA 24141	46-1775838	501 (c) (3)	7,500				Childcare, scholarships

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NRV Cares 205 W Main St Christiansburg, VA 24073	54-1773419	501 (c) (3)	10,380				Child abuse prevention
Radford University Foundation 6226 University Park Dr Radford, VA 24141	23-7219782	501 (c) (3)	28,750				IT Consortium, sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
New River Health District 210 S Pepper St Christiansburg, VA 24073	54-6001775	VIRGINIA	20,000				Regional Jail intervention
New River Valley Senior Services 141 E Main St Ste 500 Pulaski, VA 24031	54-1022999	501 (c) (3)	20,000				Senior Transportation

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Virginia Tech Foundation Inc 902 Prices Fork Rd Ste 4000 Blacksburg, VA 24061	54-0721690	501 (c) (3)	24,000				Community Health Education
New River Community College Educational Foundation 5251 College Dr Dublin, VA 24084	52-1203686	501 (c) (3)	12,500				Nursing Scholarships (non-employee)

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

# 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](http://www.irs.gov/Form990) for instructions and the latest information.**

# 2018

**Open to Public Inspection**

Name of the organization  
Carlilon New River Valley Medical Center

Employer identification number  
54-0553805

## Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> 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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	No
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	Yes
<b>3</b> 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		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>	No
<b>6</b> 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		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>	No
<b>7</b> 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	<b>7</b>	Yes
<b>8</b> 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	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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.

<b>Return Reference</b>	<b>Explanation</b>
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. Mr. Flattery received this benefit and the value was included in taxable compensation from the organization.

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 1b Written policy regarding payment or reimbursement of expenses	Provision of the benefit is documented in Board meeting minutes and Carilion internally tracks the memberships and pays the health club directly

<b>Return Reference</b>	<b>Explanation</b>
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 Hospital Vice President, is reviewed annually by the Carilion Clinic Board of Directors Compensation Committee. This Committee is made up of Board members of Carilion Clinic who do not have a conflict of interest with any of the executives being reviewed. In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders. This review included review of a comprehensive report from an outside compensation consultant specializing in healthcare organizations for select positions and the prior year's report on all of the reviewed positions. The reports reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonus, "at-risk" and other cash compensation, and benefits, including deferred and retirement benefits. Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, the list of which was reviewed by the Compensation Committee. The Compensation Committee maintained detailed minutes of its meetings, setting forth the deliberations and decisions of the Committee regarding the compensation of these executives.

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

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



**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 54-0553805  
**Name:** Carilion New River Valley 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				
William Flattery	(i)	251,926	28,514	17,068	13,357	2,005	312,870	0
Director/Sec/Treas/Hosp VP	(ii)	0	0	0	0	0	0	0
Nathaniel Bishop DMin	(i)	0	0	0	0	0	0	0
Director	(ii)	291,503	42,731	6,868	72,099	3,054	416,255	0
Charles Bissell MD	(i)	0	0	0	0	0	0	0
Director	(ii)	468,275	137,322	16,129	6,567	4,783	633,076	0
TAMERA HOWELL MD	(i)	0	0	0	0	0	0	0
Director	(ii)	252,322	42,418	3,429	1,240	18,243	317,652	0
Cristina Whitaker Trout NP	(i)	2,213	0	0	0	0	2,213	0
Director	(ii)	132,301	8,295	6,448	10,919	648	158,611	0
Nicholas Conte	(i)	0	0	0	0	0	0	0
Asst Secretary	(ii)	455,282	62,409	6,298	118,913	17,136	660,038	0
David Hagadorn	(i)	0	0	0	0	0	0	0
Asst Treasurer	(ii)	133,333	1,800	8,473	7,243	819	151,668	0
Donald Halliwill	(i)	0	0	0	0	0	0	0
Asst Treasurer	(ii)	515,337	70,983	4,797	78,134	15,836	685,087	0
G Robert Vaughan Jr	(i)	0	0	0	0	0	0	0
Asst Treasurer	(ii)	259,842	30,582	4,104	10,275	16,723	321,526	0
Nancy Howell Agee	(i)	0	0	0	0	0	0	0
CEO, Carilion Clinic	(ii)	1,242,837	285,745	205,285	114,597	11,330	1,859,794	0
Steven Arner	(i)	0	0	0	0	0	0	0
Executive Vice President	(ii)	539,549	73,492	4,833	80,224	17,136	715,234	0
Ralph Brown MD	(i)	220,094	15,422	2,678	1,666	15,721	255,581	0
Physician	(ii)	0	0	0	0	0	0	0
Dale Bryant	(i)	139,397	13,840	10,007	28,162	13,417	204,823	0
Pharmacist	(ii)	0	0	0	0	0	0	0
MICHAEL CZAR	(i)	143,961	1,800	3,693	10,166	14,771	174,391	0
Pharmacist	(ii)	0	0	0	0	0	0	0
Donna Shelor	(i)	152,062	13,328	299	-4,757	195	161,127	0
Pharmacist	(ii)	0	0	0	0	0	0	0
Beth Wallace	(i)	152,146	400	1,526	24,864	10,472	189,408	0
Pharmacist	(ii)	0	0	0	0	0	0	0

