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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Riverside Healthcare Association Inc Group

% VP OF FINANCE

Doing business as

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

608 Denbigh Blvd Suite 800

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

Newport News, VA 23608

F Name and address of principal officer

WILLIAM DOWNEY CEOPRESIDENT

608 DENBIGH BLVD STE 800

NEWPORT NEWS, VA 23608

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

5701

D Employer identification number

90-1000718

E Telephone number

(757) 875-7838

G Gross receipts \$ 1,587,791,813

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ RIVERSIDEONLINE.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PROVIDE GENERAL MEDICAL SERVICES TO THE COMMUNITY

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)

191

4 Number of independent voting members of the governing body (Part VI, line 1b)

145

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

11,190

6 Total number of volunteers (estimate if necessary)

763

7a Total unrelated business revenue from Part VIII, column (C), line 12

351,359

7b Net unrelated business taxable income from Form 990-T, line 34

3,711

Revenue

8 Contributions and grants (Part VIII, line 1h)

3,426,178

9 Program service revenue (Part VIII, line 2g)

1,135,098,703

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11,523,663

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

347,569,593

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,497,618,137

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

7,600,821

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

594,112,471

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶144,561

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

882,002,764

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

1,483,716,056

19 Revenue less expenses Subtract line 18 from line 12

13,902,081

Expenses

20 Total assets (Part X, line 16)

895,801,617

21 Total liabilities (Part X, line 26)

355,646,528

22 Net assets or fund balances Subtract line 21 from line 20

540,155,089

Net Assets or Fund Balances

Beginning of Current Year

End of Year

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

2017-11-14

Date

W WILLIAM AUSTIN JR SR VP AND CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 800 YARD STREET SUITE 200

Phone no (614) 232-5678

COLUMBUS, OH 43212

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

TO CARE FOR OTHERS AS WE WOULD CARE FOR THOSE WE LOVE - TO ENHANCE THEIR WELL-BEING AND IMPROVE THEIR HEALTH

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 \$ 1,234,036,029 including grants of \$ 13,719,845) (Revenue \$ 1,530,878,723)
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 ► 1,234,036,029

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	No
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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	976	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	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	11,190
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	No
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	191	
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	145	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

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.
 VP OF FINANCE 608 DENBIGH BLVD 800 NEWPORT NEWS, VA 23608 (757) 875-7838

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

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

Form **990** (2016)

[illegible]

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 ▶ 790

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CROWE HORWATH LLP, PO BOX 71570 CHICAGO, IL 606941570	PROFESSIONAL SVCS	2,340,840
FISHER SCIENTIFIC COMPANY LLC, PO BOX 404705 ATLANTA, GA 303844705	RADIOLOGY SERVICES	2,114,132
COVIDIEN KENDALL USS, PO BOX 120823 DALLAS, TX 753120823	ACCOUNTING SERVICES	2,063,983
SCRIBEAMERICA LLC, PO BOX 417756 BOSTON, MA 022417756	PROFESSIONAL SVCS	1,069,973
DIVURGENT LLC, 4445 CORPORATION LN STE 228 VIRGINIA BEACH, VA 23462	CONSULTING SERVICES	1,027,538

Form 990 (2016)

Part VIII Statement of RevenueCheck 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				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,836,030			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,651,300			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		4,487,330			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE REVENUE	900099	1,167,452,966	1,167,452,966		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,167,452,966			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,891,591			8,891,591
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
		24,948,760				
	b Less rental expenses	26,223,891				
	c Rental income or (loss)	-1,275,131 0				
	d Net rental income or (loss)		-1,275,131			-1,275,131
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		2,818,110 43,931				
	b Less cost or other basis and sales expenses	1,340,855 11,486				
	c Gain or (loss)	1,477,255 32,445				
	d Net gain or (loss)		1,509,700			1,509,700
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 0				
	b Less direct expenses	b 0				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a 0				
	b Less direct expenses	b 0				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a 0				
b Less cost of goods sold	b 0					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	Business Code					
11a SVCS TO AFFILIATES	900002	342,613,270	342,613,270			
b OPTICAL SALES	900004	8,131,119	8,131,119			
c PHARMACY SALES	900099	12,265,797			12,265,797	
d All other revenue		16,138,939	12,681,368	351,359	3,106,212	
e Total. Add lines 11a-11d		379,149,125				
12 Total revenue. See Instructions		1,560,215,581	1,530,878,723	351,359	24,498,169	

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.	13,719,845	13,719,845		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	24,821,598		24,821,598	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	576,572	576,572		
7 Other salaries and wages.	495,137,611	454,420,997	40,716,614	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	31,344,989	13,894,222	17,450,767	
9 Other employee benefits.	40,006,980	33,039,072	6,967,908	
10 Payroll taxes.	32,127,469	27,929,949	4,197,520	
11 Fees for services (non-employees):				
a Management.	38,331,674		38,331,674	
b Legal.	920,928		920,928	
c Accounting.	5,805,222		5,805,222	
d Lobbying.	166,311	166,311		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	126,077		126,077	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	36,380,429	36,380,429		
12 Advertising and promotion.	11,650,048	645,382	11,004,666	
13 Office expenses.	55,422,615	41,685,518	13,592,842	144,255
14 Information technology.	38,739,164	3,917,886	34,821,278	
15 Royalties.	0			
16 Occupancy.	71,786,523	71,786,523		
17 Travel.	2,886,771	1,979,529	907,242	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	41,737	17,214	24,523	
20 Interest.	5,703,799	938,823	4,764,976	
21 Payments to affiliates.	185,603,564	132,218,839	53,384,725	
22 Depreciation, depletion, and amortization.	41,525,443	31,219,571	10,305,872	
23 Insurance.	82,117,425	8,947,055	73,170,370	
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 PROFESSIONAL SERVICES	80,213,129	80,212,950		179
b BAD DEBT EXPENSE	112,203,877	112,203,877		
c MEDICAL SUPPLIES	173,637,626	168,297,716	5,339,910	
d TAXES	-437,754	156,210	-594,091	127
e All other expenses	-318,461	-318,461		
25 Total functional expenses. Add lines 1 through 24e.	1,580,241,211	1,234,036,029	346,060,621	144,561
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		28,743,084	1	19,805,401
	2	Savings and temporary cash investments		470,208,879	2	418,802,141
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		52,978,093	4	62,310,261
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		14,558,707	8	16,834,809
	9	Prepaid expenses and deferred charges		11,422,602	9	11,524,640
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 795,166,138			
	b	Less: accumulated depreciation	10b 502,376,801	241,802,353	10c	292,789,337
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		37,022,731	13	37,386,404
	14	Intangible assets		38,935,341	14	38,935,342
	15	Other assets. See Part IV, line 11		129,827	15	214,536
16	Total assets. Add lines 1 through 15 (must equal line 34)		895,801,617	16	898,602,871	
Liabilities	17	Accounts payable and accrued expenses		305,069,567	17	308,971,771
	18	Grants payable		0	18	0
	19	Deferred revenue		2,176,509	19	2,421,714
	20	Tax-exempt bond liabilities		19,485,000	20	17,995,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		28,915,452	25	30,871,651
	26	Total liabilities. Add lines 17 through 25		355,646,528	26	360,260,136
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		530,945,442	27	528,399,954
	28	Temporarily restricted net assets		9,109,647	28	9,842,781
	29	Permanently restricted net assets		100,000	29	100,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		540,155,089	33	538,342,735
	34	Total liabilities and net assets/fund balances		895,801,617	34	898,602,871

Part XI Reconciliation of Net AssetsCheck 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	1,560,215,581
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,580,241,211
3	Revenue less expenses Subtract line 2 from line 1	3	-20,025,630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	540,155,089
5	Net unrealized gains (losses) on investments	5	
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	18,213,276
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	538,342,735

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 90-1000718

Name: Riverside Healthcare Association Inc Group

Form 990 (2016)

Form 990, Part III, Line 4a:

General hospital services provided to the community 2,576,246 persons were benefited in 2016 with quantifiable community benefits of \$160,521,443

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			
ALAN WITT BOARD MEMBER	1 0 0 0	X						0	0	0
ALEXANDER DILLARD BOARD MEMBER	1 0 0 0	X						0	0	0
ALFRED POOLE CHAIRMAN	1 0 0 0	X						0	0	0
ALICE BURGESS BOARD MEMBER	1 0 0 0	X						0	0	0
BARBARA HAYWOOD BOARD MEMBER	1 0 0 0	X						0	0	0
BETTY BLEVINS VICE CHAIRMAN	1 0 0 0	X						0	0	0
CARAMINE KELLAM BOARD MEMBER	1 0 0 0	X						0	0	0
CAROLYN FELLING BOARD MEMBER	1 0 0 0	X						0	0	0
CARRIE MOSS BOARD MEMBER	40 0 0 0	X						427,174	0	23,156
CARRINGTON RANDOLPH BOARD MEMBER	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CELIA ADOLPHI BOARD MEMBER	40 0 0 0	X						5,983	0	0
CHARLENE SMITH BOARD MEMBER	1 0 0 0	X						0	0	0
CHARLES MINTER BOARD MEMBER	1 0 0 0	X						0	0	0
CONWAY SMITH VICE CHAIRMAN	1 0 0 0	X						0	0	0
CONWAY SHEILD BOARD MEMBER	1 0 0 0	X						0	0	0
DANIEL SHERLOCK VICE CHAIRMAN	1 0 0 0	X						0	0	0
DARRYL FISHER BOARD MEMBER	1 0 0 0	X						0	0	0
DAVID GORE BOARD MEMBER	40 0 0 0	X						540,999	0	36,778
DAVID JONES BOARD MEMBER	40 0 0 0	X						303,576	0	46,497
DAYTON RITT BOARD MEMBER	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DELORIS BECKER BOARD MEMBER		1 0 0 0	X						0	0	0
DWAYNE BLAKE BOARD MEMBER		1 0 0 0	X						0	0	0
DWIGHT HERBERT BOARD MEMBER		40 0 0 0	X						308,458	0	41,183
EMMELINE GASINK BOARD MEMBER		40 0 0 0	X						260,459	0	17,821
ERIC STONE BOARD MEMBER		1 0 0 0	X						0	0	0
EUGENE JORDAN BOARD MEMBER		1 0 0 0	X						0	0	0
FRANCES ELLIS VICE CHAIRMAN		1 0 0 0	X						0	0	0
FREDRICK ARNOLD BOARD MEMBER/SERVICE LINE CHIE		1 0 0 0	X						0	0	0
GEORGE GOODSON BOARD MEMBER		1 0 0 0	X						0	0	0
GEORGE KANNARKAT BOARD MEMBER		40 0 0 0	X						891,554	0	43,868

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			
GEORGE LONGEST BOARD MEMBER	1 0 0 0	X						0	0	0
GORDON GENTRY CHAIRMAN	1 0 0 0	X						0	0	0
HALL HOWARD BOARD MEMBER	40 0 0 0	X						69,000	0	4,005
HERBERT KELLY BOARD MEMBER	1 0 0 0	X						0	0	0
IRIS LANE BOARD MEMBER	1 0 0 0	X						0	0	0
IVY MITCHELL BOARD MEMBER	1 0 0 0	X						0	0	0
JAMES DUDLEY SERVICE LINE CHIEF	40 0 0 0	X						363,088	0	44,899
JAMES MCCORRY SERVICE LINE CHIEF, RDHW	40 0 0 0	X						391,929	0	23,198
JAMES MULLINS BOARD MEMBER	40 0 0 0	X						267,202	0	38,557
JAMES THORN BOARD MEMBER	1 0 0 0	X						0	0	0

[illegible]

