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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

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

C Name of organization
CARILION MEDICAL CENTER

Doing business as

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

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

D Employer identification number
54-0506332

E Telephone number
(540) 224-5112

G Gross receipts $ 2,015,011,377

F Name and address of principal officer
Nancy Howell Agee
PO BOX 12385
ROANOKE,VA 240252385

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www carilionclinic org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1899

M State of legal domicile VA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	8,596
6	Total number of volunteers (estimate if necessary)	**6**	312
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	19,133
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,444,978	5,236,580
9	Program service revenue (Part VIII, line 2g)	1,134,789,192	1,213,958,161
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,291,878	11,550,416
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,198,283	25,472,814
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,216,724,331	1,256,217,971
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,510,033	6,838,575
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	535,009,191	576,424,275
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶249,402		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	574,489,716	601,695,854
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,114,008,940	1,184,958,704
19	Revenue less expenses Subtract line 18 from line 12	102,715,391	71,259,267
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,185,047,389	1,292,474,198
21	Total liabilities (Part X, line 26)	798,493,941	900,982,606
22	Net assets or fund balances Subtract line 21 from line 20	386,553,448	391,491,592

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-08-14

G Robert Vaughan Jr Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MICHAEL J ENGLE	Preparer's signature: MICHAEL J ENGLE	Date	Check ☐ if self-employed; PTIN P00482834
Firm's name ▶ BKD LLP			Firm's EIN ▶ 44-0160260
Firm's address ▶ 1201 WALNUT ST SUITE 1700 KANSAS CITY, MO 641062246			Phone no (816) 221-6300

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

Carilion Medical Center's mission is to improve the health of the communities we serve

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,033,507,080 including grants of $ 6,838,575) (Revenue $ 1,234,215,806)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 1,033,507,080

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,596		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?			2 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?			3 Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	No
6	Did the organization have members or stockholders?			6 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?			7a Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b 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*			9	No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	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?	16a	Yes	
b	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?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ 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 J Wright 213 S Jefferson St Roanoke, VA 24011 (540) 224-5112

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								9,499,863	5,977,466	3,558,531

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 ▶ 802

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Solstas Lab Partners Group LLC PO Box 751337 Charlotte, NC 282751337	Laboratory Services	28,239,128
Siemens Medical Solutions USA Inc 51 Valley Stream Parkway Malvern, PA 19355	Equipment Maintenance Contracts	8,749,679
F&S Building Innovations 2944 Orange Ave NE Roanoke, VA 24012	Construction Service	2,224,754
Food Service Partners of VA LLC 2823 Franklin Road -Building B Roanoke, VA 24014	Food Services	2,161,948
Anesthesiology Consultants of VA PO Box 13306 Roanoke, VA 240323306	Anesthesiology Services	1,813,449

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 ▶ 139

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 89,459				
	d	Related organizations . . . 1d 137,295				
	e	Government grants (contributions) 1e 4,803,590				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 206,236				
	g	Noncash contributions included in lines 1a-1f $ 57,555				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,236,580			
Program Service Revenue		Business Code				
	2a	Net Patient Revenue 622110	1,184,221,158	1,184,221,158		
	b	College Tuition/Other 611310	25,742,349	25,742,349		
	c	Program-related Investments 531120	2,867,350	2,867,350		
	d	Other Health Education 611710	607,541	607,541		
	e	Clinical Research 541700	519,763	519,763		
	f	All other program service revenue				
	g	**Total.** Add lines 2a-2f . . . . . ▶	1,213,958,161			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	6,436,285		19,133	6,417,152
	4	Income from investment of tax-exempt bond proceeds . . ▶	218			218
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 1,884,229				
	b	Less rental expenses 0				
	c	Rental income or (loss) 1,884,229				
	d	Net rental income or (loss) . . . . . ▶	1,884,229			1,884,229
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 763,772,168 / 21,974				
	b	Less cost or other basis and sales expenses 758,671,824 / 8,405				
	c	Gain or (loss) 5,100,344 / 13,569				
	d	Net gain or (loss) . . . . . ▶	5,113,913			5,113,913
	8a	Gross income from fundraising events (not including $ 89,459 of contributions reported on line 1c) See Part IV, line 18 . . a 83,718				
	b	Less direct expenses . . . b 113,177				
	c	Net income or (loss) from fundraising events . . ▶	-29,459			-29,459
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Physician & Other Affil Income 621111	8,678,887	8,678,887		
	b	Cafeteria & Vending Income 722514	3,360,399			3,360,399
	c	EHR Incentive Income 622110	1,256,352	1,256,352		
	d	All other revenue	10,322,406	10,322,406		
	e	**Total.** Add lines 11a-11d . . . . . ▶	23,618,044			
	12	**Total revenue.** See Instructions . . . . . ▶	1,256,217,971	1,234,215,806	19,133	16,746,452

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,692,412	6,692,412		
2 Grants and other assistance to domestic individuals See Part IV, line 22	146,163	146,163		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,589,931		4,589,931	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,067,763	1,067,763		
7 Other salaries and wages	464,240,124	463,861,132	271,375	107,617
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,262,637	37,262,637		
9 Other employee benefits	39,278,506	39,181,058	70,376	27,072
10 Payroll taxes	29,985,314	29,985,314		
11 Fees for services (non-employees)				
a Management	137,313,176		137,313,176	
b Legal	31,433		31,433	
c Accounting	23,633		23,633	
d Lobbying	62,752	62,752		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	539,219		539,219	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,169,749	93,625,211	3,524,860	19,678
12 Advertising and promotion	428,571	418,866	249	9,456
13 Office expenses	17,087,351	16,894,647	186,054	6,650
14 Information technology	3,736,757	2,960,137	776,620	
15 Royalties				
16 Occupancy	26,802,170	26,787,025	2,000	13,145
17 Travel	2,799,127	2,774,402	15,981	8,744
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	14,459,085	14,459,085		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,722,073	40,722,073		
23 Insurance	14,705,277	11,154,399	3,550,878	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	165,030,660	165,030,581	79	
b Bad Debt	70,617,579	70,617,579		
c College Expense	4,724,372	4,724,372		
d Dues & Subscriptions	1,952,473	1,653,541	298,932	
e All other expenses	3,490,397	3,425,931	7,426	57,040
25 **Total functional expenses.** Add lines 1 through 24e	1,184,958,704	1,033,507,080	151,202,222	249,402
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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 X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	22,649	1	19,570
	2	Savings and temporary cash investments	4,327,700	2	3,627,349
	3	Pledges and grants receivable, net	1,821,705	3	1,456,995
	4	Accounts receivable, net	179,179,958	4	177,015,218
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	6,684,722	7	5,893,651
	8	Inventories for sale or use	5,981,889	8	6,242,898
	9	Prepaid expenses and deferred charges	4,446,028	9	6,303,745
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 983,070,614			
	b	Less accumulated depreciation — 10b: 710,627,972	263,267,160	10c	272,442,642
	11	Investments—publicly traded securities	658,861,169	11	738,583,705
	12	Investments—other securities See Part IV, line 11	44,343,795	12	62,848,683
	13	Investments—program-related See Part IV, line 11	1,000	13	1,000
	14	Intangible assets	65,123	14	65,123
	15	Other assets See Part IV, line 11	16,044,491	15	17,973,619
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,185,047,389	16	1,292,474,198
Liabilities	17	Accounts payable and accrued expenses	141,949,193	17	149,801,878
	18	Grants payable		18	500,000
	19	Deferred revenue	6,012,057	19	6,406,627
	20	Tax-exempt bond liabilities	362,087,698	20	352,778,501
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	1,626,435
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	288,444,993	25	389,869,165
	26	**Total liabilities.** Add lines 17 through 25	798,493,941	26	900,982,606
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	367,010,757	27	372,346,875
	28	Temporarily restricted net assets	7,666,782	28	7,268,808
	29	Permanently restricted net assets	11,875,909	29	11,875,909
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	386,553,448	33	391,491,592
	34	Total liabilities and net assets/fund balances	1,185,047,389	34	1,292,474,198

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,256,217,971
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,184,958,704
3	Revenue less expenses Subtract line 2 from line 1	3	71,259,267
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	386,553,448
5	Net unrealized gains (losses) on investments	5	24,440,454
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-90,761,577
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	391,491,592

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990, Part III, Line 4a

4a (Code) (Expenses $ 1,033,507,080 including grants of $ 6,838,575) (Revenue $ 1,234,215,806)

