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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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

C Name of organization
CARILION MEDICAL CENTER

Doing business as

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

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

D Employer identification number
54-0506332

E Telephone number
(540) 224-5112

G Gross receipts $ 2,341,391,023

F Name and address of principal officer
Steve C Arner
PO BOX 12385
ROANOKE, VA 240252385

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www carilionclinic org

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

L Year of formation 1899

M State of legal domicile VA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	9,075
6	Total number of volunteers (estimate if necessary)	**6**	293
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	45,394
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,236,580	4,903,889
9	Program service revenue (Part VIII, line 2g)	1,213,958,161	1,289,394,956
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,550,416	45,622,224
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,472,814	24,468,825
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,256,217,971	1,364,389,894
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,838,575	1,903,445
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	576,424,275	602,537,979
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶272,461		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	601,695,854	665,517,973
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,184,958,704	1,269,959,397
19	Revenue less expenses Subtract line 18 from line 12	71,259,267	94,430,497

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,292,474,198	1,382,902,654
21	Total liabilities (Part X, line 26)	900,982,606	857,339,778
22	Net assets or fund balances Subtract line 21 from line 20	391,491,592	525,562,876

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-08-16

G Robert Vaughan Jr Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00482834

Firm's name ▶ BKD LLP — Firm's EIN ▶ 44-0160260

Firm's address ▶ 1201 WALNUT ST SUITE 1700
KANSAS CITY, MO 641062246 — Phone no (816) 221-6300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our mission is to improve the health of the communities we serve through our commitment to a common purpose of better patient care, better community health, and lower cost

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,113,377,477 including grants of $ 1,903,445) (Revenue $ 1,308,688,351)

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** ▶ 1,113,377,477

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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		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**	9,075		
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**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3 Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4 Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	No
6	Did the organization have members or stockholders?			6 Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			9	No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶The Corporation Attn H Kirk 213 S Jefferson St Roanoke, VA 24011 (540) 224-5102

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								10,147,654	5,885,126	4,705,042

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 ▶ 822

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Solstas Lab Partners Group LLC PO Box 751337 Charlotte, NC 282751337	Laboratory Services	29,580,901
Siemens Medical 51 Valley Stream Parkway Malvern, PA 19355	Equipment Maintenance Contracts	10,559,377
Moore's Electrical & Mechanical PO Box 13851 Roanoke, VA 24037	Construction Services	2,079,698
MB Contractors Inc 3825 Blue Ridge Drive SW Roanoke, VA 24018	Construction Services	2,013,048
Anesthesiology Consultants of VA PO Box 13306 Roanoke, VA 240323306	Anesthesiology Services	1,837,268

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 172

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	**1a**			
	b Membership dues . .	**1b**			
	c Fundraising events . .	**1c** 15,189			
	d Related organizations	**1d** 322,257			
	e Government grants (contributions)	**1e** 4,223,551			
	f All other contributions, gifts, grants, and similar amounts not included above	**1f** 342,892			
	g Noncash contributions included in lines 1a-1f $ 12,077				
	h Total. Add lines 1a-1f . . . . . ▶	4,903,889			
Program Service Revenue		Business Code			
	2a Net Patient Revenue	622110	1,261,045,387	1,261,045,387	
	b College Tuition/Other	611310	27,449,563	27,449,563	
	c Clinical Research	541700	1,026,890	1,026,890	
	d Other Health Education	611710	612,235	612,235	
	e Program-related Investments	531120	-739,119	-739,119	
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	1,289,394,956			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	8,251,411		45,394	8,206,017
	4 Income from investment of tax-exempt bond proceeds ▶	5,576			5,576
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	1,664,047			
	b Less rental expenses	0			
	c Rental income or (loss)	1,664,047			
	d Net rental income or (loss) . . . . . ▶	1,664,047			1,664,047
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	1,014,313,821	27,912		
	b Less cost or other basis and sales expenses	976,959,232	17,264		
	c Gain or (loss)	37,354,589	10,648		
	d Net gain or (loss) . . . . . ▶	37,365,237			37,365,237
	8a Gross income from fundraising events (not including $ 15,189 of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	24,963			
	b Less direct expenses . . . **b**	22,436			
	c Net income or (loss) from fundraising events . . ▶	2,527			2,527
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**	2,595			
	b Less direct expenses . . . **b**	2,197			
	c Net income or (loss) from gaming activities . . ▶	398			398
	10a Gross sales of inventory, less returns and allowances . . **a**				
	b Less cost of goods sold . . **b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a Physician & Other Affil Income	621111	8,697,654	8,697,654	
	b Cafeteria Revenue	722514	3,508,458		3,508,458
	c Roanoke City Student Health	622110	1,990,487	1,990,487	
	d All other revenue		8,605,254	8,605,254	
	e Total. Add lines 11a–11d . . . . . ▶		22,801,853		
	12 Total revenue. See Instructions . . . . . ▶		1,364,389,894	1,308,688,351	45,394	50,752,260