(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			
JARED BATES VICE CHAIRMAN	1 0 0 0	X						0	0	0
JEFFREY HASKINS BOARD MEMBER	1 0 0 0	X						204,176	0	10,750
JEFFREY HENKE BOARD MEMBER	40 0 0 0	X						430,157	0	43,952
JEROLD ALLEN CHAIRMAN	1 0 0 0	X						0	0	0
JOHN DEVER BOARD MEMBER	1 0 0 0	X						0	0	0
JOHN GRETES BOARD MEMBER	40 0 0 0	X						336,271	0	37,561
JOHN ISHON BOARD MEMBER	1 0 0 0	X						0	0	0
JOHN MINCKS BOARD MEMBER	1 0 0 0	X						0	0	0
KARL GEDDES BOARD MEMBER	40 0 0 0	X						280,402	0	48,461
KEITH HANGER BOARD MEMBER	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
KIRBY SMITH BOARD MEMBER	1 0 0 0	X							0	0	0	
LINDA PHILLIPS BOARD MEMBER	1 0 0 0	X							0	0	0	
MICHAEL MCAULIFFE BOARD MEMBER	1 0 0 0	X							0	0	0	
MYRON HODGES BOARD MEMBER	1 0 0 0	X							0	0	0	
NANCY WEAKLEY BOARD MEMBER	1 0 0 0	X							0	0	0	
PATRICIA BARRY BOARD MEMBER	1 0 0 0	X							0	0	0	
PATRICIA GALLAGHER BOARD MEMBER	1 0 0 0	X							0	0	0	
PAUL HARTMANN BOARD MEMBER	1 0 0 0	X							0	0	0	
PAUL TREOLO BOARD MEMBER	1 0 0 0	X							0	0	0	
REBECCA MCCOY BOARD MEMBER	1 0 0 0	X							0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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
(A) Name and Title	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)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
RICHARD CROWDER CHAIRMAN	1 0 0 0	X							0	0	0	
RICHARD DUNN BOARD MEMBER	1 0 0 0	X							204,010	0	35,556	
RICHARD PEARCE BOARD MEMBER	1 0 0 0	X							0	0	0	
ROBERT COURTER BOARD MEMBER	1 0 0 0	X							0	0	0	
ROBERT DAVIS BOARD MEMBER	1 0 0 0	X							6,085	0	230	
ROBERT HARDING CHAIRMAN	40 0 0 0	X							337,022	0	33,442	
ROBERT MARBLE BOARD MEMBER	1 0 0 0	X							0	0	0	
ROBERT SMITH BOARD MEMBER	1 0 0 0	X							0	0	0	
RONALD MURRAY BOARD MEMBER	1 0 0 0	X							0	0	0	
RONALD SAUNDERS BOARD MEMBER	1 0 0 0	X							0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STANLEY YEATTS BOARD MEMBER	40 0 0 0	X						303,374	0	32,619
STEPHEN ADAMS BOARD MEMBER	1 0 0 0	X						0	0	0
STEPHEN SILVASY BOARD MEMBER	1 0 0 0	X						0	0	0
SUSANNA HICKMAN BOARD MEMBER	1 0 0 0	X						0	0	0
THOMAS REAGAN BOARD MEMBER	40 0 0 0	X						79,800	0	0
VERNEETA WILLIAMS BOARD MEMBER	40 0 0 0	X						212,528	0	35,382
VICKI HAUSER BOARD MEMBER	1 0 0 0	X						0	0	0
WADE BROUGHMAN EXEC VP/COO RHS & SECRETARY	40 0 0 0	X		X				851,612	0	35,376
WANDA AUSTIN BOARD MEMBER	1 0 0 0	X						0	0	0
WILLIAM HEATH BOARD MEMBER	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM BRAUER BOARD MEMBER	1 0 0 0	X						0	0	0
WILLIAM DOWNEY PRESIDENT, CEO RHS	40 0 0 0	X		X				1,341,551	0	34,785
WILLIAM GRACE BOARD MEMBER	1 0 0 0	X						0	0	0
WILLIAM MASSEY BOARD MEMBER	1 0 0 0	X						0	0	0
WILLIAM MCALLISTER BOARD MEMBER	40 0 0 0	X						1,317,394	0	51,831
BARRY GROSS EXEC VP/CMO RHS	40 0 0 0			X				751,318	0	39,100
CHARLES FRAZIER VP, CLINICAL INNOVATION	40 0 0 0			X				509,165	0	48,080
CHARLES GRAHAM VP REVENUE CYCLE	40 0 0 0			X				468,516	0	39,055
CHRISTOPHER STOLLE VP MEDICAL AFFAIRS	40 0 0 0			X				482,357	0	24,290
CYNTHIA WILLIAMS VP PHARMACY	40 0 0 0			X				350,659	0	17,355

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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		
(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)											
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former						
DENNIS LOFTUS		40 0			X				433,342				0	36,414
SR VP, CHIEF INFORMATION OFFIC		0 0												
DIANA LOVECCHIO		40 0			X				318,765				0	36,089
VP, CONSTR MGMT & SHARED SVS		0 0												
ELISABETH WILLIAMS		40 0			X				288,476				0	22,572
VP, MARKETING, STRATEGY & DEVE		0 0												
ELIZABETH MARTIN		40 0			X				398,736				0	38,659
SVP QUALITY		0 0												
ERIC STONE		40 0			X				395,000				0	7,150
VP CLINICAL OPERATIONS		0 0												
ESTHER DESIMINI		40 0			X				283,094				0	10,510
VP/ADMINISTRATOR RWRH		0 0												
FAYE GARGIULO		40 0			X				332,012				0	30,312
VP RESEARCH/DISCOVERY & PHY DE		0 0												
JAMES LESNICK		40 0			X				657,696				0	33,143
SVP		0 0												
JASON HOUSER		40 0			X				446,675				0	43,629
VP, LEGAL AFFAIRS		0 0												
KYLE ALLEN		40 0			X				542,053				0	40,711
VP CLINICAL INTEGRATION&MED DI		0 0												

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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
(A) Name and Title	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)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
LISA SALSBERY Officer Corp Audit & Comp/Priv	40 0 0 0			X					271,202	0	47,635	
MEGAN KLECKNER VP/ADMINISTRATOR	40 0 0 0			X					327,869	0	32,721	
MICHAEL DOUCETTE SVP RPMC OPERATIONS	40 0 0 0			X					632,757	0	43,557	
NANCY LITTLEFIELD SR VP/CNO	40 0 0 0			X					382,912	0	5,174	
PATRICIA RUSSO VP CARE MANAGEMENT	40 0 0 0			X					234,635	0	25,166	
ROBERT BRYANT SR VP, LHARS	40 0 0 0			X					756,902	0	25,723	
SALLY HARTMAN SR VP, HUMAN RESOURCES	40 0 0 0			X					504,101	0	28,941	
SALLY RYAN VP PHYSICIAN SERVICES	40 0 0 0			X					329,112	0	22,590	
STEPHEN MCCARY VP/ADMINISTRATOR RDHW	40 0 0 0			X					304,536	0	33,946	
WALTER AUSTIN SR VP,CFO RHS & TREASURER	40 0 0 0			X					593,189	0	20,496	

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			
CANDICE CARROLL NURSE EXECUTIVE, RRMCC	40 0 0 0				X			198,855	0	12,656
DAVID MURON PRESIDENT, MEDICAL STAFF	1 0 0 0				X			814,866	0	27,676
DEBBIE CAMPBELL ADMINISTRATOR RBHC	40 0 0 0				X			170,855	0	17,715
DEBORAH ATKINSON EXEC DIRECTOR	40 0 0 0				X			143,143	0	17,514
JOEL JONES MEDICAL STAFF PRESIDENT	1 0 0 0				X			0	0	0
JOHN GUARNIERI PRESIDENT, MEDICAL STAFF	1 0 0 0				X			0	0	0
JOHN ROWE EXEC DIR, PACW	40 0 0 0				X			194,282	0	31,285
KEITH PERCIC VP FINANCE	40 0 0 0				X			347,964	0	50,476
MARSHALL CROSS CHAIRMAN OF RRMCC OPERS COUNCIL	40 0 0 0				X			551,231	0	41,275
DEAN KOSTOV PHYSICIAN	34 0 0 0					X		1,638,921	0	49,250

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			
AMY SKORUPA PHYSICIAN	34 0 0 0					X		1,265,713	0	24,290
MASHOUR YOUSEF PHYSICIAN	35 0 0 0					X		1,243,558	0	56,765
ROBERT CULLOM PHYSICIAN	38 0 0 0					X		1,209,147	0	25,099
TYLER WIND PHYSICIAN	33 0 0 0					X		1,074,501	0	36,420

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Riverside Healthcare Association Inc Group		Employer identification number 90-1000718

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	4					

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 0	
2 Recoveries of prior-year distributions	2 0	
3 Other gross income (see instructions)	3 0	
4 Add lines 1 through 3	4 0	
5 Depreciation and depletion	5 0	
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 0	
7 Other expenses (see instructions)	7 0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8 0	

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 0	
b Average monthly cash balances	1b 0	
c Fair market value of other non-exempt-use assets	1c 0	
d Total (add lines 1a, 1b, and 1c)	1d 0	
e Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2 Acquisition indebtedness applicable to non-exempt use assets	2 0	
3 Subtract line 2 from line 1d	3 0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5 0	
6 Multiply line 5 by .035	6 0	
7 Recoveries of prior-year distributions	7 0	
8 Minimum Asset Amount (add line 7 to line 6)	8 0	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2 Enter 85% of line 1	2	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4 Enter greater of line 2 or line 3	4	0
5 Income tax imposed in prior year	5	0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2016 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. 0			
d From 2014. 0			
e From 2015. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2016 distributable amount			0
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2016 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2017. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b Excess from 2013. 0			
c Excess from 2014. 0			
d Excess from 2015. 0			
e Excess from 2016. 0			

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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART IV, SECTION A, LINE 2	Riverside Healthcare Foundation, which is controlled by Riverside Healthcare Association, Inc , has determined that its hospital supported organizations, which qualify under 170(b)(1)(A)(iii), also qualify as public charities under section 509(a)(2))

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION B, LINE 2	Riverside Healthcare Foundation also supported its other supported organizations within the Riverside Health System. That support carried out the purposes of Riverside Healthcare Association, Inc. (RHA) by strengthening the ability of the Foundations supported organizations to provide quality health care and improve the health of citizens in RHAs community.



Additional Data

Software ID:
Software Version:
EIN: 90-1000718
Name: Riverside Healthcare Association Inc Group

Form 990, Sch A, Part I, Line 12g - 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) RIVERSIDE HEALTHCARE ASSOCIATION INC	521241835	10	Yes		0	0
(A) RIVERSIDE HEALTHCARE ASSOCIATION INC	521241835	10	Yes		0	0
(A) RIVERSIDE HOSPITAL INC	521245746	3	Yes		0	0
(A) RIVERSIDE HOSPITAL INC	521245746	3	Yes		0	0
(B) WALTER REED MEMORIAL HOSPITAL	521241836	3	Yes		0	0
(B) WALTER REED MEMORIAL HOSPITAL	521241836	3	Yes		0	0
(C) RIVERSIDE REHABILITATION INSTITUTE	521432269	3	Yes		0	0
(C) RIVERSIDE REHABILITATION INSTITUTE	521432269	3	Yes		0	0

SCHEDULE C (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service		

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 Riverside Healthcare Association Inc Group	Employer identification number 90-1000718
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
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?	Yes		51,364
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		114,947
j	Total. Add lines 1c through 1i			166,311
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
Other Advocacy Activities	Salary and Expenses \$114,947 Dues \$ 51,364 Advocates on issues related to certificates of public need and all issues affecting healthcare such as hospitals, patients, physicians, and health insurance

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319152917	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization Riverside Healthcare Association Inc Group				Employer identification number 90-1000718	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	1,175,020	1,186,469	1,269,006	1,305,166	1,208,060
b					
c	65,984	-11,449	46,463	77,915	149,106
d			129,000	114,075	52,000
e					
f					
g	1,241,004	1,175,020	1,186,469	1,269,006	1,305,166

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

100 000 %

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,511,847		12,511,847
b Buildings		334,089,051	164,419,173	169,669,878
c Leasehold improvements				
d Equipment		429,413,206	324,281,269	105,131,937
e Other		19,152,034	13,676,359	5,475,675
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				292,789,337

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
OTHER CURRENT LIABILITIES	4,373,507
OBLIGATION UNDER CAPITAL LEASE	25,660,325
NOTE PAYABLE-CURRENT	651,830
CONTINGENT LIABILITY	185,989
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	30,871,651

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: 90-1000718
Name: Riverside Healthcare Association Inc Group

Supplemental Information

Return Reference	Explanation
Schedule D Part V Line 4	Endowment funds are used for scholarships

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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.