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Carlion New River Valley Medical Center

Employer identification number  
54-0553805

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_  
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

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

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

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

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



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRISTOPHER ROGERS	FAMILY MEMBER OF MARK ROGERS, D O , DIRECTOR	80,574	EMPLOYEE		No
(2) KATHERINE ROGERS	FAMILY MEMBER OF MARK ROGERS, D O , DIRECTOR	93,298	EMPLOYEE		No

**Part V Supplemental Information**

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

Return Reference	Explanation

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

Carilion New River Valley Medical Center

Employer identification number

54-0553805

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part I, Line 6 Volunteers	<p>Within the hospital, volunteers provide wayfinding, escort patients, assist at the front desk, gift shop, emergency room, waiting room, and coffee shop as well as act as a service ambassador. The student volunteers are accompanied by adult volunteers and guest services staff and do a great job impacting our patient experience. The youth also participated in fund raising activities this past year. We are very proud of our volunteers and how their work enhances our patient and guest experience. Hospice volunteers serve in a variety of different roles. Patient care volunteers provide socialization and emotional support for patients and families. They provide respite so family members can run errands or just take a break from the caregiving role. We also have a "We Honor Veterans Program" which honors all veteran patients with a pinning ceremony performed by a veteran volunteer. Veteran volunteers also participate in local veteran days parades. We also present all WWII veteran patients with a patriotic quilt in recognition of their service. Our office volunteers help with stuffing envelopes, organizing and printing of manuals, assist with making patient birthday bags and then delivering them to the homes. Weekly tuck in calls are also made by volunteer staff to check in with our patients prior to the weekend related to any needs they may have. Bereavement Volunteers assist the Bereavement Coordinator to plan our annual memorial service and attend our weekly Grief Support groups.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4a Program Accomplishments</p>	<p>Carilion New River Valley Medical Center, part of Carilion Clinic, is a not-for-profit healthcare organization committed to improving health outcomes for every patient while advancing the quality of care in the community it serves. The medical center is a modern hospital facility with diagnostic and medical and surgical care, a Level III Trauma emergency department, and Carilion Clinic Saint Albans Hospital for psychiatry and behavioral medicine. Carilion New River Valley Medical Center exists to serve the health care needs of its community, regardless of a patient's ability to pay. New River admitted 8,208 patients and provided 33,638 days of care during the year. New River also delivered 949 babies. Hospital programs include the provision of nursing care, extensive outpatient and inpatient surgical and endoscopic services, comprehensive heart treatment with interventional cardiac catheterization, diagnostic, therapeutic and rehab solutions, and diagnostic imaging services including CT, MRI, PET/CT, mammography, x-ray and ultrasound. Additional specialty surgical care includes advanced surgery with robotics, vascular, urology, ENT care. Medical care in pulmonary, neurology and physical medicine support patient care. With approximately 24% of its inpatient admissions representing psychiatric admissions and a significant outpatient presence in behavioral medicine, New River plays a critical role in providing mental health services to the region. New River is a Level III trauma center and provides a home base for Lifeguard, the emergency medical air transport that serves the surrounding area. New River provides several inpatient and outpatient services targeting the specific health needs of its population, including diabetes management, home health and hospice, physical, speech, occupational and pediatric therapy programs, and cardiac and respiratory rehab. New River also provides an emergency department with 24-hour care, emergency transportation, and a chest pain program. With 32,339 visits, New River's emergency services are a critical component of the health safety net in its service area, acting as the primary health provider for a significant number of uninsured patients, who comprise 12 percent of ED visits.</p> <p>New River supports community screenings and education on chronic disease prevention and management, sponsoring 1,051 events touching more than 14,319 people. New River also champions and supports a Medication Assistance Program in partnership with community-based social services. In furtherance of its mission, New River provides extensive uncompensated care. Stated at cost, charity and unreimbursed Medicaid costs for the year exceeded \$6.9 million.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 1099's	1099s are issued on Carilion New River Valley 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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Nancy Howell Agee, Steve Arner, Nathaniel Bishop, Charles Bissell, Nicholas Conte, William Flattery, David Hagadorn, Donald Halliwill, Tamera Howell, Lauren Schantz, Cristina Whitaker Trout, and G Robert Vaughan, Jr - Business relationship