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,666,020	1,666,020		
2 Grants and other assistance to domestic individuals See Part IV, line 22	237,425	237,425		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,751,363	4,751,363		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	641,954	641,954		
7 Other salaries and wages	478,535,039	478,151,335	277,767	105,937
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	47,477,552	47,449,994	27,558	
9 Other employee benefits	39,467,226	39,353,526	82,329	31,371
10 Payroll taxes	31,664,845	31,646,670	18,175	
11 Fees for services (non-employees)				
a Management	147,542,386		147,542,386	
b Legal	259,287		259,287	
c Accounting	24,651		24,651	
d Lobbying	76,070	76,070		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	610,817		610,817	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	111,962,314	109,418,387	2,514,092	29,835
12 Advertising and promotion	301,093	298,487		2,606
13 Office expenses	15,822,826	15,626,882	187,050	8,894
14 Information technology	4,174,121	3,297,881	876,240	
15 Royalties . .				
16 Occupancy	27,606,557	27,564,978	9,997	31,582
17 Travel	3,148,668	3,115,246	25,158	8,264
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	14,494,247	14,494,247		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	42,685,663	42,685,663		
23 Insurance . . .	15,521,494	11,871,152	3,650,342	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	181,066,821	181,066,794	27	
b Bad Debt	89,796,742	89,796,742		
c College Expense	4,879,541	4,879,541		
d Dues & Subscriptions	1,972,842	1,781,729	191,113	
e All other expenses	3,571,833	3,505,391	12,470	53,972
25 **Total functional expenses.** Add lines 1 through 24e	1,269,959,397	1,113,377,477	156,309,459	272,461
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	19,570	1	18,089
	2	Savings and temporary cash investments	3,627,349	2	3,506,032
	3	Pledges and grants receivable, net	1,456,995	3	1,507,672
	4	Accounts receivable, net	177,015,218	4	199,058,024
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	5,893,651	7	5,225,425
	8	Inventories for sale or use	6,242,898	8	9,411,070
	9	Prepaid expenses and deferred charges	6,303,745	9	5,204,187
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,017,832,271			
	b	Less accumulated depreciation — 10b: 752,288,048	272,442,642	10c	265,544,223
	11	Investments—publicly traded securities	362,634,724	11	349,277,504
	12	Investments—other securities See Part IV, line 11	438,797,664	12	543,186,650
	13	Investments—program-related See Part IV, line 11	1,000	13	-3,318,749
	14	Intangible assets	65,123	14	65,123
	15	Other assets See Part IV, line 11	17,973,619	15	4,217,404
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,292,474,198	16	1,382,902,654
Liabilities	17	Accounts payable and accrued expenses	149,801,878	17	154,396,596
	18	Grants payable	500,000	18	400,000
	19	Deferred revenue	6,406,627	19	6,615,370
	20	Tax-exempt bond liabilities	352,778,501	20	343,709,740
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,626,435	24	595,030
	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	389,869,165	25	351,623,042
	26	**Total liabilities.** Add lines 17 through 25	900,982,606	26	857,339,778
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	372,346,875	27	505,584,530
	28	Temporarily restricted net assets	7,268,808	28	8,102,437
	29	Permanently restricted net assets	11,875,909	29	11,875,909
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	391,491,592	33	525,562,876
	34	Total liabilities and net assets/fund balances	1,292,474,198	34	1,382,902,654