Name of the organization

Riverside Healthcare Association Inc Group

Employer identification number

90-1000718

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 250 %		
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	No
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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 eligible 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)	5	26,279	24,944,854		24,944,854	1 700 %
b Medicaid (from Worksheet 3, column a)	11	41,815	51,238,230	46,192,821	5,045,409	0 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	16	68,094	76,183,084	46,192,821	29,990,263	2 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	24		1,695,231		1,695,231	0 120 %
f Health professions education (from Worksheet 5)	7	391	22,073,882	10,540,885	11,532,997	0 790 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			754,374		754,374	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	102		3,572,464		3,572,464	0 240 %
j Total. Other Benefits	133	391	28,095,951	10,540,885	17,555,066	1 200 %
k Total. Add lines 7d and 7j	149	68,485	104,279,035	56,733,706	47,545,329	3 240 %

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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	112,203,877	
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	247,028,197
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	270,930,295
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-23,902,098
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

5

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)
Riverside Regional Medical Center**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Sec C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V, Sec C</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

Riverside Regional Medical Center

Name of hospital facility or letter of facility reporting group _____

	Yes	No
<div>Did the hospital facility have in place during the tax year a written financial assistance policy that</div> <div>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</div>	13 Yes	
<div>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 0 %</div> <div>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</div> <div>c <input type="checkbox"/> Asset level</div> <div>d <input type="checkbox"/> Medical indigency</div> <div>e <input checked="" type="checkbox"/> Insurance status</div> <div>f <input type="checkbox"/> Underinsurance discount</div> <div>g <input type="checkbox"/> Residency</div> <div>h <input checked="" type="checkbox"/> Other (describe in Section C)</div>		
<div>14 Explained the basis for calculating amounts charged to patients?</div>	14 Yes	
<div>15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</div>	15 Yes	
<div>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div> <div>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div> <div>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div> <div>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div> <div>e <input type="checkbox"/> Other (describe in Section C)</div>		
<div>16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</div>	16 Yes	
<div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Part V, Sec C</div> <div>b <input type="checkbox"/> The FAP application form was widely available on a website (list url)</div>		
<div>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Part V, Sec C</div> <div>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div> <div>e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div> <div>f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div> <div>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div> <div>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div> <div>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div> <div>j <input type="checkbox"/> Other (describe in Section C)</div>		

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

Riverside Regional Medical Center

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Riverside Regional Medical Center

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
 Riverside Walter Reed Hospital

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): _____

2

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Sec C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V, Sec C</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

Riverside Walter Reed Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 0 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Part V, Sec C		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url)		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Part V, Sec C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

Riverside Walter Reed Hospital

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Riverside Walter Reed Hospital

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
 Riverside Tappahannock Hospital

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): _____

3

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Sec C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V, Sec C</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

Riverside Tappahannock Hospital																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</td><td>13 Yes</td><td></td></tr><tr><td>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 0 %</td><td></td><td></td></tr><tr><td>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td>c <input type="checkbox"/> Asset level</td><td></td><td></td></tr><tr><td>d <input type="checkbox"/> Medical indigency</td><td></td><td></td></tr><tr><td>e <input checked="" type="checkbox"/> Insurance status</td><td></td><td></td></tr><tr><td>f <input type="checkbox"/> Underinsurance discount</td><td></td><td></td></tr><tr><td>g <input type="checkbox"/> Residency</td><td></td><td></td></tr><tr><td>h <input checked="" type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td>14 Explained the basis for calculating amounts charged to patients?</td><td>14 Yes</td><td></td></tr><tr><td>15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</td><td>15 Yes</td><td></td></tr><tr><td>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td><td></td><td></td></tr><tr><td>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td><td></td><td></td></tr><tr><td>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td>e <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td>16 Was widely publicized within the community served by the hospital facility? 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Part V Facility Information (continued)**Billing and Collections**

Riverside Tappahannock Hospital

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Riverside Tappahannock Hospital

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
 Riverside Rehabilitation Institute

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): _____

4

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Sec C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V, Sec C</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

Riverside Rehabilitation Institute

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 0 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Part V, Sec C		
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h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

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

Riverside Rehabilitation Institute

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Riverside Rehabilitation Institute

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
 Riverside Doctors Hosp Williamsburg

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): _____

5

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Sec C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V, Sec C</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

Riverside Doctors Hosp Williamsburg

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 0 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Part V, Sec C		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url)		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Part V, Sec C		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

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

Riverside Doctors Hosp Williamsburg

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Riverside Doctors Hosp Williamsburg

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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? **41**

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 VI	<p>Line 1 Part I Line 3c Free care uses 250% of the FPG Our policies do not include discount care Line 1 Part I Line 7, column F Bad debt expense removed from total expense in line 7, column F is \$112,203,877 Line 1 Part I Line 7A The cost to charge ratio calculated on worksheet 2 was used for the charity expense calculation Line 1 Part I Line 7B Medicaid cost and net revenue are directly from the Medicaid cost report Line 1 Part I Line 7E Community health improvement is actual cost accumulated by the individuals participating in the activities Line 1 Part I Line 7I Cash and in-kind contributions are the actual dollar value of cash or items given Line 1 Part III Line 2 Bad debt is the amount remaining on a patient's account after cash payments, third party payer contractual adjustments and hospital discounts have been taken Before the amount is written off to bad debt the account is sent to a collection agency which returns the account when they have exhausted all possible effort Upon return the account balance is written off to bad debt Line 1 Part III Line 3 Patients eligible under the financial assistance policy were provided 100% discount and therefore were not included in bad debt expense Line 1 Part III Line 4 Footnote 4 of the Audited Financial Statements states Patient accounts receivable are reduced by an allowance for uncollectible accounts In evaluating the collectability of accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts For receivables associated with services provided to patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill), the System records a provision for bad debts in the period of service on the basis of its past experience The difference between standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible amounts Line 1 Part III Line 8 The organization uses CMS cost reporting guidelines and methodology to determine allowable Medicare costs The shortfall from Medicare should be recognized as a community benefit, since the patients are provided services at a loss for the facility The Health System is assuring that these essential emergency and acute care services are provided for the population's health Line 1 Part III Line 9b Patients eligible under the written Financial Assistance Policy were provided 100% discount and were therefore excluded from debt collection processes Line 2 Riverside has embraced the Community Health Needs Assessment process as the way to best assess the health care needs of the communities it serves To supplement this data, Riverside also utilizes resources such as the Virginia Atlas of Community Health, demographic data, as well as observing utilization and diagnoses trends across the Riverside service areas and nationally Finally, Riverside works closely with other community leaders to identify and respond to local needs Having community-based, volunteer boards also allows for continuous feedback from individuals living and working in the service area Line 3 Riverside makes available the Financial Assistance Policy and plain language summary to patients and answers questions patients have about it via our call center Riverside also screens patients for Medicare, Medicaid and commercial insurances We will also assist in filling out Medicaid applications and submit retro-authorizations when applicable to assist patients in getting their bill paid or adjusted Line 4 The service area for Riverside Healthcare Association, dba Riverside Health System, covers a wide geographic area, from the Potomac River to south of the James River in southeastern Virginia The broader Virginia Peninsula area encompassing James City County, York County, New Kent County, Isle of Wight County and the cities of Williamsburg, Newport News, Poquoson and Hampton, has a projected population of approximately 540,000 persons Riverside Regional Medical Center in Newport News is the only trauma center (Level II) located in this area The Virginia Peninsula is bordered on the east by the Chesapeake Bay and Hampton Roads, on the south by the James River and the north by the York River Access to health care facilities not located on the Peninsula is</p>

Form and Line Reference	Explanation
Part VI	<p>restricted by tunnels and bridges, with three connections to various points across the James, and one bridge north across the York. Numerous waterways, inlets and marshland are prominent in the landscape and restrict traffic in certain areas, requiring a system of bridges or circuitous routes for local travel. Interstate 64 runs the length of the Peninsula, providing access some 75 miles from Riverside Regional Medical Center to downtown Richmond and 40 miles to downtown Norfolk (via Hampton Roads Bridge Tunnel). Some 150,000 cars travel along this interstate corridor daily per the 2012 VDOT study. Riverside owns and operates several diagnostic centers throughout its service area. The hospital facilities operate outpatient programs in addition to those in freestanding ambulatory centers. Reasons behind this outpatient reach include the lack of interconnected public transportation, the traffic congestion on interstates and urban roadways, and the significant elderly population in the service area. Many of the senior citizens, particularly in outlying areas, rely on friends and family members to transport them to appointments. Surplus funds are used to promote and improve access to services in the areas close to where residents live. This Peninsula area is generally considered to have a high quality of life in accordance with standard socioeconomic variables, and a comparatively low cost of living. With the relative exception of the City of Williamsburg, drugs, crime and poverty negatively impact the more densely populated areas of the communities. In terms of demographics and occupations, the Riverside service area is primarily what has traditionally been defined as a blue-collar community. Between the large military presence and the supporting defense industry, almost 50 percent of the economy is connected to defense. The largest private employer is Huntington Ingalls Newport News Shipbuilding with more than 20,000 local workers. The community's population of people over age 65 is growing quickly, and that aging population points to even stronger hospital utilization in the coming years. The age group of 65 and older comprises 14 percent of the population. The per capita income is just under \$30,000, so Riverside's charity mission is strong and ongoing with a concerted effort directed to children at risk. Within the market, all of the localities with the exception of the city of Poquoson qualify for full or partial designation as Medically Underserved Service Areas. There is strong competition within 60 miles of Riverside Regional Medical Center. Within seven miles on each side and 20 miles north there are three medical surgical hospitals and within 20 to 60 miles across the Hampton Roads harbor there are six facilities. Riverside Rehabilitation Institute is the only service providers of inpatient physical rehabilitation on the Peninsula. The Middle Peninsula, mainly composed of the counties of Essex, Gloucester, King & Queen, Mathews and Middlesex, is located between the Virginia Peninsula to the south and the Northern Neck to the north. The Middle Peninsula is bordered on the north by the Rappahannock River and the south by the York River. Eastward is the Chesapeake Bay. Again, numerous waterways restrict direct travel in certain areas. The primary service area of approximately 65,000 is generally considered to have a high quality of life in accordance with standard socioeconomic variables, and a comparatively low cost of living. Riverside Walter Reed Hospital on the Middle Peninsula is approximately 30 miles from the closest hospital. Two of the four closest hospitals are Riverside facilities. The community's population of people over age 65 is growing quickly, and that aging population points to even stronger hospital utilization in the coming years. The age group of 65 and older comprises 21.3 percent of the population. Per capita income is just over \$30,000, so Riverside's charity mission is strong and ongoing with a concerted</p>