See Schedule O We are committed to a common purpose of better patient care, better community health, and lower cost Through our comprehensive network of hospitals, primary and specialty physician practices, and other complementary services, we work together to provide quality care close to home for nearly 1 million Virginians With an enduring commitment to the health of our region, we also seek to advance care through medical education and research, help our community stay healthy, and inspire our region to grow stronger Carilion Medical Center (CMC) exists to serve the health care needs of its community and region, regardless of patient ability to pay CMC admitted 37,787 patients and provided 197,839 days of care during the year Hospital programs include provision of nursing care, an extensive cardiac and vascular program, including cardiac surgery, implants, angioplasty and heart failure programs, neurology, neurosurgery and stroke programs, labor and delivery services (delivering 3,315 babies), the areas only neonatal intensive care unit, inpatient and outpatient psychiatric services, a comprehensive rehabilitation unit, extensive outpatient and inpatient surgical and endoscopic services, oncology services, geriatric services, and diagnostic imaging services including CT, MRI, PET, and mammography Housing a children's specialty wing, CMC provides specialists in pediatric neurosurgery, cardiology, oncology, gastroenterology, pulmonology, and child development, among others CMC is a Level I trauma center, providing full trauma services to the region CMC provides a number of services targeting the specific health needs of the area, including diabetes management, home health and hospice, physical, speech, and occupational therapy programs, and cardiac and respiratory rehab CMC also provides an emergency department with 24-hour care, emergency transportation, a pediatric department, and chest pain and stroke protocol programs With 79,563 visits, CMC's emergency services are a critical component of the health safety net in its service area, acting as a key health provider for a significant number of uninsured patients, who comprise 21% percent of ED visits CMCs urgent care centers also provide access points for cost effective care at an appropriate level CMC employs a number of specialty physicians to ensure an effective, integrated approach to serving its patients, including pulmonologists, oncologists, obstetricians, orthopedic surgeons, cardiologists, neurosurgeons, general surgeons, and psychiatrists As a teaching hospital with over 350 full-time faculty members, CMC hosts residency programs in family medicine, internal medicines, obstetrics and gynecology, psychiatry, general surgery, neurosurgery In addition, the Jefferson College of Health Sciences, a division of CMC, offers nursing, physician assistant, occupational therapy, and other high-need programs CMC also supports community screenings and education on chronic disease prevention and management, sponsoring 4,549 events touching over 66,244 people CMC supports a cancer registry program, and participates in a number of other research projects In furtherance of its mission, CMC provides extensive uncompensated care Stated at cost, charity and unreimbursed Medicaid costs for the year exceeded $56 million

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John H Burton MD Director	50 00	X						579,355	0	63,796
George B Cartledge III Director	2 00	X						0	941	0
Elizabeth S Doughty Director	2 00	X						0	941	0
Katherin A Elam Director	2 00	X						0	0	0
Cynda A Johnson MD Director	2 00 48 00	X						0	611,179	80,228
Stephen A Musselwhite Director	2 00	X						0	0	0
Clifford A Nottingham MD Director	2 00 48 00	X						0	347,064	143,212
Patrice M Weiss MD Director	46 00 4 00	X						0	679,636	132,336
Ralph E WhatleyIII MD Director	49 50 0 50	X						557,502	0	92,922
Damon Williams Director	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nancy Howell Agee Director/CEO	3 00 47 00	X		X				0	1,621,601	2,168,199
Steve C Arner Director/President/CEO	48 80 1 20	X		X				0	483,909	123,786
R Steve Blanks Director/Vice Chair	3 00 4 50	X		X				0	15,941	0
Tracy W Criss MD Director/Chief of Medical Staff	50 00	X		X				235,630	0	78,306
Victor Iannello ScD Director/Chair	4 00 2 40	X		X				0	13,641	0
Hirenkumar Patel MD Director/Chief of Medical Staff	2 00	X		X				0	0	0
Lauren J Chen Assistant Secretary	8 00 42 00			X				0	74,469	14,801
David S Hagadorn Assistant Treasurer	0 10 49 90			X				0	138,217	27,098
Donald B Halliwill Assistant Treasurer/EVP/CFO	1 50 48 50			X				0	550,507	120,070
G Robert Vaughan Jr Treasurer	0 30 49 70			X				0	306,045	81,831

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			
Nicholas C Conte Secretary	1 50 48 50			X				0	0	0
Bruce A Long MD Physician, Dept Chair	50 00				X			716,432	0	56,647
Joseph T Moskal MD Physician, Dept Chair	50 00				X			1,305,597	0	86,734
Jon M Sweet MD Physician, Dept Chair	50 00				X			312,931	0	55,385
Jonathan J Carmouche MD Physician	50 00					X		1,585,313	0	31,366
Cay M Mierisch MD Physician	50 00					X		1,034,300	0	47,363
Gary R Simonds MD Physician	50 00					X		1,201,303	0	70,082
Caleb J Behrend MD Physician	50 00					X		985,721	0	18,018
Gregory A Howes MD Physician	50 00					X		985,779	0	11,795
Thomas D Denberg MD PhD Former Chief Strategy Officer	0 00						X	0	505,339	-10,028

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			
Briggs W Andrews Former Secretary	0 00						X	0	479,268	64,584
Donald E Lorton Former CFO	0 00						X	0	130,613	0
Edward Murphy MD Former CEO	0 00						X	0	18,155	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

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

The organization is not a private foundation because it is (For lines 1 through 11, 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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
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? *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.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2015

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	Employer identification number
CARILION MEDICAL CENTER	54-0506332

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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-
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		
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-		

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		62,752
j	Total Add lines 1c through 1i			62,752
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	15,705,697	16,528,095	15,977,886	14,955,835	14,218,995
b	Contributions					
c	Net investment earnings, gains, and losses	904,944	-57,465	1,448,538	1,798,131	1,514,015
d	Grants or scholarships					
e	Other expenditures for facilities and programs	809,125	764,933	898,329	776,080	777,175
f	Administrative expenses					
g	End of year balance	15,801,517	15,705,697	16,528,095	15,977,886	14,955,835

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 ▶ 75 160 %
- c Temporarily restricted endowment ▶ 24 840 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land		5,869,100		5,869,100
b Buildings		452,477,836	298,287,027	154,190,809
c Leasehold improvements		928,236	758,690	169,546
d Equipment		502,494,365	405,177,027	97,317,338
e Other		21,301,077	6,405,228	14,895,849
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				272,442,642

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		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Pension Liability	332,079,593
Interest Rate Swap Liability	40,053,720
Deferred Compensation Liability	17,735,602
Due To Affiliate	250
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	389,869,165

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Dinner (event type)	(b) Event #2 Luncheon (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	79,561	67,637	25,979	173,177
	2 Less Contributions	45,986	41,973	1,500	89,459
	3 Gross income (line 1 minus line 2)	33,575	25,664	24,479	83,718
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		2,000		2,000
	6 Rent/facility costs	1,030		550	1,580
	7 Food and beverages	11,868	19,303	4,982	36,153
	8 Entertainment	1,000			1,000
	9 Other direct expenses	28,325	29,119	15,000	72,444
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				113,177
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-29,459

Part III Gaming.
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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.**
▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			51,800,015	0	51,800,015	4 640 %
b Medicaid (from Worksheet 3, column a)			112,426,661	107,491,897	4,934,764	0 440 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			164,226,676	107,491,897	56,734,779	5 080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	4,143	34,065	2,736,319	50,593	2,685,726	0 240 %
f Health professions education (from Worksheet 5)	26	2,285	42,645,825	9,990,769	32,655,056	2 930 %
g Subsidized health services (from Worksheet 6)	0	0	0	0		
h Research (from Worksheet 7)	2	2,515	824,369	0	824,369	0 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	138	11,115	7,034,829	0	7,034,829	0 630 %
j **Total.** Other Benefits	4,309	49,980	53,241,342	10,041,362	43,199,980	3 870 %
k **Total.** Add lines 7d and 7j	4,309	49,980	217,468,018	117,533,259	99,934,759	8 950 %

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	0	0	0	0		
2	Economic development	10	9,760	65,378	0	65,378	0 010 %
3	Community support	56	1,408	73,031	0	73,031	0 010 %
4	Environmental improvements	3	0	1,996	0	1,996	0 %
5	Leadership development and training for community members	0	0	0	0		
6	Coalition building	161	1,160	52,914	0	52,914	0 %
7	Community health improvement advocacy	6	3,930	1,344	0	1,344	0 %
8	Workforce development	4	6	180,895	0	180,895	0 020 %
9	Other	0	0	0	0		
10	**Total**	240	16,264	375,558		375,558	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	70,617,579		
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	247,326,476
6	Enter Medicare allowable costs of care relating to payments on line 5	6	255,050,958
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-7,724,482
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		

☐ Cost accounting system ☑ Cost to charge ratio ☐ 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	1 Roanoke Ambulatory Surgery Center LLC	Ambulatory surgery	43 500 %		46 080 %
2	2 Southwest Virginia Health Properties LLC	Real estate	45 680 %		48 040 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **2**

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Facility Group A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See Part V, Section C			
b	☑ Other website (list url) https //www carilionclinic org/about/chna			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) https //www carilionclinic org/about/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Facility Group A

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) See Part V, Section C			
b	☑ The FAP application form was widely available on a website (list url) See Part V, Section C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Part V, Section C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Facility Group A