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,364,389,894
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,269,959,397
3	Revenue less expenses Subtract line 2 from line 1	3	94,430,497
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	391,491,592
5	Net unrealized gains (losses) on investments	5	46,019,095
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	-6,378,308
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	525,562,876

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 54-0506332

Name: CARILION MEDICAL CENTER

Form 990, Part III, Line 4a:

See Schedule O We are committed to a common purpose of better patient care, better community health, and lower cost Through our comprehensive network of hospitals, primary and specialty physician practices, and other complementary services, we work together to provide quality care close to home for nearly 1 million Virginians With an enduring commitment to the health of our region, we also seek to advance care through medical education and research, help our community stay healthy, and inspire our region to grow stronger Carilion Medical Center (CMC) exists to serve the health care needs of its community and region, regardless of patient ability to pay CMC admitted 38,503 patients and provided 199,366 days of care during the year Hospital programs include provision of nursing care, an extensive cardiac and vascular program, including cardiac surgery, implants, angioplasty and heart failure programs, neurology, neurosurgery and stroke programs, labor and delivery services (delivering 3,064 babies), the areas only neonatal intensive care unit, inpatient and outpatient psychiatric services, a comprehensive rehabilitation unit, extensive outpatient and inpatient surgical and endoscopic services, endovascular services, oncology services, geriatric services, and diagnostic imaging services including CT, MRI, PET, and mammography Housing a children's specialty wing, CMC provides specialists in pediatric neurosurgery, cardiology, oncology, gastroenterology, pulmonology, and child development, among others CMC is a Level I trauma center, providing full trauma services to the region CMC provides a number of services targeting the specific health needs of the area, including diabetes management, home health and hospice, physical, speech, and occupational therapy programs, and cardiac and respiratory rehab CMC also provides an emergency department with 24-hour care, emergency transportation, a pediatric department, and chest pain and stroke protocol programs With 82,196 visits, CMC's emergency services are a critical component of the health safety net in its service area, acting as a key health provider for a significant number of uninsured patients, who comprise 19% percent of ED visits The urgent care centers also provide access points for cost effective care at an appropriate level CMC employs a number of specialty physicians to ensure an effective, integrated approach to serving its patients, including pulmonologists, oncologists, obstetricians, orthopedic surgeons, cardiologists, neurosurgeons, general surgeons, and psychiatrists As a teaching hospital with over 350 full-time faculty members, CMC hosts residency programs in family medicine, internal medicines, obstetrics and gynecology, psychiatry, general surgery, neurosurgery In addition, the Jefferson College of Health Sciences, a division of CMC, offers nursing, physician assistant, occupational therapy, and other high-need programs CMC also supports community screenings and education on chronic disease prevention and management, sponsoring 7,563 events touching over 64,931 people CMC supports a cancer registry program, and participates in a number of other research projects In furtherance of its mission, CMC provides extensive uncompensated care Stated at cost, charity and unreimbursed Medicaid costs for the year exceeded $69 million

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nancy Howell Agee Director	3 00 47 00	X						0	1,793,622	2,375,890
Nathaniel L Bishop D Min Director, SVP, President-JCOHS	48 80 1 20	X						397,994	0	183,967
John H Burton MD Director, SVP, Medical Chair	50 00 0 00	X						586,853	0	91,692
George B Cartledge III Director	2 00 0 00	X						0	1,075	0
Elizabeth S Doughty Director	2 00 0 00	X						0	1,075	0
Katherin A Elam Director	2 00 0 00	X						0	0	0
Janet D Frantz Director	2 00 0 00	X						0	0	0
Cynda A Johnson MD Director	2 00 48 00	X						0	598,510	102,198
Stephen A Musselwhite Director	2 00 0 00	X						0	0	0
Clifford A Nottingham MD Director	2 00 48 00	X						0	340,074	207,060