Additional Data

Software ID:
Software Version:
EIN: 90-1000718
Name: Riverside Healthcare Association Inc Group

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 5											
1	Riverside Regional Medical Center 500 J CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601 www.riversideonline.com/rrmc/ H1887	X	X		X		X	X		Inpat Psychiatric	
2	Riverside Walter Reed Hospital 7519 HOSPITAL DRIVE GLOUCESTER, VA 23061 www.riversideonline.com/rwrh/ H1890	X	X					X			
3	Riverside Tappahannock Hospital 618 HOSPITAL ROAD TAPPAHANNOCK, VA 22560 www.riversideonline.com/rth/ H1889	X	X					X			
4	Riverside Rehabilitation Institute 245 CHESAPEAKE AVENUE NEWPORT NEWS, VA 23607 www.riversideonline.com/rrr/ H1888	X								Inpat Rehabilitation	
5	Riverside Doctors Hosp Williamsburg 1500 Commonwealth Avenue Williamsburg, VA 23185 www.riversideonline.com/rdhw/ H1937	X	X					X			

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

Form and Line Reference	Explanation
Riverside Regional Medical Center	<p>Line 5 In the 2016 CHNA process, three Riverside Health System hospitals worked together to conduct a CHNA for the Peninsula region Part of this process included soliciting input from a wide variety of community stakeholders through a survey Utilizing the consulting group Community Health Solutions, Riverside worked with Sentara Health System to conduct a joint survey of community stakeholders The survey was sent to 922 individuals across the area, of which 120 (13%) responded After the initial surveys were distributed, Riverside reached out through emails, letters and personal phone calls to encourage individuals to take the survey and help provide feedback and guidance in this process Surveys were sent to individuals who represented the broad community (such as local government, school and business leaders), seniors (such as the Peninsula Agency on Aging), minority populations (such as faith community leaders), uninsured populations (such as local free clinics), people with behavioral health and substance abuse challenges (such as the area Community Services Boards), low income populations (safety net organizations including food banks and area social services departments) and individuals with expertise in public health (including the two area health departments as well as the first responders in the various localities) A full list of the organizations surveyed can be found on pages 97-98 of the CHNA In addition to the initial survey work, a smaller group was assembled to review the CHNA and survey results This group prioritized the needs to be addressed and provided guidance to Riverside on how to best create an implementation plan that would be meaningful to the community This smaller group included individuals from local governments, law enforcement and first responders, public health free clinics and the VA Medical Center, the Community Services Board, local non-profit groups such as the United Way and members of the local business community The administrators of the three Riverside hospitals in the region also participated in this group</p> <p>Line 6a Riverside Regional Medical Center worked with Riverside Rehabilitation Institute and Hampton Roads Specialty Hospital on the 2016 CHNA process While the CHNAs were not conducted jointly, Riverside Regional Medical Center also worked with Riverside Doctors Hospital Williamsburg, Sentara Careplex Hospital and Sentara Williamsburg Regional Medical Center to conduct joint regional surveys of community stakeholders</p> <p>Line 7a www.riversideonline.com/about_riverside/community-health-needs cfm</p> <p>Line 7d In addition to having the CHNA and Implementation Strategy on the website and available by request the facility, Riverside has made an effort to share the document with regional leaders, including mailing copies to local government officials and representatives as well as sharing with local groups such as the Chamber of Commerce, Rotary groups and other local organizations</p> <p>Line 10a www.riversideonline.com/about_riverside/community-health-needs</p>

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

Form and Line Reference	Explanation
Riverside Regional Medical Center	<p>deonline com/about_riverside/community-health-needs cfm Line 11 Through the CHNA process Riverside identified many significant needs in the community Through meetings with commun ity leaders, Riverside determined to focus its efforts on addressing five main areas of is sues 1) Mental Health, 2) Healthy Lifestyle / Heart Healthy / Obesity / Diabetes, 3) Hous ing, 4) Vulnerable Populations and 5) Health Insurance and Access As noted in more detail in the Implementation Plan, these areas will be addressed through a variety of ways Rive rside will continue working on mental health issues through direct clinical inpatient and outpatient services Additionally, Riverside will continue to work with other partner orga nizations such as the VA Medical Center, the Community Services Board and first responders In response to the ongoing opiate addiction crisis, Riverside will continue its work wit h the Hampton Roads Working Group on Heroin and partnering with other local organizations to address the issue from multiple angles For Healthy Lifestyle issues, Riverside will co ntinue to focus on community education as well as partnering with other local health care organizations and public health leaders to address the issue of healthy nutrition in the r egion For Access and Insurance, Riverside will continue to support the United Way as it r e-establishes itself in the community as the lead organization for connecting individuals to services across the region Riverside will also work to address transportation solution s For Safety Net issues, Riverside will continue to provide care to individuals in accord ance with its Financial Assistance Policy as well as to work closely with safety net provi ders including free clinics in the region to ensure high quality care is provided across t he region Not every need identified through the CHNA process could be addressed as a prio rity area due to the limitation of resources, the size of the issue and the capacity of ex isting organizations to impact the problem Therefore, the following identified issues wer e not identified as priorities for the 2016 CHNA / Implementation Plan cycle Chronic Resp iratory Conditions, Stroke, Cancer, Reproductive Health, Infant Mortality, Septicemia, Nep hritis, Unintentional Injury, Domestic violence and chronic pain That said, many of these issues are already being addressed through existing Riverside programs, and Riverside wil l continue to evaluate the possibility of expanding if needs arise Additionally, some iss ues that were listed in the survey as potential issues did not rise to the top of the quan titative analysis or qualitative survey process and will also not be addressed as priority issues These include Environmental Health, Drowning and Water Safety, Autism, HIV / AID S, Dental / Oral Care, Neurological Problems, Arthritis, Hunger, Renal Disease, Orthopedic Problems, Sexually Transmitted Diseases, Violence, Physical Disabilities and Bullying Ag ain, some of these areas are a</p>

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

Form and Line Reference	Explanation
Riverside Regional Medical Center	<p>Already being addressed by existing Riverside Services Line 13h 1) Scheduled for or have received services at Riverside Acute or Riverside Medical Group 2) Provide valid Social Security number 3) Be uninsured 4) Have low credit (defined as having less than \$1000 of available line of credit) 5) Be not likely to pay (defined as a credit score of less than 550) 6) Do not have liquid assets to meet their healthcare financial obligation 7) Spousal information will be included for services over \$10,000 8) Medicaid Spend Down amounts do not qualify for financial assistance Line 16a www.riversideonline.com/patients_guests/financial-assistance cfm Line 16c www.riversideonline.com/patients_guests/financial-assistance cfm Line 16f Financial Assistance information has always been available without charge when requested but the process was not well known In FY 2017 steps were taken to standardize the process in all business offices and to publicize the process to business office employees to improve the accessibility of Financial Assistance information Line 22d Patients eligible under the Financial Assistance Policy were provided 100% discount and therefore the maximum amount charged to patients once they were determined to be eligible under FAP was \$0.00</p>

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

Form and Line Reference	Explanation
Riverside Walter Reed Hospital	<p>Line 5 In the 2016 CHNA process, two Riverside Health System hospitals (Riverside Walter Reed Hospital and Riverside Tappahannock Hospital) worked together to conduct their CHNAs for the Middle Peninsula and Northern Neck regions While each hospital developed their own CHNA, the Implementation Plan was developed jointly as the markets overlap with so many existing organizations such as the Three Rivers Health District, the Community Services Board and the Bay Area Aging organization Both hospitals utilized the consulting group Community Health Solutions to conduct a survey of community stakeholders The RWRH survey was sent to 156 individuals across the area, of which 49 (31%) responded After the initial surveys were distributed, Riverside reached out through emails, letters and personal phone calls to encourage individuals to take the survey and help provide feedback and guidance in this process Surveys were sent to individuals who represented the broad community (such as local government, school and business leaders), seniors (such as the Bay Agency on Aging), minority populations (such as faith community leaders), uninsured populations (such as local free clinics), people with behavioral health and substance abuse challenges (such as the Community Services Boards), low income populations (safety net organizations including food banks and area social services departments) and individuals with expertise in public health (including the Three Rivers Health Department as well as the first responders in the various localities) A full list of the organizations surveyed can be found on pages 62-63 of the CHNA In addition to the initial survey work, a smaller group was assembled to review the CHNA and survey results for both Riverside Walter Reed Hospital and Riverside Tappahannock Hospital This group met multiple times and prioritized the needs to be addressed and provided guidance to Riverside on how to best create an implementation plan that would be meaningful to the community This smaller group included individuals from local governments, law enforcement and first responders, public health free clinics, the Community Services Board and local non-profit groups The administrators of the two Riverside hospitals in the region also participated in this group Line 6a Riverside Walter Reed Hospital worked with Riverside Tappahannock Hospital to prioritize the needs and develop a joint implementation plan Line 7a www.riversideonline.com/about_riverside/community-health-needs.cfm Line 10a www.riversideonline.com/about_riverside/community-health-needs.cfm Line 11 Through the CHNA process Riverside identified many significant needs in the community Through meetings with community leaders, Riverside determined to focus its efforts on addressing five main areas of issues 1) Mental Health, 2) Healthy Lifestyle / Obesity / Diabetes, 3) Healthy Aging, 4) Housing and 5) Transportation As noted in more detail in the Implementation Plan, these are</p>

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Form and Line Reference	Explanation
Riverside Walter Reed Hospital	<p>as will be addressed through a variety of ways Riverside will continue partnering with th e local community services board, as well as provide clinical care Additionally, Riversid e will work through the Middle Peninsula Northern Neck Regional Resource Council to find a reas of collaboration and communication For Healthy Lifestyle work, Riverside will collab orate with local organizations around the issue of nutrition education, access to healthy food and healthy lifestyle habits Overall, the local organizations identified that many g roups were already working to address many of the identified focus areas, and asked that R iverside focus its efforts on capacity building through strengthening the Middle Peninsula Northern Neck Regional Resource Council as a means of connecting existing interventions This was identified for all of the identified priority needs Not every need identified th rough the CHNA process could be addressed as a priority area due to the limitation of reso urces, the size of the issue and the capacity of existing organizations to impact the prob lem Therefore, the following identified issues were not identified as priorities for the 2016 CHNA / Implementation Plan cycle Chronic Respiratory Conditions, Stroke, Cancer, Rep roductive Health, Infant Mortality, Hypertension, Septicemia, Nephritis, Unintentional Inj ury, Domestic violence and chronic pain That said, many of these issues are already being addressed through existing Riverside programs, and Riverside will continue to evaluate th e possibility of expanding if needs arise Additionally, some issues that were listed in t he survey as potential issues did not rise to the top of the quantitative analysis or qual itative survey process and will also not be addressed as priority issues These include E nvironmental Health, Drowning and Water Safety, Autism, HIV / AIDS, Dental / Oral Care, Ne urological Problems, Arthritis, Hunger, Renal Disease, Orthopedic Problems, Sexually Trans mitted Diseases, Violence, Physical Disabilities and Bullying Again, some of these areas are already being addressed by existing Riverside Services</p> <p>Line 13h 1) Scheduled for or have received services at Riverside Acute or Riverside Medical Group 2) Provide valid Soc ial Security number 3) Be uninsured 4) Have low credit (defined as having less than \$100 0 of available line of credit) 5) Be not likely to pay (defined as a credit score of less than 550) 6) Do not have liquid assets to meet their healthcare financial obligation 7) Spousal information will be included for services over \$10,000 8) Medicaid Spend Down am ounts do not qualify for financial assistance</p> <p>Line 16a www.riversideonline.com/patients_guests/financial-assistance cfm</p> <p>Line 16c www.riversideonline.com/patients_guests/financia l-assistance cfm</p> <p>Line 16f Financial Assistance information has always been available with out charge when requested but the process was not well known In FY 2017 steps were taken to standardize the process in</p>