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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

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? **85**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 3c	Asset test is used Money in checking/savings, trust, retirement accounts, equity in real property

Form and Line Reference	Explanation
Part I, Line 6a	Information on community benefit is reported annually through a consolidated report prepared by Carilion Clinic (EIN 54-1190771) Printed copies of this report are distributed throughout communities served by hospitals affiliated with Carilion Clinic Additionally, the community benefit report is available on Carilion Clinic's website www carilionclinic org/community-outreach

Form and Line Reference	Explanation
Part I, Line 7	Part I, Line 7 a-b The ratio of cost-to-charges was used to calculate the expense Part I, Line 7 Column f calculation-The organization's bad debt expense of $70,617,579 is subtracted from total expenses for the calculation Part I Line 7e Community Health Improvement This line is reported at actual cost Carilion Medical Center provides education to the public about health risks and steps that can be taken to improve health Events include regularly scheduled health screenings such as blood pressure, blood glucose and cholesterol as well as seasonal stroke, vascular, prostate and facial sun damage detection screenings Carilion Medical Center's community health education department serves as host of the local chapter of the National Safe Kids Coalition and provides education on childhood injury prevention to the community and other providers In addition, Carilion Medical Center's Safe Kids Coalition coordinator provided training and national certification on proper car seat installation for other health and safety providers free of charge Children learn about healthcare careers through Caring Careers, an educational program for school aged children provided onsite at local schools and community centers Additional health improvement services include physician coverage at the Bradley Free Clinic and the Roanoke Rescue Mission Additional services include blood drives, assistance with enrollment in public medical programs such as Medicaid, and interpreter services for non-English speaking patients Community benefit operations includes expenses related to support of Healthy Roanoke Valley, a collaboration of health and human service agencies developing initiatives to address prioritized community health needs, the cost associated with tracking community health improvement activities, and the cost associated with conducting a Community Health Needs Assessment Part I, Line 7f Health Professions This line is reported at actual cost Carilion Medical Center provides a full time staff member to Radford University's Bachelor of Science Nursing Program and mentors nursing students within Carilion Roanoke Memorial Hospital Education is provided to non-employed health professionals such as school nurses, and staff who provide labor, delivery and emergency services Financial support was provided for Virginia Foundation for Independent Colleges for 10 science research fellowships for undergraduate students In addition, financial as well as in-kind support was provided for Virginia Tech Carilion School of Medicine in the form of paid physician hours dedicated to education of students Part I, Line 7g Subsidized Health Services N/A Part I, Line 7h Research This line is reported at actual cost Carilion Medical Center participates in clinical research projects which includes internal review board oversight Additionally, community research is provided through a cancer registry to assist public health professionals in understanding and addressing the cancer burden more effectively Information obtained is used in development of programs on cancer prevention, early detection, and successful treatment and care Part I, 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 that significant change doesn't happen alone, but takes a community of partners working together towards common goals Our dedication to this mission is evidenced by the support we provide to various nonprofit partners, furthering their efforts to positively impact health Contributions of various amounts, both financial and in-kind, are made each year to dozens of organizations directly impacting the issues identified in our triennial Community Health Needs Assessment as well as to organizations addressing a variety of social determinants that impact people's health Support provided helps with access to nutrient dense foods, promotion of exercise and healthy activity, chronic disease management, access to mental health services and coordination of care in addition to a multitude of other community health improvement goals

Form and Line Reference	Explanation
Part II, Lines 1-8	Part II, Line 1 Physical Improvements and Housing- N/A Part II, Line 2 Economic Development- Support was provided to the Vinton Chamber of Commerce, Roanoke Blacksburg Innovation Partnership, Roanoke Blacksburg Technology Council, Salem Roanoke County Chamber of Commerce, Roanoke Regional Chamber of Commerce, and Virginia Chamber of Commerce to strengthen the social and economic environment of the community Funding was provided to the Greater Roanoke Transit Company for the Star Line Trolley Part II, 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 non-profit organizations that address barriers to good health that arise from these social determinants Through support of local partners, Carilion is able to help provide better education and opportunities for children and families as well as housing, nutrition and resources for our neighbors in need, removing obstacles to good health Part II, Line 4 Environmental Improvements- Financial support was provided to Pathfinders for Greenways and in-kinds support was provided for Clean Valley Day in southeast Roanoke City Part II, Line 5 Leadership Development and Training for Community Members-N/A Part II, Line 6 Coalition Building- In-kind support was provided through representation on Roanoke Area Youth Substance Abuse Coalition and Roanoke Prevention Alliance, a group of concerned citizens, parents, youth, teachers, police officers, business people, judges, and other caring individuals that strive to keep the youth of the Roanoke Valley and southwest Virginia alcohol, tobacco and drug-free, Safe Kids Coalition, a multidisciplinary team, working to eliminate infant injury and deaths due to abusive head trauma and sudden infant death syndrome (SIDS), Positive Action Toward Health, promoting healthy behaviors in children, Salem Prevention Planning Team, Virginia Highway Safety Board representation, Roanoke City Health Advisory Board, and YOVASO, a statewide youth leadership program dedicated to saving the lives of teenage drivers through educating, encouraging and empowering teenagers to be traffic safety advocates in their schools and communities In-kind support was also provided through representation on Boards or committees for the following organizations Children's Trust, CHIP, Family Service of Roanoke Valley, New Horizons Healthcare, Presbyterian Community Center, United Way of Roanoke Valley, Virginia Tech Carilion School of Medicine, and the YMCA Part II, Line 7 Community Health Improvement Advocacy-In-kind support was provided for distribution of a newsletter on behalf of adolescent and student health services Part II, Line 8 Workforce Development- Carilion Medical Center partnered with Goodwill Industries of the Roanoke Valley, the Department of Rehabilitative Services, Blue Ridge Behavioral Health, Blue Ridge Independent Living Center and local parent representatives to offer Project SEARCH, a one year high school transition program that provides employment and educational opportunities for individuals with significant disabilities and assists with finding long term employment in skilled positions for its participants Additional expenses include recruitment of providers to meet the needs of underserved individuals in the Roanoke Valley Support was also provided for Virginia Business Higher Education Council's Grow By Degrees campaign

Form and Line Reference	Explanation
Part III, Line 2	Carilion Medical Center estimates bad debt expense by reserving a percentage of all self-pay accounts receivable by aging category, based on collection history, adjusted for expected recoveries and, if present, anticipated changes in trends

Form and Line Reference	Explanation
Part III, Line 4	Accounts receivable are reduced by an allowance for amounts that could become uncollectible in the future Carilion Medical Center estimates the allowance for doubtful accounts by reserving a percentage of all self-pay accounts receivable by aging category, based on collection history, adjusted for expected recoveries and, if present, anticipated changes in trends Carilion Medical Center collects substantially all of its third-party insured receivables, which include receivables from governmental agencies and commercial insurers

Form and Line Reference	Explanation
Part III, Line 8	Medicare allowable costs are determined from the Medicare cost report using the cost-to-charges ratio The Hospital does not consider a Medicare shortfall as a community benefit

Form and Line Reference	Explanation
Part III, Line 9b	When accounts receivable efforts are exhausted, the account may be placed with a collection agency and Extraordinary Collection Actions (ECA) 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 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 if no positive patient response is received within 120 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 Debt Recovery Department 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

Form and Line Reference	Explanation
Part VI, Line 2	Needs Assessment Carilion Clinic's community health improvement process was adapted from Associates in Process Improvement's the Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle developed by Walter Shewhart It consists of five distinct steps (1) conducting the CHNA, (2) strategic planning, (3) creating the implementation strategy, (4) program implementation, and (5) evaluation This cycle is repeated every three years to comply with IRS requirements Carilion Clinic fosters community development in its CHNA process and community health improvement process by using the Strive Collective Impact Model for the CHAT This evidence-based model focuses on "the commitment of a group of important players from different sectors to a common agenda for solving a specific social problem(s) and has been proven to lead to large-scale changes It focuses on relationship building between organizations and the progress towards shared strategies Carilion Clinic and Healthy Roanoke Valley (HRV) partnered to conduct the 2015 Roanoke Valley CHNA This process was community-driven and focused on high levels of community engagement involving health and human services leaders, stakeholders, providers, the target population, and the community as a whole HRV, housed under the United Way of Roanoke Valley, was formed in 2012 as a community response to needs identified in Carilion Clinic's triennial Roanoke Valley CHNA HRV's mission is to mobilize community resources to improve access to care, coordination of services, and promote a culture of wellness Using the collective impact model, the partnership boasts more than 160 individuals representing cross-sector stakeholders and leaders who are working to implement cost-effective programs resulting in improved health outcomes