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			
Hirenkumar Patel MD Director	2 00 0 00	X						0	806	0
Patrice M Weiss MD Director, EVP	46 00 4 00	X						0	693,728	177,008
Ralph E WhatleyIII MD Director, SVP	49 50 0 50	X						548,558	0	130,762
Damon Williams Director	2 00 0 00	X						0	0	0
Steve C Arner Director/President/CEO/COO	48 80 1 20	X		X				0	529,972	206,940
R Steve Blanks Director/Vice Chair	3 00 4 50	X		X				0	13,575	0
Victor Iannello ScD Director/Chair	4 00 2 40	X		X				0	14,775	0
Nicholas C Conte Secretary	1 50 48 50			X				0	452,911	69,180
David S Hagadorn Assistant Treasurer	0 10 49 90			X				0	139,069	62,000
Donald B Halliwill Assistant Treasurer/CFO	1 50 48 50			X				0	575,607	209,478

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			
Lauren J Schantz Assistant Secretary	8 00 42 00			X				0	73,461	19,376
G Robert Vaughan Jr Treasurer	0 30 49 70			X				0	356,998	182,289
Bruce A Long MD Physician, Interim Medical Chair	50 00 0 00				X			742,042	0	113,202
Joseph T Moskal MD SVP, Medical Chair	50 00 0 00				X			1,292,828	0	117,019
Paul R Skolnik MD SVP, Medical Chair	50 00 0 00				X			237,528	0	17,798
Jonathan J Carmouche MD Physician	50 00 0 00					X		1,636,807	0	57,482
Caleb J Behrend MD Physician	50 00 0 00					X		1,237,163	0	28,985
Eric A Marvin MD Physician	50 00 0 00					X		1,129,401	0	38,028
Gregory A Howes MD Physician	50 00 0 00					X		1,048,726	0	57,980
Cay M Mierisch MD Physician	50 00 0 00					X		1,022,615	0	95,353

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			
Tracy W Criss MD Physician, Former Officer	50 00 0 00						X	267,139	0	161,355
Thomas D Denberg MD PhD Former Officer	0 00 3 00						X	0	299,868	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 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** . . . . . ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

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

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		76,070
j	Total Add lines 1c through 1i			76,070
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	15,801,517	15,705,697	16,528,095	15,977,886	14,955,835
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	1,914,128	904,944	-57,465	1,448,538	1,798,131
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	-983,681	-809,124	-764,933	-898,329	-776,080
f Administrative expenses	0	0	0	0	0
g End of year balance	16,731,964	15,801,517	15,705,697	16,528,095	15,977,886

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 70 980 %
- c Temporarily restricted endowment ▶ 29 020 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		6,116,287		6,116,287
b Buildings		461,438,642	312,272,541	149,166,101
c Leasehold improvements		928,237	779,003	149,234
d Equipment		527,201,519	432,706,651	94,494,868
e Other		22,147,586	6,529,853	15,617,733
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				265,544,223

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	5,815,334	F
(2) Closely-held equity interests		
(3) Other		
(A) Investments in Affiliates	1,759,350	C
(B) Investment - Stock	4,990,104	C
(C) Non-Publicly Traded Investments	530,621,862	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	543,186,650	

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	
Pension Liability	296,970,144
Interest Rate Swap Liability	27,603,607
Deferred Compensation Liability	27,051,037
Due To Affiliate	-1,746
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	351,623,042

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

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

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

Revenue		(a) Event #1 Heels for Healing (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	40,152			40,152
	2 Less Contributions	15,189			15,189
	3 Gross income (line 1 minus line 2)	24,963			24,963
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	12,077			12,077
	6 Rent/facility costs	6,259			6,259
	7 Food and beverages				
	8 Entertainment	4,100			4,100
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				22,436
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				2,527