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Form and Line Reference	Explanation
Riverside Walter Reed Hospital	all business offices and to publicize the process to business office employees to improve the accessibility of Financial Assistance information Line 22d Patients eligible under the Financial Assistance Policy were provided 100% discount and therefore the maximum amount charged to patients once they were determined to be eligible under FAP was \$0.00

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

Form and Line Reference	Explanation
Riverside Tappahannock Hospital	<p>Line 5 In the 2016 CHNA process, two Riverside Health System hospitals (Riverside Walter Reed Hospital and Riverside Tappahannock Hospital) worked together to conduct their CHNAs for the Middle Peninsula and Northern Neck regions. While each hospital developed their own CHNA, the Implementation Plan was developed jointly as the markets overlap with so many existing organizations such as the Three Rivers Health District, the Community Services Board and the Bay Area Aging organization. Both hospitals utilized the consulting group Community Health Solutions to conduct a survey of community stakeholders. The RTH survey was sent to 213 individuals across the area, of which 47 (22%) responded. After the initial surveys were distributed, Riverside reached out through emails, letters and personal phone calls to encourage individuals to take the survey and help provide feedback and guidance in this process. Surveys were sent to individuals who represented the broad community (such as local government, school and business leaders), seniors (such as the Bay Agency on Aging), minority populations (such as faith community leaders), uninsured populations (such as local free clinics), people with behavioral health and substance abuse challenges (such as the Community Services Boards), low income populations (safety net organizations including food banks and area social services departments) and individuals with expertise in public health (including the Three Rivers Health Department as well as the first responders in the various localities). A full list of the organizations surveyed can be found on pages 62-63 of the CHNA. In addition to the initial survey work, a smaller group was assembled to review the CHNA and survey results for both Riverside Walter Reed Hospital and Riverside Tappahannock Hospital. This group met multiple times and prioritized the needs to be addressed and provided guidance to Riverside on how to best create an implementation plan that would be meaningful to the community. This smaller group included individuals from local governments, law enforcement and first responders, public health free clinics, the Community Services Board and local non-profit groups. The administrators of the two Riverside hospitals in the region also participated in this group.</p> <p>Line 6a Riverside Walter Reed Hospital worked with Riverside Tappahannock Hospital to prioritize the needs and develop a joint implementation plan. Line 7a www.riversideonline.com/about_riverside/community-health-needs.cfm Line 10a www.riversideonline.com/about_riverside/community-health-needs.cfm Line 11 Through the CHNA process Riverside identified many significant needs in the community. Through meetings with community leaders, Riverside determined to focus its efforts on addressing five main areas of issues: 1) Mental Health, 2) Healthy Lifestyle / Obesity / Diabetes, 3) Healthy Aging, 4) Housing and 5) Transportation. As noted in more detail in the Implementation Plan, these areas</p>

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Form and Line Reference	Explanation
Riverside Tappahannock Hospital	<p>s will be addressed through a variety of ways Riverside will continue partnering with the local community services board, as well as provide clinical care Additionally, Riverside will work through the Middle Peninsula Northern Neck Regional Resource Council to find areas of collaboration and communication For Healthy Lifestyle work, Riverside will collaborate with local organizations around the issue of nutrition education, access to healthy food and healthy lifestyle habits Overall, the local organizations identified that many groups were already working to address many of the identified focus areas, and asked that Riverside focus its efforts on capacity building through strengthening the Middle Peninsula Northern Neck Regional Resource Council as a means of connecting existing interventions This was identified for all of the identified priority needs Not every need identified through the CHNA process could be addressed as a priority area due to the limitation of resources, the size of the issue and the capacity of existing organizations to impact the problem Therefore, the following identified issues were not identified as priorities for the 2016 CHNA / Implementation Plan cycle Chronic Respiratory Conditions, Stroke, Cancer, Reproductive Health, Infant Mortality, Hypertension, Septicemia, Nephritis, Unintentional Injury, Domestic violence and chronic pain That said, many of these issues are already being addressed through existing Riverside programs, and Riverside will continue to evaluate the possibility of expanding if needs arise Additionally, some issues that were listed in the survey as potential issues did not rise to the top of the quantitative analysis or qualitative survey process and will also not be addressed as priority issues These include Environmental Health, Drowning and Water Safety, Autism, HIV / AIDS, Dental / Oral Care, Neurological Problems, Arthritis, Hunger, Renal Disease, Orthopedic Problems, Sexually Transmitted Diseases, Violence, Physical Disabilities and Bullying Again, some of these areas are already being addressed by existing Riverside Services</p> <p>Line 13h 1) Scheduled for or have received services at Riverside Acute or Riverside Medical Group 2) Provide valid Social Security number 3) Be uninsured 4) Have low credit (defined as having less than \$1000 of available line of credit) 5) Be not likely to pay (defined as a credit score of less than 550) 6) Do not have liquid assets to meet their healthcare financial obligation 7) Spousal information will be included for services over \$10,000 8) Medicaid Spend Down amounts do not qualify for financial assistance</p> <p>Line 16a www.riversideonline.com/patients_guests/financial-assistance cfm Line 16c www.riversideonline.com/patients_guests/financial-assistance cfm Line 16f Financial Assistance information has always been available without charge when requested but the process was not well known In FY 2017 steps were taken to standardize the process in a</p>

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Riverside Tappahannock Hospital	II business offices and to publicize the process to business office employees to improve the accessibility of Financial Assistance information Line 22d Patients eligible under the Financial Assistance Policy were provided 100% discount and therefore the maximum amount charged to patients once they were determined to be eligible under FAP was \$0.00

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Form and Line Reference	Explanation
Riverside Rehabilitation Institute	<p>Line 5 In the 2016 CHNA process, three Riverside Health System hospitals worked together to conduct a CHNA for the Peninsula region. Part of this process included soliciting input from a wide variety of community stakeholders through a survey. Utilizing the consulting group Community Health Solutions, Riverside worked with Sentara Health System to conduct a joint survey of community stakeholders. The survey was sent to 922 individuals across the area, of which 120 (13%) responded. After the initial surveys were distributed, Riverside reached out through emails, letters and personal phone calls to encourage individuals to take the survey and help provide feedback and guidance in this process. Surveys were sent to individuals who represented the broad community (such as local government, school and business leaders), seniors (such as the Peninsula Agency on Aging), minority populations (such as faith community leaders), uninsured populations (such as local free clinics), people with behavioral health and substance abuse challenges (such as the area Community Services Boards), low income populations (safety net organizations including food banks and area social services departments) and individuals with expertise in public health (including the two area health departments as well as the first responders in the various localities). A full list of the organizations surveyed can be found on pages 97-98 of the CHNA. In addition to the initial survey work, a smaller group was assembled to review the CHNA and survey results. This group prioritized the needs to be addressed and provided guidance to Riverside on how to best create an implementation plan that would be meaningful to the community. This smaller group included individuals from local governments, law enforcement and first responders, public health free clinics and the VA Medical Center, the Community Services Board, local non-profit groups such as the United Way and members of the local business community. The administrators of the three Riverside hospitals in the region also participated in this group. Line 6a Riverside Rehabilitation Institute worked with Riverside Regional Medical Center and Hampton Roads Specialty Hospital on the 2016 CHNA process. While the CHNAs were not conducted jointly, Riverside Rehabilitation Institute also worked with Riverside Doctors Hospital Williamsburg, Sentara Careplex Hospital and Sentara Williamsburg Regional Medical Center to conduct joint regional surveys of community stakeholders. Line 7a www.riversideonline.com/about_riverside/community-health-needs.cfm Line 7d In addition to having the CHNA and Implementation Strategy on the website and available by request to the facility, Riverside has made an effort to share the document with regional leaders, including mailing copies to local government officials and representatives as well as sharing with local groups such as the Chamber of Commerce, Rotary groups and other local organizations. Line 10a www.riversideonline.com</p>

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Form and Line Reference	Explanation
Riverside Rehabilitation Institute	<p>ideonline com/about_riverside/community-health-needs cfm Line 11 Through the CHNA process Riverside identified many significant needs in the community Through meetings with commu nity leaders, Riverside determined to focus its efforts on addressing five main areas of i ssues 1) Mental Health, 2) Healthy Lifestyle / Heart Healthy / Obesity / Diabetes, 3) Hou sing, 4) Vulnerable Populations and 5) Health Insurance and Access As noted in more detai l in the Implementation Plan, these areas will be addressed through a variety of ways Riv erside will continue working on mental health issues through direct clinical inpatient and outpatient services Additionally, Riverside will continue to work with other partner org anizations such as the VA Medical Center, the Community Services Board and first responder s In response to the ongoing opiate addiction crisis, Riverside will continue its work wi th the Hampton Roads Working Group on Heroin and partnering with other local organizations to address the issue from multiple angles For Healthy Lifestyle issues, Riverside will c ontinue to focus on community education as well as partnering with other local health care organizations and public health leaders to address the issue of healthy nutrition in the region For Access and Insurance, Riverside will continue to support the United Way as it re-establishes itself in the community as the lead organization for connecting individuals to services across the region Riverside will also work to address transportation solutio ns For Safety Net issues, Riverside will continue to provide care to individuals in accor dance with its Financial Assistance Policy as well as to work closely with safety net prov iders including free clinics in the region to ensure high quality care is provided across the region Not every need identified through the CHNA process could be addressed as a pri ority area due to the limitation of resources, the size of the issue and the capacity of e xisting organizations to impact the problem Therefore, the following identified issues we re not identified as priorities for the 2016 CHNA / Implementation Plan cycle Chronic Res piratory Conditions, Stroke, Cancer, Reproductive Health, Infant Mortality, Septicemia, Ne phritis, Unintentional Injury, Domestic violence and chronic pain That said, many of thes e issues are already being addressed through existing Riverside programs, and Riverside wi ll continue to evaluate the possibility of expanding if needs arise Additionally, some is sues that were listed in the survey as potential issues did not rise to the top of the qua ntitative analysis or qualitative survey process and will also not be addressed as priorit y issues These include Environmental Health, Drowning and Water Safety, Autism, HIV / AI DS, Dental / Oral Care, Neurological Problems, Arthritis, Hunger, Renal Disease, Orthopedi c Problems, Sexually Transmitted Diseases, Violence, Physical Disabilities and Bullying A gain, some of these areas are</p>

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Form and Line Reference	Explanation
Riverside Rehabilitation Institute	<p>already being addressed by existing Riverside Services Line 13h 1) Scheduled for or have received services at Riverside Acute or Riverside Medical Group 2) Provide valid Social Security number 3) Be uninsured 4) Have low credit (defined as having less than \$1000 of available line of credit) 5) Be not likely to pay (defined as a credit score of less than 550) 6) Do not have liquid assets to meet their healthcare financial obligation 7) Spousal information will be included for services over \$10,000 8) Medicaid Spend Down amounts do not qualify for financial assistance Line 16a www.riversideonline.com/patients_guests/financial-assistance.cfm Line 16c www.riversideonline.com/patients_guests/financial-assistance.cfm Line 16f Financial Assistance information has always been available without charge when requested but the process was not well known In FY 2017 steps were taken to standardize the process in all business offices and to publicize the process to business office employees to improve the accessibility of Financial Assistance information Line 22d Patients eligible under the Financial Assistance Policy were provided 100% discount and therefore the maximum amount charged to patients once they were determined to be eligible under FAP was \$0.00</p>