Form and Line Reference	Explanation
Part VI, Line 3	Education of the Financial Assistance Policy is provided to patients at all hospital admission and ambulatory areas in the form of signage, in a summary of the policy which includes contact information, in available financial assistance applications and is included in the inpatient handbook Hospital social workers and customer service representatives provide patients with verbal and/or written information regarding availability of assistance Each patient billing statement and letters regarding patient financial responsibility include information on the Financial Assistance Policy and who to contact for additional information Applications, the policy and Plain Language Summary are available free of charge to the patient These items will be mailed to the patient if the patient failed to keep the documents at the time of service and they are also available on the Carilion Clinic web site Carilion Clinic also employs an Eligibility Assistance Team that counsels patients regarding federal and state programs This department completes applications for Medicaid, Social Security, Social Security Disability, and Medicare and provides support services for ensuring the applications are processed correctly based on federal and state policy In addition, the Eligibility Team members are all Certified Application Counselors and will assist patients with enrollment in insurance exchange marketplace products provided through the Affordable Care Act Eligibility Team members will also complete Carilion's financial assistance application and explain the requirements for financial assistance eligibility

Form and Line Reference	Explanation
Part VI, Line 4	Community Information Carilion Medical Center (CMC), comprised of two hospitals, Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, is located in Roanoke, Virginia Roanoke is a 1,186 square mile valley located in southwest Virginia near the Blue Ridge and Allegheny Mountains In fiscal year 2014, CMC served 121,168 unique patients Patient origin data revealed that in fiscal year 2014, 72 77% of patients served by CMC lived in the following localities Roanoke City (30 80%), Roanoke County (19 97%), Franklin County (8 78%), Botetourt County (6 94%), Salem City (5 61%), and Craig County (0 68%) The Roanoke Metropolitan Statistical Area (MSA), commonly known as the Roanoke Valley, is composed of the independent cities of Roanoke and Salem and the counties of Botetourt, Craig, Franklin and Roanoke According to the 2010 Census, the total population of the Roanoke MSA is 308,707 78 5% of residents are 18 years old or over and 16 3% are 65 years old or over The MSA is 82 2% white and 12 8% black According to the 2011-2015 American Community Survey 5-Year Estimates, 38 01% of MSA residents are not in the labor force, the median household income is $50,340, 10 8% of residents have no health insurance coverage, 13 9% of all people and 20 5% of people under 18 years old live below the federal poverty level, 87 9% of residents have graduated high school, and 26 7% of residents have a bachelor's degree or higher Craig County and Franklin County are designated Medically Underserved Areas (MUA) as are portions of northern Botetourt County In the city of Roanoke, nine census tracts are designated MUA's - seven are located in the northwest (NW) quadrant (Census Tracts 1, 9-11, 23-25) and two in the southeast (SE) quadrant (Census Tracts 26 and 27) Health Professional Shortage Areas (HPSA) are present in the portions of the Roanoke MSA for Primary Care, Dental, and Mental Health providers

Form and Line Reference	Explanation
Part VI, Line 5	Community Health Promotion Carilion Medical Center includes Carilion Roanoke Memorial Hospital, one of the largest hospitals in the state of Virginia with 703 beds and an additional 60-bed neonatal intensive care unit and pediatric emergency department With a Level One Trauma Center and children's hospital, complete with pediatric emergency room, Carilion Roanoke Memorial Hospital treats residents throughout southwest Virginia In addition to offering high-tech services, the Hospital is also home to eight residency programs and two fellowship programs Carilion Medical Center serves all patients regardless of their ability to pay The Hospital's governing Board is elected annually and the majority are members of the local community who are neither employees nor contractors of the Hospital Medical staff privileges are extended to qualified providers In addition to clinical care, the Hospital works to achieve its mission through the education of health professionals and the community Any 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

Form and Line Reference	Explanation
Part VI, Line 6	Affiliated System Carilion Medical Center is wholly owned by Carilion Clinic, a not-for-profit healthcare organization based in Roanoke, Virginia Through a comprehensive network of hospitals, primary and specialty physician practices and other complementary services, quality care is provided close to home for more than one million Virginians With an enduring commitment to the health of the region, care is advanced through medical education and research and assistance is provided to help the community to stay healthy Carilion Clinic employees 685 physicians representing more than 70 specialties who provide care at 241 practice sites To advance education of health professionals, Jefferson College of Health Sciences, within Carilion Medical Center, is a professional health sciences college offering Associate's, Bachelor's, and Master's degree programs During fiscal year 2016, 800 undergraduate and 262 graduate students were enrolled Carilion Clinic, through Carilion Medical Center, works in cooperation with Virginia Tech Carilion School of Medicine to provide medical education opportunities to the community There are 13 accredited residency programs (Carilion/OMNEE Emergency Medicine, Dermatology, General Hospital Dentistry, Emergency Medicine, Family Medicine, Internal Medicine, Neurosurgery, Obstetrics/Gynecology, Pediatrics, Plastic Surgery, Podiatry, Psychiatry and Surgery) and 11 accredited fellowship programs (Addiction Psychology, Adult Joint Reconstruction, Cardiovascular Disease, Child and Adolescent Psychiatry, Gastroenterology, Geriatric Medicine, Geriatric Psychiatry, Hospice and Palliative Care, Infectious Disease, Interventional Cardiology, and Pulmonary Critical Care) Advanced clinical technology and programs include Cyberknife Stereotactic Radiosurgery, DaVinci Robotic Surgical System, 60 bed neonatal intensive care unit, hybrid operating room, Carilion Clinic Children's Hospital, Cancer Center, Spine Center, and comprehensive cardiothoracic, vascular and orthopedic surgery programs Carilion Roanoke Memorial Hospital serves as a Level One Trauma Center with EMS services that include three EMS helicopters, six first-response vehicles and 38 Advanced Life Support Ambulances An additional benefit to the community is Carilion Clinic's economic contribution to the region As the area's largest employer, jobs are provided for more than 12,800 residents of the region

Additional Data

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

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
2

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Carilion Medical Center- DBA CRMH 1906 Belleview Avenue Roanoke, VA 24014 www carilionclinic org H 1840	X	X	X	X		X	X			A
2	Carilion Medical Center- DBA CRCH 101 Elm Avenue Roanoke, VA 24013 www carilionclinic org H1839	X								Rehabilitation Unit, Urgent Care	A

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - DBA - Carilion Roanoke Memorial Rehab 2017 South Jefferson Street Roanoke, VA 24153	Psych Unit, Outpatient Rehabilitation
1	2 - Carilion Breast Care Center 102 Highland Ave Ste 202 Roanoke, VA 24014	Breast Care Center
2	3 - Carilion Clinic Cardiology 2001 Crystal Spring Avenue Suite 203 Roanoke, VA 24014	Cardiology
3	4 - Carilion Clinic Cardiology 127 McClanahan Street SW Suite 300 Roanoke, VA 24014	Cardiology
4	5 - Carilion Clinic Cardiology 2001 Crystal Spring Ave Suite 300 Roanoke, VA 24014	Cardiology Services
5	6 - Carilion Sleep Center 1030 Jefferson Plaza Ste G100 Roanoke, VA 24016	Sleep Disorder
6	7 - Carilion Clinic Orthopaedics - ION 2331 Franklin Road SW Roanoke, VA 24014	Orthopaedics
7	8 - Carilion Clinic Internal Medicine 3 Riverside Circle Roanoke, VA 24016	Internal Medicine
8	9 - CSC - Roanoke 213 McClanahan Suite 404 Roanoke, VA 24014	Surgical Services
9	10 - Carilion Clinic Neurosurgery - ION 2331 Franklin Road Roanoke, VA 24014	Neurosurgery
10	11 - Carilion Pulmonary Clinic 2001 Crystal Spring Avenue Suite 205 Roanoke, VA 24014	Pulmonary Services
11	12 - Carilion Clinic Gastroenterology 3 Riverside Circle Roanoke, VA 24016	Gastroenterology
12	13 - Carilion Dental Care 2017 S Jefferson Street Roanoke, VA 24014	Dental Service
13	14 - Carilion Clinic Neurology 3 Riverside Circle Roanoke, VA 24016	Neurosciences
14	15 - Daleville Imaging 46 Wesley Road Daleville, VA 24014	Imaging Services