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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, Steve Arner, Nicholas Conte, David Hagadorn, Donald Halliwill, Lauren Schantz, and G Robert Vaughan, Jr Certain management and related services for Carilion New River Valley Surgery Center, LLC, a disregarded entity of the filing organization, are provided by the employees of Woodrum/Ambulatory Systems Development, LLC None of the individuals listed in Part VII, Section A received compensation from Woodrum/Ambulatory Systems Development, LLC

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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. Several days prior to filing, all Board Members were notified via email of its availability on Carilion's Board portal, which is the mechanism used to disseminate meeting materials to the directors, and directors were encouraged to call with any questions they might have.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue 90357, Related or Exempt Function Revenue 90357, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Work Order Revenue - Total Revenue 27276, Related or Exempt Function Revenue 27276, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Miscellaneous - Total Revenue 24258, Related or Exempt Function Revenue 24258, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Sale Medical Records - Total Revenue 323, Related or Exempt Function Revenue 323, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Returned Check Fees - Total Revenue 245, Related or Exempt Function Revenue 245, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Membership Fees - Total Revenue -250, Related or Exempt Function Revenue -250, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Physician/Professional Services - Total Expense 9162545, Program Service Expense 9162545 , Management and General Expenses , Fundraising Expenses , Billing & Collection Services - Total Expense 690040, Program Service Expense 690040, Management and General Expenses , Fundraising Expenses , Laundry/Housekeeping Services - Total Expense 1051658, Program Service Expense 1051658, Management and General Expenses , Fundraising Expenses , Other Purchased Services - Total Expense 639309, Program Service Expense 613699, Management and General Expenses 25610, Fundraising Expenses , Contract Fees/Consulting - Total Expense 1775007, Program Service Expense 1690464, Management and General Expenses 84543, Fundraising Expenses , Repairs and Maintenance - Total Expense 2895741, Program Service Expense 2895247, Management and General Expenses 494, Fundraising Expenses , Reference Labs - Total Expense 4776358, Program Service Expense 4776358, Management and General Expenses , Fundraising Expenses , Temporary Employment - Total Expense 2035817, Program Service Expense 2035817, Management and General Expenses , Fundraising Expenses ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 New River Valley 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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Pension-related changes other than net periodic pension costs - -14242934, Transfers to Affiliates - -18750231,

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Carilion New River Valley Medical Center