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

Form and Line Reference	Explanation
Riverside Doctors Hosp Williamsburg	<p>Line 5 In the 2016 CHNA process, Riverside Doctors Hospital Williamsburg worked to conduct a CHNA for the Williamsburg region. Part of this process included soliciting input from a wide variety of community stakeholders through a survey. Utilizing the consulting group Community Health Solutions, Riverside worked with Sentara Health System to conduct a joint survey of community stakeholders. The survey was sent to 922 individuals across the area, of which 114 (12.4%) responded. After the initial surveys were distributed, Riverside reached out through emails, letters and personal phone calls to encourage individuals to take the survey and help provide feedback and guidance in this process. Surveys were sent to individuals who represented the broad community (such as local government, school and business leaders), seniors (such as the Peninsula Agency on Aging), minority populations (such as faith community leaders), uninsured populations (such as local free clinics), people with behavioral health and substance abuse challenges (such as the area Community Services Boards), low income populations (safety net organizations including food banks and area social services departments) and individuals with expertise in public health (including the local health department as well as the first responders in the various localities). A full list of the organizations surveyed can be found on page 68 of the CHNA. While Riverside Doctors Hospital of Williamsburg did not work with Sentara Williamsburg Regional Medical Center to conduct its CHNA, the two facilities worked closely together to prioritize the needs and create an implementation plan. Once that plan had been prepared, it was reviewed and approved by the Williamsburg Chronic Care Collaborative, a group of local safety net / free clinic providers that meets with the Williamsburg Health Foundation. Line 6a Riverside Doctors Hospital of Williamsburg created its own CHNA, but worked with Sentara Williamsburg Regional Medical Center to develop prioritized needs and create an implementation plan. Additionally, RDHW worked with Riverside Regional Medical Center, Riverside Rehabilitation Institute, Hampton Roads Specialty Hospital, Sentara Careplex Hospital and Sentara Williamsburg Regional Medical Center to conduct joint regional surveys of community stakeholders. Line 7a www.riversideonline.com/about_riverside/community-health-needs.cfm Line 10a www.riversideonline.com/about_riverside/community-health-needs.cfm Line 11 Through the CHNA process Riverside identified many significant needs in the community. Through meetings between Riverside Doctors Hospital Williamsburg and Sentara Williamsburg Regional Medical Center, the two facilities identified Heart Disease as the priority health need to be addressed. As noted in more detail in the Implementation Plan the plan is to work to make Williamsburg a Heart Safe community. This will be done through efforts around education & prevention, screening and clinical</p>

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Form and Line Reference	Explanation
Riverside Doctors Hosp Williamsburg	<p>care Both facilities will also work with other local organizations such as the American Heart Association, the Chamber of Commerce and area free clinics to work on the issue Not every need identified through the CHNA process could be addressed as a priority area due to the limitation of resources, the size of the issue and the capacity of existing organizations to impact the problem Therefore, the following identified issues were not identified as priorities for the 2016 CHNA / Implementation Plan cycle Cancer, Mental Health, Chronic Respiratory Conditions, Stroke, Reproductive Health, Infant Mortality, Hypertension, Sepsis, Nephritis, Unintentional Injury, Domestic violence and chronic pain That said, many of these issues are already being addressed through existing Riverside programs, and Riverside will continue to evaluate the possibility of expanding if needs arise Additionally, some issues that were listed in the survey as potential issues did not rise to the top of the quantitative analysis or qualitative survey process and will also not be addressed as priority issues These include Environmental Health, Drowning and Water Safety, Autism, HIV / AIDS, Dental / Oral Care, Neurological Problems, Arthritis, Hunger, Renal Disease, Orthopedic Problems, Sexually Transmitted Diseases, Violence, Physical Disabilities and Bullying Again, some of these areas are already being addressed by existing Riverside Services</p> <p>Line 13h 1) Scheduled for or have received services at Riverside Acute or Riverside Medical Group 2) Provide valid Social Security number 3) Be uninsured 4) Have low credit (defined as having less than \$1000 of available line of credit) 5) Be not likely to pay (defined as a credit score of less than 550) 6) Do not have liquid assets to meet their healthcare financial obligation 7) Spousal information will be included for services over \$10,000 8) Medicaid Spend Down amounts do not qualify for financial assistance</p> <p>Line 16a www.riversideonline.com/patients_guests/financial-assistance.cfm Line 16c www.riversideonline.com/patients_guests/financial-assistance.cfm Line 16f Financial Assistance information has always been available without charge when requested but the process was not well known In FY 2017 steps were taken to standardize the process in all business offices and to publicize the process to business office employees to improve the accessibility of Financial Assistance information</p> <p>Line 22d Patients eligible under the Financial Assistance Policy were provided 100% discount and therefore the maximum amount charged to patients once they were determined to be eligible under FAP was \$0.00</p>

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)
Brentwood Medical Education 10510 Jefferson Avenue Newport News, VA 23601	Physician Clinic
PCI-Newport News 12100 Warwick Blvd Newport News, VA 23601	Infusion Therapy Center
Riverside Cancer Institute Ctr-Va Beach 1200 First Colonial Rd 204A Virginia Beach, VA 23455	Infusion Therapy Center
Riverside Cancer Institute Ctr-Chesapeak 110 Wimbledon Square Ste E1 Chesapeake, VA 23320	Infusion Therapy Center
Riverside Cancer Institute Ctr-Suffolk 5835 Harbor View Blvd Ste C1 Suffolk, VA 23435	Infusion Therapy Center
Riverside Diagnostic & Breast Imaging Ct 895 City Center Blvd Ste 104 Newport News, VA 23606	Diagnostic Center
Riverside Home Care 856 J Clyde Morris Blvd Newport News, VA 23601	Home Health Agency
PACE-Hampton 4107 West Mercury Blvd Hampton, VA 23666	Elderly Care Services
Shore Cancer Center 10085 William F Bernart Circle Nassawasox, VA 23413	Cancer Center
PACE-Mactavish 1300 Mactavish Avenue Richmond, VA 23230	Elderly Care Services
Patriots Colony 6000 Patriots Colony Williamsburg, VA 23188	Retirement Center
Riverside Cancer Institute Ctr-Gloucest 7544 Medical Center Gloucester, VA 23061	Infusion Therapy Center
Riverside Radiation Oncology-Wmbg 3901 Treyburn Drive Williamsburg, VA 23085	Radiation Oncology Center
Hampton Surgery Center 850 Enterprise Parkway Ste 100 Hampton, VA 23666	Surgery Center
Riverside Diagnostic Ctr-Hampton 850 Enterprise Parkway Ste 1500 Hampton, VA 23666	Diagnostic Center

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)
Riverside Radiaton Oncology-Npt News 12100 Warwick Blvd Newport News, VA 23601	Radiation Oncology Center
Riverside Convalescent-Warwick Forest 1000 Old Denbigh Blvd Newport News, VA 23602	Nursing Home/Convalescent Svcs
Riverside Convalescent-Hampton 414 Algonquin Road Hampton, VA 23661	Nursing Home/Convalescent Svcs
Riverside Convalescent-Mathews Route 611 PO Box 370 Mathews, VA 23109	Nursing Home/Convalescent Svcs
Riverside Convalescent-Saluda 672 Gloucester Road Saluda, VA 23149	Nursing Home/Convalescent Svcs
Riverside Convalescent-Smithfield 200 Lumar Road Smithfield, VA 23430	Nursing Home/Convalescent Svcs
Riverside Convalescent-West Point 2960 Chelsa Road West Point, VA 23181	Nursing Home/Convalescent Svcs
Sanders Retirement Center 7385 Walker Avenue Gloucester, VA 23061	Retirement Services
Riverside Convalescent-Orchard 20 Delfae Drive Warsaw, VA 22572	Nursing Home/Convalescent Svcs
Riverside Cancer Institute Ctr-Wmbg 120 Kings Way Williamsburg, VA 23185	Infusion Therapy Center
Riverside Diagnostic Center-Williamsburg 120 Kings Way Ste 1200 Williamsburg, VA 23185	Diagnostic Center
Riverside Radiation Oncology-Gloucester 7544 Medical Drive Ste A Gloucester, VA 23061	Radiation Oncology Center
PACE-Newport News 439 C Oriana Road Newport News, VA 23608	Elderly Care Services
Riverside Convalescent-Regional 1000 Old Denbigh Blvd Newport News, VA 23602	Nursing Home/Convalescent Svcs
Riverside Diagnostic Center Smithfield 202 Gumwood Drive Smithfield, VA 23430	Diagnostic Center

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)
Riverside Diagnostic Center Mt Clement 300 Mount Clement Park Ste A2 Tappahannock, VA 22560	Diagnostic Center
Riverside Neurology Ctr 12200 Warwick Blvd Ste 110 Newport News, VA 23608	Neurology Center
Peninsula GastroRiverside Endoscopy Ct 101 Phillip Roth Street Ste B Newport News, VA 23606	Gastroenterology/Endoscopy Ct
Riverside Physical Therapy-Hampton 850 Enterprise Parkway Ste 2100 Hampton, VA 23666	Physical Therapy
Riverside Physical Therapy-Denbigh 12650 Jefferson Ave Ste 100 Newport News, VA 23602	Physical Therapy
Riverside Pulmonary and Sleep Center 12200 Warwick Blvd Ste 210 Newport News, VA 23601	Pulmonary and Sleep Center
Riverside Diabetes Services 12200 Warwick Blvd Ste 590A Newport News, VA 23601	Diabetes Services
Riverside Physical Therapy-Mt Clement 300 Mt Clement Park Ste D Tappahannock, VA 22560	Physical Therapy
Riverside Physical Therapy-Hayes 2656 George Washington Mem Hwy Ste Hayes, VA 23072	Physical Therapy
Riverside Hayes Diagnostic Imaging Ctr 2246 George Washington Mem Hwy Hayes, VA 23072	Diagnostic Imaging Center
Riverside Rehab Outpatient Therapy-Wlbg 120 Monticello Ave Ste 200 Williamsburg, VA 23185	Outpatient Therapy

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Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

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.

Name of the organization
Riverside Healthcare Association Inc Group

Employer identification number
90-1000718

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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27

3 Enter total number of other organizations listed in the line 1 table 5

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Grant Explanation	A fund distribution form is completed and signed by an authorized administrator of the benefiting facility. Requests are approved according to the specifics of the fund's governing charter. If a fund request doesn't comply the money is not distributed.