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

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

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

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

	Name and address	Type of Facility (describe)
16	16 - CNRV Emergency Services 2900 Lamb Circle Christiansburg, VA 24073	Emergency Physicians
1	17 - Botetourt Athletic Center 105 Summerfield Court Roanoke, VA 24019	Outpatient Therapy Services
2	18 - Carilion Clinic Dermatology 1 Riverside Circle Suite 300 Roanoke, VA 24016	Dermatology
3	19 - Roanoke Athletic Club 4508 Starkey Road Roanoke, VA 24018	Physical Therapy Services
4	20 - Carilion Imaging Professionals 1 Taylor Avenue Pearisburg, VA 24134	Imaging Services
5	21 - CNRVMC - Radiology 2900 Lamb Circle Christiansburg, VA 24073	Radiology
6	22 - Carilion GYN Clinic 102 Highland Avenue Suite 303 Roanoke, VA 24013	Gynecolgical services
7	23 - Carilion ObstetricsGynecology Clinic 902 South Jefferson Street Upper Level Roanoke, VA 24016	Obstetrics and Gynecology
8	24 - Carilion Clinic Dept of Psychiatry 2900 Lamb Circle Christiansburg, VA 24073	Psych and Behavioral Medicine
9	25 - Carilion Clinic Orthopaedics Trauma ION 2331 Franklin Road Roanoke, VA 24014	Ortho Trauma
10	26 - Carilion Cardiothoracic Surgery 2001 Crystal Spring Avenue Suite 201 Roanoke, VA 24014	Cardiac Surgery Office
11	27 - Carilion ENTPlastic Surgery 1 Riversde Circle Suite 300 Roanoke, VA 24016	Plastic Surgery
12	28 - Carilion General Pediatric Clinic 1030 S Jefferson Street Suite 106 Roanoke, VA 24016	General Pediatrics
13	29 - Carilion Clinic Orthopaedics 3 Riverside Circle Roanoke, VA 24016	Orthopaedic Services
14	30 - CES - Tazewell 141 Ben Bolt Ave Tazewell, VA 24651	Emergency Physicians

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - Carilion Clinic Pediatric Surgery 102 Highland Avenue Suite 404 Roanoke, VA 24013	Surgical Services
1	32 - CES - Giles 1611 Wenonah Avenue Pearisburg, VA 24134	Emergency Physicians
2	33 - Carilion Center for Healthy Aging 2001 Crystal Spring Avenue Suite 302 Roanoke, VA 24014	Geriatrics
3	34 - CES - Franklin 180 Floyd Avenue Rocky Mount, VA 24017	Emergency Physicians
4	35 - CFM - Salem 2102 West Main Street Salem, VA 24153	Family Practice
5	36 - CSJH Emergency Department 1 Health Circle Lexington, VA 24450	Emergency Physicians
6	37 - CFM Southeast 2145 Mount Pleasant Boulevard Roanoke, VA 24014	Family Practice
7	38 - CFM Roanoke Salem 1314 Peters Creek Road Roanoke, VA 24017	Family Practice
8	39 - Carilion Anticoagulation Clinic 1030 S Jefferson St Ste G101 Roanoke, VA 24014	Anticoagulation Clinic
9	40 - CRMH Rheumatology Clinic 3 Riverside Circle Roanoke, VA 24016	Rheumatology
10	41 - Carilion Infectious Disease Clinic 2001 Crystal Spring Avenue Suite 301 Roanoke, VA 24014	Infectious Disease
11	42 - Breast Mammography - North 6415 Peters Creek Road Roanoke, VA 24014	Breast Mammography
12	43 - Carilion Clinic Physiatry 3 Riverside Circle Roanoke, VA 24016	Physical Medicine and Rehab
13	44 - Community Psychiatry 611 McDowell Avenue Roanoke, VA 24016	Behavioral Health
14	45 - Carilion Plastic and Reconstructive 3 Riverside Circle Roanoke, VA 24016	Plastic Surgery

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

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

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

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

_____

	Name and address	Type of Facility (describe)
46	46 - Pediatric Developmental Clinic 1030 S Jefferson Street Suite 201 Roanoke, VA 24016	Pediatrics
1	47 - Community Care 101 Elm Avenue SE Roanoke, VA 24013	Family Medicine
2	48 - Carilion Dept of Psychiatry Roanoke 2017 S Jefferson Street Roanoke, VA 24014	Behavioral Health
3	49 - Carilion Sleep Center Westlake 35 Medical Court Hardy, VA 24101	Sleep Disorder
4	50 - Carilion Clinic Urogynecology 101 Elm Avenue Suite 400 Roanoke, VA 24013	Urogynecology Services
5	51 - Carilion Cardiac Rehab 127 McClanahan Street Roanoke, VA 24016	Cardiac Rehab
6	52 - Pediatric Gastroenterology 102 Highland Avenue Suite 305 Roanoke, VA 24013	Gastroenterology
7	53 - Carilion Pediatric Neurology 102 Highland Avenue Suite 104 Roanoke, VA 24013	Neurosciences
8	54 - Carilion Child & Adolescent Psychiatry 213 McClanahan Street Suite 310 Roanoke, VA 24014	Child and Adolescent Psychiatry Services
9	55 - Carilion Prenatal Diagnostic Center 102 Highland Ave Ste 455 Roanoke, VA 24014	Prenatal Testing
10	56 - Pediatric Pulmonology and Allergy 102 Highland Avenue Suite 203 Roanoke, VA 24013	Pulmonology
11	57 - Carilion Clinic Family Med Tazewell 141 Ben Bolt Avenue Tazewell, VA 24651	Family Practice
12	58 - CRCH Occupational Medicine PO Box 12946 Roanoke, VA 24029	Occupational Medicine
13	59 - Carilion Clinic Pulmonary and Sleep 2001 Crystal Spring Avenue Suite 300 Roanoke, VA 24014	Pulmonary and Sleep Services
14	60 - Carilion Roanoke IP Psychiatry 2017 S Jefferson Street 1st Floor Roanoke, VA 24014	Psychiatry Services

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

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

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

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

	Name and address	Type of Facility (describe)
61	61 - Carilion Clinic OBGYN Spartan Drive 150 Spartan Drive Salem, VA 24153	Obstetrics and Gynecology
1	62 - Carilion Pediatric Endocrinology 102 Highland Avenue MOB Suite 203 Roanoke, VA 24013	Endocrinology
2	63 - Department of Psychiatry & Behavioral 213 McClanahan Street Suite 310 Roanoke, VA 24014	Behavioral Health
3	64 - Pediatric Cardiology Clinic 102 Highland Avenue Suite 101 Roanoke, VA 24013	Cardiology
4	65 - Carilion Clinic OBGYN Botetourt 150 Market Ridge Lane Daleville, VA 24083	Obstetrics and Gynecology
5	66 - Carilion Reproductive Endocrinology 102 Highland Avenue Suite 304 Roanoke, VA 24013	Reproductive Endocrinology
6	67 - Carilion Wound Care Center 101 Elm Ave SE Roanoke, VA 24019	Wound Care
7	68 - Carilion Clinic TraumaCritical Care 3 Riverside Circle Roanoke, VA 24016	Surgical Services
8	69 - Carilion Dentistry Pediatric Surgery 101 Elm Avenue Roanoke, VA 24017	Dental Service
9	70 - Carilion Diabetic Education 1030 S Jefferson Suite G101 Roanoke, VA 24016	Diabetic Eduation
10	71 - CNRVMC - Neurosciences 2900 Lamb Circle Christiansburg, VA 24073	Neurology
11	72 - Carilion Clinic Pain Management - ION 2331 Franklin Road Roanoke, VA 24014	Pain Management
12	73 - Carilion Clinic Gastroenterology 1201 Franklin Rd Roanoke, VA 24016	Gastroenterology
13	74 - Carilion Genetics 102 Highland Avenue Suite 104 Roanoke, VA 24013	Genetic Counseling
14	75 - General Surgery Clinic 180 Floyd Avenue Rocky Mount, VA 24151	General Surgery

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

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

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

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

_____

	Name and address	Type of Facility (describe)
76	76 - Carilion Clinic Internal Medicine 3 Riverside Circle Roanoke, VA 24016	Internal Medicine
1	77 - Carilion GYN Oncology 1 Riverside Circle Suite 300 Roanoke, VA 24016	Gynecolgical Oncology
2	78 - Carilion Clinic Urology Christiansburg 120 Akers Farm Road NE Christiansburg, VA 24073	Urology
3	79 - Carilion Pediatric OtolaryngologyENT 3 Riverside Circle 4th Floor Roanoke, VA 24016	ENT Services
4	80 - Carilion Surgery Westlake 35 Medical Court Hardy, VA 24101	Surgical Services
5	81 - Carilion Clinic AllergyImmunology 46 Wesley Road Daleville, VA 24083	Allergy Services
6	82 - Carilion OBGYN - Riverside 3 Riverside Circle Roanoke, VA 24016	Obstetrics and Gynecology
7	83 - Tazewell Veterans Affairs Community 141 Ben Bolt Avenue Tazewell, VA 24651	VA Clinic
8	84 - Carilion Heart Failure Clinic 127 McClanahan Street Roanoke, VA 24016	Heart Failure Services
9	85 - Carilion Cardiology Westlake 35 Medical Court Hardy, VA 24101	Cardiology Services

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 46

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

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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Endowment-funded indigent patient medical bills	36	86,063			
(2) Transportation Assistance	1733	60,100			