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			51,930,816		51,930,816	4 440 %
b Medicaid (from Worksheet 3, column a)			124,282,378	107,106,889	17,175,489	1 470 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			176,213,194	107,106,889	69,106,305	5 910 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7,192	35,958	5,139,700	490,449	4,649,251	0 400 %
f Health professions education (from Worksheet 5)	24	1,075	39,362,570	9,834,995	29,527,575	2 530 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	2	2,751	991,828		991,828	0 080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	79	12,022	2,100,303	110,000	1,990,303	0 170 %
j **Total.** Other Benefits	7,297	51,806	47,594,401	10,435,444	37,158,957	3 180 %
k **Total.** Add lines 7d and 7j	7,297	51,806	223,807,595	117,542,333	106,265,262	9 090 %

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	7	3,545		3,545	0 %
2 Economic development	12	7,425	59,752		59,752	0 010 %
3 Community support	68	1,200	81,827		81,827	0 010 %
4 Environmental improvements	2		15,281		15,281	0 %
5 Leadership development and training for community members	1		3,000		3,000	0 %
6 Coalition building	169	1,035	36,350	5,061	31,289	0 %
7 Community health improvement advocacy	7	3,450	1,578	1,212	366	0 %
8 Workforce development	5	8	161,041		161,041	0 010 %
9 Other						
10 Total	266	13,125	362,374	6,273	356,101	0 030 %

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 Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	89,796,742		
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	254,166,556	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	271,229,342	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-17,062,786	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 Roanoke Ambulatory Surgery Center LLC	Ambulatory surgery	48 720 %		47 670 %
2 2 Southwest Virginia Health Properties LLC	Real estate	48 720 %		47 670 %
3				
4				
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11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **2**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Facility Group A

Name of hospital facility or letter of facility reporting group

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 14			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) See Part V, Section C			
b ☑ Other website (list url) See Part V, Section C			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) See Part V, Section C **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)

Facility Group A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

Facility Group A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Facility Group A

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **88**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
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10	

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	Patients' eligibility is determined by family size, family income, real property equity and liquid assets, and status as uninsured or underinsured Families with family income below 200% of the FPG and assets below $15,000 receive 100% adjustment under FAP Families with family income greater than 200% of the FPG but less than 400% of the FPG or assets above $15,000 receive a partial adjustment under FAP The partial adjustment matches the AGB percentage for each service area
Part I, Line 6a	Information on community benefit is reported annually through a consolidated report prepared by Carilion Clinic (EIN 54-1190771) Printed copies of this report are distributed throughout communities served by hospitals affiliated with Carilion Clinic Additionally, the community benefit report is available on Carilion Clinic's website https //carilionclinic org/community-health-assessments