Additional Data

Software ID:
Software Version:
EIN: 90-1000718
Name: Riverside Healthcare Association Inc Group

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 Diabetes Association 1701 N Beauregard Street Alexandria, VA 22311	13-1623888	501(c)(3)	5,200				2016 Tour de Cure
American Cancer Society 2730 Ellsmere Ave Norfolk, VA 23513	13-1788491	501(c)(3)	27,500				2016 Sponsor Mem Dnr

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
March of Dimes 25392 Cherry Hill Road Parklsey, VA 23421	13-1846366	501(c)(3)	14,600				2016 Sponsor - Babies
American Heart Association Inc 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(c)(3)	22,333				Sponsor 2016

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 Center for Inclusive Communities 5511 Staples Mill Road Richmond, VA 23228	20-3188273	501(c)(3)	6,500				Sponsorship
Hampton Roads Community Action Program Inc PO Box 37 Suite 202 Newport News, VA 23607	23-7014485	501(c)(3)	100,773				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
Beyond Boobs Inc PO BOX 443 Toano, VA 23168	26-0606190	501(c)(3)	22,000				SPONSORSHIP
Flat-Out Events LLC 11843 Canon Blvd Newport News, VA 23606	27-1675755		20,000				Sponshp 2016 Flatout

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
Community Free Clinic of Newport News 727 25th Street Suite B Newport News, VA 23607	27-3510814	501(c)(3)	135,417				INSTALLMENT
Newport News Police Foundation PO Box 11092 Newport News, VA 23601	27-3564101	501(c)(3)	15,000				2016 Sponsorship-007

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
Ferguson Center for the Arts Foundation 1 Avenue of the Arts Newport News, VA 23606	32-0232687	501(c)(3)	15,475				Sponsorship
Fear 2 Freedom Inc PO Box 6104 Newport News, VA 23606	45-2143034	501(c)(3)	15,000				2016 Spons-Gala 120515

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
Peninsula Agency On Aging 739 Thimble Shoals Blvd Newport News, VA 23606	51-0151069	501(c)(3)	10,250				2016 Spons Part w/Ride
HRSR - Riverside Health System 608 Denbigh Blvd Ste 1006 Newport News, VA 23608	52-1245746	501(c)(3)	1,854,000				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
Hospice Support Care of Williamsburg Incorporated 4445 Powhatan Parkway Williamsburg, VA 23188	52-1289657	501(c)(3)	12,500				ECA Sponsor 2016
Virginia Chamber of Commerce 919 E Main Street Richmond, VA 23219	54-0421190	501(c)(6)	15,000				2016 Sponsor/Dues

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
Peninsula Metropolitan YMCA 41 Old Oyster Point Road Ste 900 Newport News, VA 23602	54-0524905	501(c)(3)	9,750				2016 Sponsor-First Tee
Walsingham Academy 1100 Jamestown Road Suite C Williamsburg, VA 23185	54-0592702	501(c)(3)	6,000				2016 Spons Game On

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
Peninsula Emergency Medical Services Council Inc 6898 Main Street Gloucester, VA 23061	54-1064500	501(c)(3)	30,000				SPONSORSHIP
Christopher Newport University Education Foundatio One University Place Newport News, VA 23606	54-1156248	501(c)(3)	148,000				SPONSOSHIP/SCHLARSHIP

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
An Achievable Dream Foundation Inc 10858 Warwick Blvd Newport News, VA 23601	54-1621932	501(c)(3)	30,000				TB16 (TB=Tennis Ball)
Virginia Health Care Foundation 707 East Main Street Ste A Richmond, VA 23219	54-1639924	501(c)(3)	20,000				2nd of 3yr Pledge 2016

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
Dream Catchers PO Box 1261 Room 1350 Williamsburg, VA 23187	54-1692709	501(c)(3)	15,000				Bridles and Bow Ties sponsorship
Virginia Nurses Foundation 6912 Three Chopt Rd Richmond, VA 23226	54-1788059	501(c)(3)	8,000				Sponsor 2016-Gala/Gold

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
Olivet Medical Ministry dba Lackey Free Clinic 1620 Old Williamsburg Road Ste H Yorktown, VA 23690	54-1850915	501(c)(3)	20,000				Indig PT Support
Peninsula Community Foundation of Virginia Inc 1 Enterprise Parkway Hampton, VA 23666	54-2057957	501(c)(3)	50,000				Sponsorship-IMAX2016

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
College of William & Mary PO Box 8795 RM/Ste 130 Williamsburg, VA 23187	54-6001718	Govt Entity	18,000				2016 Sponsorship
City of Newport News 2400 Washington Ave Newport News, VA 23607	54-6022059	Govt Entity	31,000				2016 Sponsor One City Marathon

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
Medical College of VA Foundation PO Box 980234 Richmond, VA 23298	54-6053660	501(c)(3)	50,000				Leadership Endowment
Virginia Living Museum Inc 524 J Clyde Morris Blvd Newport News, VA 23601	54-6055922	501(c)(3)	18,000				2016 Sponsor Enchanted

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 Drug Access Partnership 2924 Emerywood Parkway Richmond, VA 23294	57-1186937	501(c)(3)	8,000				Sponsorship

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 Riverside Healthcare Association Inc Group	Employer identification number 90-1000718
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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 <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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 <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 Yes	
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III	6b	No
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	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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
Schedule J, Part I, Line 3	The compensation committee of the parent corporation, Riverside Healthcare Association, Inc. reviews and approves the compensation for top management using independent consultants and surveys.
Schedule J, Part 1, Line 4b	BARRY GROSS \$77,554 CHARLES FRAZIER \$43,367 CHARLES GRAHAM \$40,761 CHRISTOPHER STOLLE \$41,165 CYNTHIA WILLIAMS \$29,999 DENNIS LOFTUS \$35,624 DIANA LOVECCHIO \$26,302 ELIZABETH WILLIAMS \$25,024 ELIZABETH MARTIN \$33,979 ERIC STONE \$33,046 ESTHER DESIMINI \$28,501 FAYE GARGIULO \$29,250 JAMES LESNICK \$56,375 JASON HOUSER \$37,741 KEITH PERCIC \$30,810 KYLE ALLEN \$51,236 LISA SALSBERY \$21,000 MEGAN KLECKNER \$27,901 MICHAEL DOUCETTE \$50,110 NANCY LITTLEFIELD \$30,937 PATRICIA RUSSO \$27,683 ROBERT BRYANT \$34,763 SALLY HARTMAN \$42,000 SALLY RYAN \$27,956 STEPHEN MCCARY \$26,115 WADE BROUGHMAN \$86,384 WALTER AUSTIN \$50,851 WILLIAM DOWNEY \$173,250 TOTAL \$1,219,684 Riverside has established this SERP to provide retirement benefits to certain executive employees to supplement the retirement benefits to be received from Riverside and Social Security. Although the employee is fully vested in these funds, he/she will not have the right to withdraw these funds until the later of the employee reaching age 62 or separation from service with Riverside.
Schedule J, Part 1, Line 4a	Severance Payment Robert Bryant \$495,767

Additional Data

Software ID:

Software Version:

EIN: 90-1000718

Name: Riverside Healthcare Association Inc Group

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				
1BARRY GROSS EXEC VP/CMO RHS	(i)	510,709	129,194	111,415	32,281	6,819	790,418	0
	(ii)	0	0	0	0	- 0	- 0	0
2CANDICE CARROLL NURSE EXECUTIVE, RPMC	(i)	196,063	2,500	292	5,042	7,614	211,511	0
	(ii)	0	0	0	0	- 0	- 0	0
3CARRIE MOSS BOARD MEMBER	(i)	214,136	143,521	69,517	22,644	512	450,330	0
	(ii)	0	0	0	0	- 0	- 0	0
4CHARLES FRAZIER VP, CLINICAL INNOVATION	(i)	351,968	87,634	69,563	22,644	25,436	557,245	0
	(ii)	0	0	0	0	- 0	- 0	0
5CHARLES GRAHAM VP REVENUE CYCLE	(i)	328,443	76,060	64,013	20,986	18,069	507,571	0
	(ii)	0	0	0	0	- 0	- 0	0
6CHRISTOPHER STOLLE VP MEDICAL AFFAIRS	(i)	340,292	70,123	71,942	22,644	1,646	506,647	0
	(ii)	0	0	0	0	- 0	- 0	0
7CYNTHIA WILLIAMS VP PHARMACY	(i)	244,249	63,861	42,549	5,615	11,740	368,014	0
	(ii)	0	0	0	0	- 0	- 0	0
8DAVID GORE BOARD MEMBER	(i)	319,098	165,669	56,232	22,644	14,134	577,777	0
	(ii)	0	0	0	0	- 0	- 0	0
9DAVID JONES BOARD MEMBER	(i)	121,249	30,468	151,859	22,644	23,853	350,073	0
	(ii)	0	0	0	0	- 0	- 0	0
10DAVID MURON PRESIDENT, MEDICAL STAFF	(i)	598,017	198,075	18,774	1,112	26,564	842,542	0
	(ii)	0	0	0	0	- 0	- 0	0
11DEBBIE CAMPBELL ADMINISTRATOR RBHC	(i)	139,584	16,608	14,663	10,998	6,717	188,570	0
	(ii)	0	0	0	0	- 0	- 0	0
12DEBORAH ATKINSON EXEC DIRECTOR	(i)	135,245	5,917	1,981	17,114	400	160,657	0
	(ii)	0	0	0	0	- 0	- 0	0
13DENNIS LOFTUS SR VP, CHIEF INFORMATION OFFIC	(i)	297,121	74,219	62,002	18,880	17,534	469,756	0
	(ii)	0	0	0	0	- 0	- 0	0
14DIANA LOVECCHIO VP, CONSTR MGMT & SHARED SVS	(i)	214,966	53,869	49,930	22,053	14,036	354,854	0
	(ii)	0	0	0	0	- 0	- 0	0
15DWIGHT HERBERT BOARD MEMBER	(i)	138,974	112,524	56,960	16,019	25,164	349,641	0
	(ii)	0	0	0	0	- 0	- 0	0
16ELISABETH WILLIAMS VP, MARKETING, STRATEGY & DEVE	(i)	204,465	38,987	45,024	6,625	15,947	311,048	0
	(ii)	0	0	0	0	- 0	- 0	0
17ELIZABETH MARTIN SVP QUALITY	(i)	276,255	62,138	60,343	22,644	16,015	437,395	0
	(ii)	0	0	0	0	- 0	- 0	0
18EMMELINE GASINK BOARD MEMBER	(i)	170,019	21,250	69,190	17,385	436	278,280	0
	(ii)	0	0	0	0	- 0	- 0	0
19ERIC STONE VP CLINICAL OPERATIONS	(i)	290,805	59,779	44,416	6,625	525	402,150	0
	(ii)	0	0	0	0	- 0	- 0	0
20ESTHER DESIMINI VP/ADMINISTRATOR RWRH	(i)	226,793	14,963	41,338	0	10,510	293,604	0
	(ii)	0	0	0	0	- 0	- 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21FAYE GARGIULO VP RESEARCH/DISCOVERY & PHY DE	(i)	243,578	43,173	45,261	22,644	7,668	362,324	0
	(ii)	0	0	0	0	- 0	- 0	0
1GEORGE KANNARKAT BOARD MEMBER	(i)	677,875	182,578	31,101	21,648	22,220	935,422	0
	(ii)	0	0	0	0	- 0	- 0	0
2JAMES DUDLEY SERVICE LINE CHIEF	(i)	278,496	17,320	67,272	22,102	22,797	407,987	0
	(ii)	0	0	0	0	- 0	- 0	0
3JAMES LESNICKSVP	(i)	461,593	106,300	89,803	21,319	11,824	690,839	0
	(ii)	0	0	0	0	- 0	- 0	0
4JAMES MCCORRY SERVICE LINE CHIEF, RDHW	(i)	242,035	17,320	132,574	22,644	554	415,127	0
	(ii)	0	0	0	0	- 0	- 0	0
5JAMES MULLINS BOARD MEMBER	(i)	267,202	0	0	32,232	6,325	305,759	0
	(ii)	0	0	0	0	- 0	- 0	0
6JASON HOUSER VP, LEGAL AFFAIRS	(i)	327,504	65,390	53,781	22,644	20,985	490,304	0
	(ii)	0	0	0	0	- 0	- 0	0
7JEFFREY HASKINS BOARD MEMBER	(i)	202,133		2,043	3,106	7,644	214,926	0
	(ii)	0	0	0	0	- 0	- 0	0
8JEFFREY HENKE BOARD MEMBER	(i)	321,160	17,320	91,677	22,644	21,308	474,109	0
	(ii)	0	0	0	0	- 0	- 0	0
9JOEL JONES MEDICAL STAFF PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	- 0	- 0	0
10JOHN GRETES BOARD MEMBER	(i)	233,111	85,497	17,663	22,644	14,917	373,832	0
	(ii)	0	0	0	0	- 0	- 0	0
11JOHN GUARNIERI PRESIDENT, MEDICAL STAFF	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	- 0	- 0	0
12JOHN ROWE EXEC DIR, PACW	(i)	153,347	31,400	9,535	5,024	26,261	225,567	0
	(ii)	0	0	0	0	- 0	- 0	0
13KARL GEDDES BOARD MEMBER	(i)	211,129	39,269	30,004	22,518	25,943	328,863	0
	(ii)	0	0	0	0	- 0	- 0	0
14KEITH PERCICVP FINANCE	(i)	248,345	44,120	55,499	32,281	18,195	398,440	0
	(ii)	0	0	0	0	- 0	- 0	0
15KYLE ALLEN VP CLINICAL INTEGRATION&MED DI	(i)	417,562	60,253	64,238	19,365	21,346	582,764	0
	(ii)	0	0	0	0	- 0	- 0	0
16LISA SALSBERRY Officer Corp Audit & Comp/Priv	(i)	219,386	10,000	41,816	21,796	25,839	318,837	0
	(ii)	0	0	0	0	- 0	- 0	0
17MARSHALL CROSS CHAIRMAN OF RRMC OPERS COUNCIL	(i)	425,812	100,405	25,014	22,644	18,631	592,506	0
	(ii)	0	0	0	0	- 0	- 0	0
18MEGAN KLECKNER VP/ADMINISTRATOR	(i)	230,750	53,659	43,460	20,660	12,061	360,590	0
	(ii)	0	0	0	0	- 0	- 0	0
19MICHAEL DOUCETTE SVP RRMC OPERATIONS	(i)	432,342	91,775	108,640	22,644	20,913	676,314	0
	(ii)	0	0	0	0	- 0	- 0	0