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ronald McDonald House 2224 S Jefferson St Roanoke,VA 24014	54-1244769	501(c)(3)		246,800	FMV	Donated Rent	General Support
Virginia Tech Carilion School of Medicine Inc Two Riverside Circle Roanoke,VA 24016	26-4556177	501(c)(3)	4,497,406	0	0	0	General Support
Taubman Museum of Art 110 Salem Ave Roanoke,VA 24011	54-6026841	501(c)(3)	508,000	0	0	0	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Valley AFC Inc PO Box 20045 Roanoke,VA 24018	54-1608581	501(c)(3)	75,000	0	0	0	General Support
The Rescue Mission of Roanoke Inc PO Box 11525 Roanoke,VA 24022	54-0573900	501(c)(3)	113,100	0	0	0	Food Access Program/Homelessness Support
Virginia Business Higher Education Council 1108 E Main St 1100 Richmond,VA 23219	54-1827038	501(c)(3)	110,000	0	0	0	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Virginia Healthcare Foundation 707 East Main Street Suite 1350 Richmond,VA 23219	54-1639924	501(c)(3)	100,000	0	0	0	General Support
Virginia Tech Foundation Inc 902 Prices Fork Rd University Gateway Center STE 400 Blacksburg,VA 24061	54-0721690	501(c)(3)	90,000	0	0	0	Scholarship
City of Roanoke 215 Church Ave Room 254 Roanoke,VA 24011	54-6001569	Roanoke, VA	70,250	0	0	0	Playground

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Roanoke Valley 325 Campbell Avenue Roanoke,VA 24016	54-0535302	501(c)(3)	67,688	0	0	0	Fresh Foods RX Pilot Program/ Healthy Roanoke Valley Collab /General Support
Children's Trust of Roanoke Valley Inc 541 Luck Ave Suite 308 Roanoke,VA 24016	51-0235891	501(c)(3)	61,800	0	0	0	Operational Support
The Virginia Foundation for Community College Education Inc 300 Arboretum Parkway No 200 Richmond,VA 23236	23-7004354	501(c)(3)	60,000	0	0	0	Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHIP of Roanoke Valley 1201 3rd Street Roanoke,VA 24016	54-1566451	501(c)(3)	51,500	0	0	0	Operational Support
Carilion Clinic Patient Transportation 431 McClanahan St SW Roanoke,VA 24014	54-1864693	501(c)(3)	50,000	0	0	0	General Support
Roanoke Symphony Orchestra 128 East Campbell Ave SE Roanoke,VA 24011	54-6019736	501(c)(3)	37,309	0	0	0	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Local Environmental Agriculture Project PO Box 3249 Roanoke,VA 24015	27-1050909	501(c)(3)	35,000	0	0	0	Community Kitchen/SNAP Double Value
Mental Health of America Rke Valley PO Box 592 Roanoke,VA 24004	54-0703132	501(c)(3)	32,500	0	0	0	Mental Health Collaboration/Operational support
American Cancer Society 2840 Electric Road 106A Roanoke,VA 24018	13-1788491	501(c)(3)	25,000	0	0	0	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Depaul Community Resources 5650 Hollins Road Roanoke,VA 24019	54-1108079	501(c)(3)	25,000	0	0	0	General Support
Grandin Theatre Foundation Inc 1310 Grandin Road Roanoke,VA 24015	01-0557881	501(c)(3)	25,000	0	0	0	Community Engagement
Feeding America Southwest Virginia 1025 Electirc Rd Salem,VA 24153	54-1939556	501(c)(3)	22,000	0	0	0	VeggieMobile-Nutrition

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VA Blue Ridge Affiliate of Susan G Komen for the Cure 4910 Valley View Blvd Ste212 Roanoke, VA 24012	56-2619425	501(c)(3)	20,000	0	0	0	General Support
Virginia Foundation for Independent Colleges 8010 Ridge Road Richmond, VA 23229	54-0554396	501(c)(3)	20,000	0	0	0	Educational Attainment
Happy Healthy Cooks 1914 Belleview Rd Roanoke, VA 24013	46-4937238	501(c)(3)	19,000	0	0	0	School Nutrition Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association PO Box 4002906 Des Moines,IA 503402906	13-5613797	501(c)(3)	17,500	0	0	0	General Support
Total Action for Progress PO Box 2868 Roanoke,VA 24001	54-6057095	501(c)(3)	16,000	0	0	0	Dental Health Initiative/General Support
Foundation for Rehabilitation Equipment & Endowment PO Box 8873 Roanoke,VA 24014	54-1934695	501(c)(3)	15,800	0	0	0	Operational Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Junior Achievement of Southwest Virginia 3433 Brambleton Ave Suite 202B Roanoke,VA 24018	54-0628293	501(c)(3)	15,094	0	0	0	General Support
Family Services of Roanoke Valley 360 Campbell Ave SW Roanoke,VA 24016	54-0505946	501(c)(3)	15,000	0	0	0	Counselling
Mill Mountain Theatre One Market Square SE - 2nd Floor Roanoke,VA 24011	54-0792067	501(c)(3)	15,000	0	0	0	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Young Audiences Arts for Learning Virginia 420 North Center Drive Ste 239 Norfolk,VA 23502	54-6063377	501(c)(3)	12,200	0	0	0	Youth Dance/Math Program
Opera Roanoke 20 East Church Avenue 3rd Floor Roanoke,VA 24011	51-0213334	501(c)(3)	10,000	0	0	0	General Support
Roanoke Community Garden Association 655 Highland AveSE Roanoke,VA 24013	26-2082150	501(c)(3)	10,000	0	0	0	Community Gardens

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Roanoke Outside 111 Franklin Plaza Roanoke,VA 24011	45-1648056	501(c)(3)	10,000	0	0	0	Marathon
Scott Robertson Memorial Junior Golf Academy 3707 Densmore Road NW Roanoke,VA 24017	20-1237999	501(c)(3)	10,000	0	0	0	Parent-Child Tournament
The Medical Society of Virginia 2924 Emerywood Parkway Suite 300 Richmond,VA 23294	54-0299956	501(c)(3)	10,000	0	0	0	Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RX Partnership 2924 Emerywood Pky Ste 300 Richmond,VA 23294	57-1186937	501(c)(3)	9,310	0	0	0	Rx Access Program
National Multiple Sclerosis Society Central & Eastern Virginia Chapter 4200 Innslake Drive Glen Allen,VA 23060	54-0633474	501(c)(3)	7,500	0	0	0	General Support
Roanoke Academy of Medicine Alliance Foundation 2911 Crystal Spring Ave Roanoke,VA 24014	51-0218435	501(c)(3)	7,500	0	0	0	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Western Virginia Foundation For The Arts And Sciences One Market Square Roanoke,VA 24011	51-0238900	501(c)(3)	7,500	0	0	0	General Support
Juvenile Diabetes 3959 Electric Rd Ste222 Roanoke,VA 24012	23-1907729	501(c)(3)	6,500	0	0	0	General Support
Arthritis Foundation Inc 1355 Peachtree Street NE Suite 600 Atlanta,GA 30309	58-1341679	501(c)(3)	5,000	0	0	0	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boys & Girls Clubs of Southwest Virginia Inc 1714 9th Street SE Roanoke,VA 24013	54-1867366	501(c)(3)	5,000	0	0	0	Wellness Program
Hollins University Corporation PO Box 9658 Roanoke,VA 24020	54-0506314	501(c)(3)	5,000	0	0	0	Scholarship
March of Dimes Greater Roanoke 2840 Electric Road - Suite 102A Roanoke,VA 24018	13-1846366	501(c)(3)	5,000	0	0	0	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Greater Roanoke Transit 1108 Campbell Ave SE Roanoke,VA 24013	54-0982022	501(c)(3)	38,754				Trolley Service

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 3	The organization has a single member, Carilion Clinic, a charitable tax-exempt organization which serves as the parent company of the Carilion Clinic integrated health care delivery system Executive compensation, including that of the organization's Chief Executive Officer, is reviewed annually by the Carilion Clinic Board of Directors Compensation Committee This Committee is made up of Board members of Carilion Clinic who do not have a conflict of interest with any of the executives being reviewed This review was performed in November 2015 and September 2016 In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders, including the CEO This review included review of a comprehensive report from an outside compensation consultant specializing in healthcare organizations for select positions and the prior year's report on all of the reviewed positions The reports reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonuses and other cash compensation, and benefits, including deferred and retirement benefits Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, the list of which was reviewed by the Compensation Committee The Compensation Committee maintained detailed minutes of its meetings, setting forth the deliberations and decisions of the Committee regarding the compensation of these executives
Part I, Line 4b	Select members of management participate in a Pension Restoration Plan This plan provides a benefit equal to the normal retirement benefit that would be payable to the participant were it not for the Qualified Plan's legislative restrictions on compensation and payable benefits, less the actual benefits under the Qualified Plan Entitlement to benefits and consequent lump sum payment occurs upon attaining age 65 while employed by Carilion Clinic, disability, or 24 months after certain qualifying separations from service Upon the death of the participant, the plan shall pay the participant's beneficiary according to plan terms Select members of management participate in an Executive Flexible Benefit Plan, in which an allowance is provided to the participant for use in obtaining certain insurance benefits The allowance is determined annually as a percentage of salary at Carilion Clinic's discretion The amount of allowance in excess of elected benefits is credited to a capital accumulation account (CAA) with a deferred vesting date of at least two years from the first day of the plan year The CAA shall be distributed in a lump sum upon vesting while employed by Carilion, disability, or 24 months following certain qualifying separations from service Upon the death of the participant, the plan shall pay the participant's beneficiary according to plan terms Select members of management participate in a Defined Contribution Supplemental Executive Retirement Plan (DC SERP) in which the employer at the discretion of Carilion Clinic's Board of Directors 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 Payments during the calendar year under these plans included the following Nancy Howell Agee $141,071 Briggs Andrews $109,782 Donald Lorton $130,613
Part I, Line 7	The organization pays annual bonus compensation to management based on scorecard performance While the scorecard contains a formula as a basis for determining overall performance, senior managers have discretion to include additional elements in their assessment of managers reporting to them In addition, for top management, the actual bonus awarded is in the discretion of the Carilion Clinic Board of Directors Compensation Committee, although it is based on the scorecard measures