**Employer identification number**

54-0553805

**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
<b>(1)</b> CARILION NEW RIVER VALLEY SURGERY CENTER LLC 2901 LAMB CIRCLE CHRISTIANSBURG, VA 24073 80-0091329	SURGERY	VA	2,684,634	5,410,219	CARILION NEW RIVER VALLEY 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	
<b>(1)</b> FRANKLIN COUNTY VENTURES LLC PO BOX 12385 ROANOKE, VA 24025 47-4365316	REAL ESTATE	VA	NA	N/A								
<b>(2)</b> COMMUNITY MEDICAL ASSOCIATES LLP PO BOX 12385 ROANOKE, VA 24025 54-1517662	REAL ESTATE	VA	NA	N/A								
<b>(3)</b> CARLILION CLINIC MEDICARE SHARED SAVINGS COMPANY LLC PO BOX 12385 ROANOKE, VA 24025 45-5235473	MEDICARE HMO	VA	NA	N/A								
<b>(4)</b> RAVEN ASSET-BASED OPPORTUNITY FUND IV LP 110 Greene Street Suite 9G New York, NY 10012 82-4119491	PRIVATE EQUITY	DE	NA	N/A								
<b>(5)</b> SOUTHWEST VIRGINIA HEALTH PROPERTIES LLC 1102 Jefferson Street SE Roanoke, VA 24016 01-0691570	REAL ESTATE	VA	NA	N/A								
<b>(6)</b> STARWOOD VEP II CO-INVEST LLC 591 W Putnam Avenue Greenwich, CT 06830 83-3262407	INVESTMENTS	DE	NA	N/A								
<b>(7)</b> TI PLATFORM CC SMA LP 1160 Battery Street East San Francisco, CA 94111 84-2852539	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b> Yes	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

See Additional Data Table

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



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>



# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 54-0553805  
**Name:** Carilion New River Valley 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 54-0506332	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 40032 Roanoke, VA 24022 52-1349560	Supporting Organization	VA	501(c)(3)	Type I	NA		No



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CARILION CLINIC MEDICARE RESOURCES LLC PO BOX 12385 ROANOKE, VA 24025 26-3729975	MEDICARE HMO	VA	NA	C Corporation				Yes	
(1) CHS INC PO BOX 12385 ROANOKE, VA 24025 54-1725732	SERVICES	VA	NA	C Corporation				Yes	
(2) CARILION BEHAVIORAL HEALTH INC PO BOX 12385 ROANOKE, VA 24025 20-3136891	HEALTHCARE	VA	NA	C Corporation				Yes	
(3) CARILION EMERGENCY SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-2033006	HEALTHCARE	VA	NA	C Corporation				Yes	
(4) SCA CREDIT SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-1180398	COLLECTION AGENCY	VA	NA	C Corporation				Yes	
(5) CARILION HEALTHCARE CORPORATION PO BOX 12385 ROANOKE, VA 24025 54-1586601	HEALTHCARE	VA	NA	C Corporation				Yes	
(6) MEDKEY INC PO BOX 12385 ROANOKE, VA 24025 54-1645357	FINANCING SERVICES	VA	NA	C Corporation				Yes	
(7) SPROTT PRIVATE RESOURCE LENDING (C-CO- INVEST) LP  98-1378742	INVESTMENTS	CA	NA	C Corporation				Yes	
(8) BLACKMOOR OWNERSHIP HOLDINGS LIMITED	INVESTMENTS	CJ	NA	C Corporation				Yes	
(9) MAGNITUDE SYSTEMATIC LONGSHORT FUND	INVESTMENTS	CJ	NA	C Corporation				Yes	
(10) TANGIBLE SEGREGATED PORTFOLIO OF THE SOUTH AFRICA ALPHA SPC	INVESTMENTS	CJ	NA	C Corporation				Yes	

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	CARILION MEDICAL CENTER	A	162,360	COST
<b>(1)</b>	CHS INC	A	55,154	COST
<b>(2)</b>	CARILION BEHAVIORAL HEALTH	A	15,612	COST
<b>(3)</b>	CARILION HEALTHCARE CORPORATION	A	873,718	COST
<b>(4)</b>	MEDKEY INC	M	194,196	COST
<b>(5)</b>	CARILION MEDICAL CENTER	M	3,832,149	COST
<b>(6)</b>	CARILION SERVICES INC	M	33,445,567	COST
<b>(7)</b>	CHS INC	K	275,712	COST
<b>(8)</b>	CHS INC	M	829,564	COST
<b>(9)</b>	SCA CREDIT SERVICES INC	M	193,149	COST
<b>(10)</b>	CARILION HEALTHCARE CORPORATION	M	11,364,746	COST
<b>(11)</b>	CARILION SERVICES INC	R	18,750,231	CASH