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1NANCY LITTLEFIELD SR VP/CNO	(i)272,249	66,099	44,564	4,369	805	388,086	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
1PATRICIA RUSSO VP CARE MANAGEMENT	(i)121,952	47,996	64,687	17,436	7,730	259,801	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
2RICHARD DUNN BOARD MEMBER	(i)174,744	27,152	2,114	4,668	30,888	239,566	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
3ROBERT BRYANT SR VP, LHARS	(i)168,422	40,881	547,599	18,974	6,749	782,625	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
4ROBERT HARDING CHAIRMAN	(i)219,097	48,644	69,281	32,281	1,161	370,464	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
5SALLY HARTMAN SR VP, HUMAN RESOURCES	(i)361,664	82,765	59,672	22,644	6,297	533,042	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
6SALLY RYAN VP PHYSICIAN SERVICES	(i)236,689	52,525	39,898	6,622	15,968	351,702	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
7STANLEY YEATTS BOARD MEMBER	(i)261,697	0	41,677	16,019	16,600	335,993	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
8STEPHEN MCCARY VP/ADMINISTRATOR RDHW	(i)169,208	52,824	82,504	22,045	11,901	338,482	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
9VERNEETA WILLIAMS BOARD MEMBER	(i)212,049		479	18,329	17,053	247,910	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
10WADE BROUGHMAN EXEC VP/COO RHS & SECRETARY	(i)564,417	143,904	143,291	21,319	14,057	886,988	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
11WALTER AUSTIN SR VP,CFO RHS & TREASURER	(i)434,350	88,099	70,740	6,625	13,871	613,685	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
12WILLIAM DOWNEY PRESIDENT,CEO RHS	(i)857,061	285,863	198,627	22,644	12,141	1,376,336	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
13WILLIAM MCALLISTER BOARD MEMBER	(i)969,001	337,482	10,911	22,644	29,187	1,369,225	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
14DEAN KOSTOVPHYSICIAN	(i)595,190	890,841	152,890	22,644	26,606	1,688,171	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
15AMY SKORUPAPHYSICIAN	(i)710,776	530,147	24,790	22,644	1,646	1,290,003	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
16MASHOUR YOUSEF PHYSICIAN	(i)942,407	280,254	20,897	22,644	34,121	1,300,323	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
17ROBERT CULLOM PHYSICIAN	(i)488,694	718,776	1,677	600	24,499	1,234,246	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
18TYLER WINDPHYSICIAN	(i)770,028	304,122	351	6,625	29,795	1,110,921	0
	(ii)----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
Riverside Healthcare Association Inc Group

Employer identification number
90-1000718

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 Economic Development Authority City NN	52-1290859	000000000	12-20-2011	24,570,000	2011A ISSUE REFUNDING 1997 SERIES		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	6,575,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	24,570,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	170,000							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	24,400,000							
12	Other unspent proceeds	0							
13	Year of substantial completion	2012							
		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?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

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?								
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?								
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 %							
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?								
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?								
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?								

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	0							
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	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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).

Return Reference	Explanation
Bond Information	The 2011 A, B & the 2012 Bond Series are issued as Health System Revenue Bonds under the parent Riverside Health System. Therefore, Riverside Health System (the Parent) is listed as the issuer on the 8038 form filed with the IRS. Patriot's Colony (A subsidiary of Riverside Health System) is one of the borrowers along with Riverside Health System, and it holds the liability for the 2011 A Bond Series that was issued on 12/20/2011 for \$24,570,000. The debt is therefore included on the schedule K on this Group Form 990 that includes Patriot's Colony.

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

2016

Open to Public Inspection

Name of the organization
Riverside Healthcare Association Inc Group

Employer identification number
90-1000718

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

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WADE BROUGHMAN	SEE PART V	149,793	SEE PART V		No
(2) GEORGE KANNARKAT	SEE PART V	426,779	SEE PART V		No
(3) LINDA PHILLIPS	SEE PART V	137,990	SEE PART V		No
(4) JEFF HENKE	SEE PART V	246,097	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
WADE BROUGHMAN	Schedule L, Part IV Wade Broughman's family members are employed by Riverside Hospital, Inc
GEORGE KANNARKAT	Schedule L, Part IV George Kannarkat's family member is employed by Riverside Physician Services, Inc
LINDA PHILLIPS	Schedule L, Part IV Linda Phillips' family members own a firm that contracts with Riverside
Jeff Henke	Jeff Henke is a member of a legal entity that leases property to Riverside

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization Riverside Healthcare Association Inc Group	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 2016 Open to Public Inspection
	Employer identification number 90-1000718	

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE O	<p>Part V, Line 3A Riverside Hospital, Inc EIN 52-1245746, a subordinate company, had unrelated business income greater than \$1,000 and 990-T was filed Part VI, Section A, Line 2 William Downey and Gordon Gentry serve together on a Board of Directors of a local entity Alan Witt and William Downey serve together on a Board of Directors of a local entity William Downey and Herbert Kelly serve together on a Board of Directors of a local entity John Ishon and Eugene Jordan have a family relationship Part VI, Section A, Line 6 The Organization is a not for profit corporation with members The members have the right to participate in the Organization's governance, including electing members of the governing body and to approve significant decisions of the governing body Part VI, Section A, Line 7a Members of the governing body are subject to approval by the Member Part VI, Section A, Line 7b Significant items such as merger, amendment of charter documents, and appointment of Board members requires the approval of the member corporation Part VI, Section B, Line 11B On behalf of the Organization's governing body, the Riverside Healthcare Association, Inc Board of Directors Salary and Pension Committee reviews key data from the Form 990 The entire Form 990 was reviewed by an independent accounting firm before filing Part VI, Section B, line 12c All Board Members, Officers, Directors and Key Employees complete an annual Conflict of Interest questionnaire A report of potential Conflicts of Interest is reviewed by the Compliance Officer Further concern, as reflected in the Conflict of Interest, Financial Disclosure, and Compliance Certification Questionnaire is reviewed by the Riverside Health System President to determine if additional follow-up is necessary If a conflict presents, Board Members are required by the By-Laws, to disclose the conflict to the full Board and recuse themselves from voting on a case by case basis Part VI, Section B, Line 15 A&B The Riverside Healthcare Association, Inc Board of Directors Salary and Pension Committee determines the compensation of the President and Senior Executives The Committee relies on market comparative information provided by a reputable independent third party expert to establish the reasonableness of compensation levels Part VI, Section C, Line 19 The Organization makes its governing documents, conflict of interest policy, and financial statements available to the general public upon request Part XI Line 9 Pension Adjustment \$11,363,961 Other Change in Fund \$6,849,315 Other Change in Fund \$6,849,315</p>

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

2016

Open to Public Inspection

Name of the organization
Riverside Healthcare Association Inc Group

Employer identification number
90-1000718

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) Virginia Surgical Management LLC 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-2057012	Management	VA	61	2,554,737	RivHosp
(2) Peninsula Cancer Institute LLC 608 Denbigh Blvd Ste 800 Newport News, VA 23608 20-1872200	PT Services	VA	13,582,275	71,190,692	RivPhysSv
(3) PENINSULA RADIOSURGERY ASSOCIATES LLC 608 Denbigh Blvd Ste 800 NEWPORT NEWS, VA 23608 45-4854018	PT Services	VA	1,734,305	6,680,239	RivHosp

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	No
(1)Shore Health Services Inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-0560500	Hospital	VA	501(c)(3)	3	RivHCAssc	Yes	
(2)Shore Life Care inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-1876370	Nursing Care	VA	501(c)(3)	10	ShoreHSvc	Yes	
(3)Charlottesville Area Retirement Svc Inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 45-4854018	Pt Services	VA	501(c)(3)	10	RivRetSvc	Yes	
(4)Newport News General & Nonsectarian 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-0505934	Holding Corp	VA	501(c)(2)	N/A	RivHCAssc	Yes	
(5)Riverside Healthcare Association Inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 52-1241835	Parent Comp	VA	501(c)(3)	10	N/A		No
(6)Tilden and Va Davis Suport Found Inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-1527703	Foundation	VA	501(c)(3)	12A	RivRetSvc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AtHomePtr 608 Denbigh Blvd Ste 800 Newport News, VA 23608 47-2999121	Management	VA	RivRetSvc	EXCLUDED		-130,031		No		Yes		80 000 %
(2) Michumi PLLC 608 Denbigh Blvd Ste 800 Newport News, VA 23608 20-0318732	Pt Services	VA	RivPhysSv	Excluded				No		Yes		100 000 %

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	No
(1) Peninsula Hospital Services 608 Denbigh Blvd Suite 800 Newport News, VA 23608 54-0991295	Laundry	VA	RivHCAssc	COOP	4,057,159	3,688,692	60 670 %	Yes	
(2) RHS Medinsur LTD Craig Appin House 8 Wesley Street Hamilton BD 52-1241835	Insurance	BD	RivHCAssc	C Corp	2,540,436	33,078,728	100 000 %	Yes	
(3) Riverside Medical Equipment 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-1325596	Billing	VA	RivHCAssc	C Corp	0	0	100 000 %	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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
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	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	
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	Yes
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	No
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
(1)Newport News General & Nonsectarian Hosp Inc	J	19,068,372	MARKET VALUE
(2)Newport News General & Nonsectarian Hosp Inc	L	708,667	MARKET VALUE

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.

[illegible]

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: 90-1000718
Name: Riverside Healthcare Association Inc Group

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
(1) 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-0560500	Hospital	VA	501(c)(3)	3	RivHCAssc	Yes	
(1) 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-1876370	Nursing Care	VA	501(c)(3)	10	ShoreHSvc	Yes	
(2) 608 Denbigh Blvd Ste 800 Newport News, VA 23608 45-4854018	Pt Services	VA	501(c)(3)	10	RivRetSvc	Yes	
(3) 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-0505934	Holding Corp	VA	501(c)(2)	N/A	RivHCAssc	Yes	
(4) 608 Denbigh Blvd Ste 800 Newport News, VA 23608 52-1241835	Parent Comp	VA	501(c)(3)	10	N/A		No
(5) 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-1527703	Foundation	VA	501(c)(3)	12A	RivRetSvc	Yes	