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1John H Burton MDDirector	(I)	479,335	96,918	3,102	52,261	11,535	643,151	0
	(II)	0	0	0	0	0	0	0
1Cynda A Johnson MD Director	(I)	0	0	0	0	0	0	0
	(II)	593,756	10,000	7,423	71,531	8,697	691,407	0
2Clifford A Nottingham MD Director	(I)	0	0	0	0	0	0	0
	(II)	303,423	36,944	6,697	134,784	8,428	490,276	0
3Patrice M Weiss MDDirector	(I)	0	0	0	0	0	0	0
	(II)	560,900	112,459	6,277	118,149	14,187	811,972	0
4Ralph E WhatleyIII MD Director	(I)	461,603	85,555	10,344	81,573	11,349	650,424	0
	(II)	0	0	0	0	0	0	0
5Nancy Howell Agee Director/CEO	(I)	0	0	0	0	0	0	0
	(II)	1,137,025	332,354	152,222	2,158,081	10,118	3,789,800	141,071
6Steve C Arner Director/President/CEO	(I)	0	0	0	0	0	0	0
	(II)	404,698	75,226	3,985	111,082	12,704	607,695	0
7Tracy W Criss MD Director/Chief of Medical Staff	(I)	183,093	50,076	2,461	67,611	10,695	313,936	0
	(II)	0	0	0	0	0	0	0
8David S Hagadorn Assistant Treasurer	(I)	0	0	0	0	0	0	0
	(II)	128,218	2,500	7,499	26,279	819	165,315	0
9Donald B Halliwill Assistant Treasurer/EVP/CFO	(I)	0	0	0	0	0	0	0
	(II)	460,065	86,171	4,271	108,666	11,404	670,577	0
10G Robert Vaughan Jr Treasurer	(I)	0	0	0	0	0	0	0
	(II)	248,071	47,425	10,549	70,577	11,254	387,876	0
11Bruce A Long MD Physician, Dept Chair	(I)	489,572	223,307	3,553	45,112	11,535	773,079	0
	(II)	0	0	0	0	0	0	0
12Joseph T Moskal MD Physician, Dept Chair	(I)	1,080,145	218,109	7,343	75,199	11,535	1,392,331	0
	(II)	0	0	0	0	0	0	0
13Jon M Sweet MD Physician, Dept Chair	(I)	238,669	71,884	2,378	47,745	7,640	368,316	0
	(II)	0	0	0	0	0	0	0
14Jonathan J Carmouche MD Physician	(I)	1,036,482	546,282	2,549	19,831	11,535	1,616,679	0
	(II)	0	0	0	0	0	0	0
15Cay M Mierisch MD Physician	(I)	823,078	208,389	2,833	35,568	11,795	1,081,663	0
	(II)	0	0	0	0	0	0	0
16Gary R Simonds MD Physician	(I)	869,842	326,108	5,353	58,547	11,535	1,271,385	0
	(II)	0	0	0	0	0	0	0
17Caleb J Behrend MD Physician	(I)	652,920	330,239	2,562	6,483	11,535	1,003,739	0
	(II)	0	0	0	0	0	0	0
18Gregory A Howes MD Physician	(I)	736,978	228,597	20,204	0	11,795	997,574	0
	(II)	0	0	0	0	0	0	0
19 Thomas D Denberg MD PhD Former Chief Strategy Officer	(I)	0	0	0	0	0	0	0
	(II)	395,252	88,182	21,905	-21,708	11,680	495,311	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Briggs W Andrews Former Secretary	(I)	0	0	0	0	0	0	0
	(II)	294,741	71,120	113,407	61,932	-2,652	-543,852	109,782
1 Donald E LortonFormer CFO	(I)	0	0	0	0	0	0	0
	(II)	0	0	130,613	0	-0	-130,613	130,613
2 Edward Murphy MD Former CEO	(I)	0	0	0	0	0	0	0
	(II)	0	0	18,155	0	-0	-18,155	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

CARILION MEDICAL CENTER

Employer identification number

54-0506332

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Industrial Development Authority of the City of Roanoke VA	54-1106038	770084EQ0	04-09-2014	125,000,000	Reissuance of Series 2005A originally issued on 12/14/05		X		X		X
B	VA Small Business Financing Authority Hospital Revenue Bonds	54-1300845	928101AE4	03-25-2014	11,950,000	Reissuance of Series 2008A and 2008B originally issued on 07/16/08		X		X		X
C	Industrial Development Authority of the City of Roanoke VA	54-1106038	770082AB1	10-13-2010	96,404,094	Refunding of Series 2003A-C Bonds (08/03), Issuance Costs		X		X		X
D	Economic Development Authority of the City of Roanoke VA	54-1106038	770082AW5	02-09-2012	69,968,434	Refunding of Series 2000 and 2002A Bonds, Issuance Costs, Capital Projects		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,890,000			21,045,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	125,000,000	11,950,000	96,404,094	69,968,434
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	797,940	107,259	1,229,094	771,282
8	Credit enhancement from proceeds	1,940,086			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		11,842,741		5,189,198
11	Other spent proceeds	122,261,974		95,175,000	64,007,954
12	Other unspent proceeds				
13	Year of substantial completion	2007	2009		2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 120 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 120 %						
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	AIG							
c	Term of GIC	30 0000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
Schedule K, Bond Issues	(a) Issuer Name Part I, Line A Industrial Development Authority of the City of Roanoke, VA, Hospital Revenue Bonds, Carilion Health System Obligated Group, Series 2005A (a) Issuer Name Part I, Line B VA Small Business Financing Authority, Hospital Revenue Bonds, Carilion Clinic Obligated Group, Series 2008A & 2008B (a) Issuer Name Part I, Line C Industrial Development Authority of the City of Roanoke, VA, Hospital Revenue Bonds, Carilion Health System Obligated Group, Series 2010 (a) Issuer Name Part I, Line D Economic Development Authority of the City of Roanoke, VA, Hospital Revenue Bonds, Carilion Clinic Obligated Group, Series 2012 (a) Issuer Name Part I, Line E Industrial Development Authority of the City of Roanoke, VA, Hospital Revenue Refunding Bonds, Carilion Clinic Obligated Group, Series 2005B & 2005C

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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

CARILION MEDICAL CENTER

Employer identification number

54-0506332

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Industrial Development Authority of the City of Roanoke VA	54-1106038	770084FU0	10-13-2010	98,852,291	Reoffering Circular and interest rate conversion to fixed, Issuance Costs		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	16,957,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	98,852,291			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,068,912			
8	Credit enhancement from proceeds	41,693			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	97,741,687			
12	Other unspent proceeds				
13	Year of substantial completion	2007			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b	Name of provider	AIG							
c	Term of GIC	30 0000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
Sched L Part IV	(1) Family member of Lauren Chen, Officer (2) Family member of Cynda Johnson, Director (3) Family member of Jon Sweet, Key Employee

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) 1 Eric Chen MD	See Part V	313,814	Employee		No
(1) 2 Bruce Johnson MD	See Part V	331,982	Employee		No
(2) 3 Mary Sweet MD	See Part V	360,516	Employee		No

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,334	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	23	11,516	FMV
19 Food inventory	X	37	10,052	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Gift Cards)	X	66	28,653	FMV
26 Other ▶ (Event Prizes)	X	1	2,000	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	Number of contributions represents the number of items contributed

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	1 Nancy How ell Agee, Steve Arner, Lauren J Chen, David S Hagadorn, Nicholas C Conte, D onald B Halliw ill, Cynda A Johnson, M D , G Robert Vaughan, Jr , Clifford A Nottingham , M D , Patrice M Weiss, M D , and Ralph E Whatley, M D - Business relationship due to each serving as officers, directors, and/or employees of the same related organizations