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Form and Line Reference	Explanation
Part I, Line 7	Part I, Line 7 a-b The ratio of cost-to-charges was used to calculate the expense Part I, Line 7 Column f calculation-The organization's bad debt expense of $89,796,742 is subtracted from total expenses for the calculation Part I, Line 7e Community Health Improvement This line is reported at actual cost Carilion Medical Center provides education to the public about health risks and steps that can be taken to improve health Events include regularly scheduled health screenings such as blood pressure, blood glucose and cholesterol as well as seasonal stroke, vascular and facial sun damage detection screenings Carilion Medical Center's community health education department serves as host of the local chapter of the National Safe Kids Coalition and provides education on childhood injury prevention to the community and other providers In addition, Carilion Medical Center's Safe Kids Coalition coordinator provided training and national certification on proper car seat installation for other health and safety providers free of charge Additional health improvement services include physician coverage at the Bradley Free Clinic and the Roanoke Rescue Mission, blood drives, assistance with enrollment in public medical programs such as Medicaid, and interpreter services for non-English speaking patients Community benefit operations includes expenses related to support of Healthy Roanoke Valley, a collaboration of health and human service agencies developing initiatives to address prioritized community health needs, the cost associated with tracking community health improvement activities, and the cost associated with conducting a Community Health Needs Assessment Part I, Line 7f Health professions education - This line is reported at actual cost Carilion Medical Center provides in-kind support to Radford University's Bachelor of Science Nursing Program and mentors nursing students within Carilion Roanoke Memorial Hospital Part I, Line 7g Subsidized Health Services - n/aPart I, Line 7h Research - This line is reported at actual cost Carilion Medical Center participates in clinical research projects which includes internal review board oversight Additionally, community research is provided through a cancer registry to assist public health professionals in understanding and addressing the cancer burden more effectively Information obtained is used in development of programs on cancer prevention, early detection, and successful treatment and care Part I, Line 7i Cash and In-Kind Contributions At cost Carilion has long been committed to improving the health of the communities we serve We know that significant change doesn't happen alone, but takes a community of partners working together towards common goals Our dedication to this mission is evidenced by the support we provide to various nonprofit partners, furthering their efforts to positively impact health Contributions of various amounts, both financial and in-kind, are made each year to dozens of organizations directly impacting the issues identified in our triennial Community Health Needs Assessment as well as to organizations addressing a variety of social determinants that impact people's health Support provided helps with access to nutrient dense foods, promotion of exercise and healthy activity, chronic disease management, access to mental health services and coordination of care, in addition to a multitude of other community health improvement goals
Part II, Lines 1-8	Part II, Line 1 Physical improvements and housing- Support was provided to Habitat for Humanity and the Roanoke Regional Housing Network for an Educational Symposium Part II, Line 2 Economic development- Carilion Medical Center actively participates with and supports local Chambers of Commerce in the Roanoke Valley which improves economic development through support and advocacy for business Carilion takes an active role in local economic development through investment in research and technology and conversations with local businesses regarding the region's development Support was also provided for Virginia's Blue Ridge, focusing on economic development through tourism Funding was provided to the Greater Roanoke Transit Company for the Star Line Trolley providing free transportation around downtown Roanoke Support was also provided for the Better Business Bureau and the Roanoke Blacksburg Technology Council Part II, Line 3 Community support- Research demonstrates the strong connection between social determinants of health such as transportation, housing and education, and the overall health and well-being of communities Support is provided in a variety of ways for non-profit organizations that address barriers to good health that arise from these social determinants Though support of local partners, Carilion is able to help provide better education and opportunities for children and families as well as housing, nutrition and resources for our neighbors in need, removing obstacles to good health Part II, Line 4 Environmental improvements- Carilion Medical Center partnered with Ride Solutions to make available a Bikeshare program in Roanoke, making it easier for people to bike to and from work, school and activities Support was also provided to Pathfinders for Greenways for our local greenway Part II, Line 5 Leadership development and training for community members- Support was provided to DePaul Community Resources for a leadership conference Part II, Line 6 Coalition building- In addition to financial support, Carilion Medical Center is deeply involved with a variety of health-related initiatives and supports local organizations through coordination of activities and participation as volunteers and on boards In-kind support was provided through representation on Roanoke Area Youth Substance Abuse Coalition and Roanoke Prevention Alliance, a group of concerned citizens, parents, youth, teachers, police officers, business people, judges, and other caring individuals that strive to keep the youth of the Roanoke Valley and southwest Virginia alcohol-, tobacco- and drug-free, Safe Kids coalition, a multidisciplinary team, working to eliminate infant injury and deaths due to abusive head trauma and sudden infant death syndrome (SIDS), Virginia Highway Safety Board representation, Roanoke City School Health Advisory Board representation, and YOVASO, a statewide youth leadership program, dedicated to saving the lives of teenage drivers through educating, encouraging and empowering teenagers to be traffic safety advocates in their schools and communities In-kind support was also provided through participation and volunteering with the following organizations Healthy Youth VA, EMS2020 meeting, Ronald McDonald House, Roanoke City Health Department, CityWorks Expo, United Way of Roanoke Valley, Local Agency on Aging, Roanoke City Libraries, Botetourt County, Compress and Shock Foundation, Roanoke Community Garden Association, Happy Healthy Cooks, Healing Arts Garden, Rescue Mission, American Red Cross, Invest Health Coalition, Bradley Free Clinic, Big Brothers Big Sisters, Roanoke Star Soccer, YMCA, Ride Solutions, Family Service, New Horizons, Recovery Coalition, Roanoke Children's Theater, Virginia Peer Recovery Specialist Network, Suicide Prevention Council of Roanoke Valley, and the Healthy Families initiative Part II, Line 7 Community health improvement advocacy - In-kind support was provided for distribution of a newsletter on behalf of adolescent and student health services Part II, Line 8 Workforce development -Carilion Medical Center partnered with Goodwill Industries of the Roanoke Valley, the Department of Rehabilitative Services, Blue Ridge Behavioral Health, Blue Ridge Independent Living Center and local parent representatives to offer Project SEARCH, a one year high school transition program that provides employment and educational opportunities for individuals with significant disabilities and assists with finding long term employment in skilled positions for its participants Additional expenses include recruitment of providers to meet the needs of underserved individuals in the Roanoke Valley Support was also provided for the Virginia Tech Foundation Educational Fund, Virginia Foundation of Community College Education, Virginia Health Workforce Development Authority, Junior League Leadership for a Healthier Tomorrow and Virginia Business Higher Education