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Certain management and related services for the organization are provided by the managemen t and employees of Carilion Services, Inc , a related organization and supporting organiza tion of the filing organization Compensation of the follow ing individuals listed in Part VII, Section A w as provided by Carilion Services Inc Nancy How ell Agee, Briggs Andrew s, Steven Arner, Lauren Chen, Thomas Denberg, David Hagadorn, Donald Halliw ill, Donald Lorton , Edw ard Murphy, G Robert Vaughan, Patrice Weiss

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Form 990 w as prepared by Carılıon's ınternal Tax Department, w ıth ınput from varıous C arılıon departments as applıcable, and revıew ed by ınternal Accountıng management and an o utsıde CPA fırm Several days prıor to fılıng, all Board Members w ere notıfıed by email of ıts avaılabılıty on Carılıon's Board portal, w hıch ıs the mechanısm used to dıssemınate m eetıng materıals to the dırectors, and w ere encouraged to call w ıth any questıons they mıg ht have

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The organization has a single member, Carilion Clinic, a charitable tax-exempt organizatio n which serves as the parent company of the Carilion Clinic integrated health care deliver y system Executive compensation is reviewed annually by the Carilion Clinic Board of Dire ctors Compensation Committee This Committee is made up of Board Members of Carilion Clini c who do not have a conflict of interest with any of the executives being reviewed With r espect to Carilion Clinic, the Compensation Committee reviews the compensation of the Boar d of Governors annually, which includes the President and Chief Executive Officer, Executi ve Vice Presidents, Chief Financial Officer, Chief Medical Officer, select Senior Vice Pre sidents, and physician Chairs of the Clinical Departments This review was performed in No vember 2015 and September 2016 For the fiscal year covered by this return, the Compensati on Committee also used the same process to review the compensation of all Senior Vice Pres idents and other Disqualified Individuals, including the Hospital Vice Presidents These r eviews were performed in September and November 2015, and September 2016, respectively In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders, which includes Vice Presidents, Senior Vice Presidents, Executive Vice Presidents, and the CEO, as well as the compensation philosophy for all employed physicia ns and physicians in leadership roles Some officers of the organization who are not compe nsated in their capacity as an officer but rather in their role as an employee in a positi on not mentioned above are not subject to Committee review This review included review of a comprehensive report from an outside compensation consultant specializing in healthcare organizations for select positions and prior year's report on all of the reviewed positio ns The reports reviewed by the Committee included a detailed comparison of total compensa tion and each element thereof, including base salary, bonuses and other cash compensation, and benefits, including deferred and retirement benefits Compensation was compared to bo th a national and regional peer group of organizations similar in size and structure to th e organization, which list was reviewed by the Compensation Committee The Compensation Co mmittee maintained detailed minutes of its meetings, setting forth the deliberations and d ecisions of the Committee regarding the compensation of these executives

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization's governing documents, conflict of interest statement, and financial stat ements are not generally available to the public, but are released from time to time upon request The Articles of Incorporation are available from the Virginia State Corporation C ommission The consolidated audited financial statements of Carilion Clinic and of the Obl igated Group are released annually to the local new spaper Limited financial information i s available on our w ebsite

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfers to/from Affiliates 1,086,059 Pension-related changes other than net periodic pension costs -91,847,636

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RMH Emergency Services LLC PO Box 12385 Roanoke, VA 24025 54-1686589	Physician billing	VA	0	0	Carilion Medical Center

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

(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	(g) No
See Additional Data Table							

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Franklin County Ventures LLC PO Box 12385 Roanoke, VA 24025 47-4365316	Real estate	VA	Carilion Clinic	Related	-609	41,942		No			No	10 000 %
(2) Carilion Clinic Medicare Shared Savings Company LLC PO Box 12385 Roanoke, VA 24025 45-5235473	Medicare HMO	VA	Carilion Clinic	Related	-801,314	1		No			No	50 000 %
(3) Community Medical Associates LLP PO Box 12385 Roanoke, VA 24025 54-1517662	Real estate	VA	Carilion Medical Center	Related	87,525	865,030		No			No	47 300 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)CHS Inc PO Box 12385 Roanoke, VA 24025 54-1725732	Services	VA	N/A	C				Yes	
Carilion Clinic Medicare **(2)**Resources LLC PO Box 12385 Roanoke, VA 24025 26-3729975	Medicare HMO	VA	N/A	C				Yes	
(3) Carilion Behavioral Health Inc PO Box 12385 Roanoke, VA 24025 20-3136891	Healthcare	VA	N/A	C				Yes	
(4) Carilion Emergency Services Inc PO Box 12385 Roanoke, VA 24025 54-2033006	Healthcare	VA	N/A	C				Yes	
(5)SCA Credit Services Inc PO Box 12385 Roanoke, VA 24025 54-1180398	Collection agency	VA	N/A	C				Yes	
Carilion Healthcare **(6)**Corporation PO Box 12385 Roanoke, VA 24025 54-1586601	Healthcare	VA	N/A	C				Yes	
(7) MedKey Inc PO Box 12385 Roanoke, VA 24025 54-1645357	Financing services	VA	N/A	C				Yes	

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Carilion Clinic PO Box 12385 Roanoke, VA 24025 54-1190771	Supporting organization	VA	501(c)(3)	Line 11b, II	N/A		No
Carilion Clinic Foundation PO Box 12385 Roanoke, VA 24025 54-1190773	Fundraising	VA	501(c)(3)	Line 7	Carilion Clinic	Yes	
Carilion Franklin Memorial Hospital PO Box 12385 Roanoke, VA 24025 54-0480606	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
Carilion Giles Community Hospital PO Box 12385 Roanoke, VA 24025 54-0549603	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
Carilion New River Valley Medical Center PO Box 12385 Roanoke, VA 24025 54-0553805	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
Carilion Services Inc PO Box 12385 Roanoke, VA 24025 54-1190879	Supporting organization	VA	501(c)(3)	Line 11b, II	Carilion Clinic	Yes	
Carilion Stonewall Jackson Hospital PO Box 12385 Roanoke, VA 24025 54-0568001	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
Carilion Tazewell Community Hospital PO Box 12385 Roanoke, VA 24025 54-6074580	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
Carilion Biomedical Institute PO Box 12385 Roanoke, VA 24025 54-1965057	Supporting organization	VA	501(c)(3)	Line 11a, I	Carilion Clinic	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHS Inc PO Box 12385 Roanoke, VA 24025 54-1725732	Services	VA	N/A	C				Yes	
(1) Carilion Clinic Medicare Resources LLC PO Box 12385 Roanoke, VA 24025 26-3729975	Medicare HMO	VA	N/A	C				Yes	
(2) Carilion Behavioral Health Inc PO Box 12385 Roanoke, VA 24025 20-3136891	Healthcare	VA	N/A	C				Yes	
(3) Carilion Emergency Services Inc PO Box 12385 Roanoke, VA 24025 54-2033006	Healthcare	VA	N/A	C				Yes	
(4) SCA Credit Services Inc PO Box 12385 Roanoke, VA 24025 54-1180398	Collection agency	VA	N/A	C				Yes	
(5) Carilion Healthcare Corporation PO Box 12385 Roanoke, VA 24025 54-1586601	Healthcare	VA	N/A	C				Yes	
(6) MedKey Inc PO Box 12385 Roanoke, VA 24025 54-1645357	Financing services	VA	N/A	C				Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Carilion Services Inc	A	2,270,001	Cost
(1)	Carilion Clinic Foundation	A	37,560	Cost
(2)	CHS Inc	A	74,033	Cost
(3)	Carilion Emergency Services	A	93,132	Cost
(4)	Carilion Healthcare Corporation	A	26,208	Cost
(5)	Carilion New River Valley Medical Center	L	3,823,720	Cost
(6)	Carilion Giles Community Hospital	L	1,341,578	Cost
(7)	Carilion Franklin Memorial Hospital	L	1,804,068	Cost
(8)	Carilion Stonewall Jackson Hospital	L	1,499,238	Cost
(9)	Carilion Tazewell Community Hospital	L	1,441,788	Cost
(10)	Carilion Services Inc	L	1,197,701	Cost
(11)	Carilion Behavioral Health	L	126,567	Cost
(12)	Carilion Emergency Services	L	117,401	Cost
(13)	Carilion Healthcare Corporation	L	313,039	Cost
(14)	MedKey Inc	L	-352,161	Cost
(15)	Carilion New River Valley Medical Center	K	84,653	Cost
(16)	Carilion Tazewell Community Hospital	M	84,160	Cost
(17)	Carilion Services Inc	K	52,805	Cost
(18)	Carilion Services Inc	M	157,519,721	Cost
(19)	CHS Inc	K	3,126,285	Cost
(20)	CHS Inc	M	5,505,302	Cost
(21)	Carilion Behavioral Health	M	121,778	Cost
(22)	SCA Credit Services Inc	M	680,547	Cost
(23)	Carilion Services Inc	R	3,425,699	Cash