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	Carilion Medical Center estimates bad debt expense by reserving a percentage of all self-pay patient accounts receivable by aging category, based on collection history, adjusted for expected recoveries and, if present, anticipated changes in trends
Part III, Line 4	Accounts receivable are reduced by an allowance for amounts that could become uncollectible in the future Carilion Medical Center estimates the allowance for doubtful accounts by reserving a percentage of all self-pay patient accounts receivable by aging category, based on collection history, adjusted for expected recoveries and, if present, anticipated changes in trends Carilion Medical Center collects substantially all of its third-party insured receivables, which include receivables from governmental agencies and commercial insurers

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	Medicare allowable costs are determined from the Medicare cost report using the cost-to-charges ratio The Hospital does not consider a Medicare shortfall as a community benefit
Part III, Line 9b	When accounts receivable efforts are exhausted, the account may be placed with a collection agency and Extraordinary Collection Actions (ECA) may be considered Accounts will not be placed with a collection agency prior to 120 days from the date the first billing statement is provided except when mailings are returned with no forwarding address and combining multiple accounts of varying age with those already transferred or for legal verification regarding other liabilities Reasonable efforts will be made to identify appropriate forwarding addresses When a Financial Assistance Application (FAA) is received during the application period (within 240 days after the date the first billing statement is provided), but after initiation of ECAs, all ECAs will be suspended Best efforts will be made to process completed applications within 30 days of receipt of the application, financial assistance eligibility will be determined and communicated to the individual Incomplete applications must be completed within 30 days of the initial notification of additional items required, otherwise, the application will be deemed incomplete and closed If an individual is eligible for financial assistance, ECAs, other than the sale of debt, will be reversed and any payments related to eligible care refunded to the extent no longer owed ECAs will be reinstated if the individual is not eligible for financial assistance or does not complete the FAA by the deadline At least 30 days before initiating an ECA, Carilion will send the patient written notice of intended ECA(s), a plain language summary explaining financial assistance available and the process for determining eligibility, and the deadline for applying for assistance Carilion will also attempt to call individuals at least 30 days before initiating an ECA to make them aware of the financial assistance available and how to obtain assistance with the application process Carilion shall enter into a written contract with any collection agency to which it refers bad debt The contract will obligate the collection agency to observe and comply with Carilion's obligations under this Policy and the Financial Assistance Policy A collection agency to which bad debt is referred for collection may not engage in any ECAs without the prior written consent of Carilion After making reasonable efforts to determine if a patient qualifies for Financial Assistance and the patient either does not qualify for Financial Assistance or fails to submit an application as requested, within 240 days from the date the first billing statement is provided, Carilion may engage in one or more of the following ECAs 1 Place a lien on an individual's property, 2 Attach or seize an individual's bank account or any other personal property, 3 Commence a civil action against an individual, 4 Garnish an individual's wages, 5 Sell an individual's debt to another party, or 6 Report the account to credit agencies Individual account balances greater than $5,000 are not sent to a collection agency These are handled through the Debt Recovery Department (DRD) for verification of Financial Assistance status before further collection activity occurs DRD will also investigate any accounts that require special handling For example, when the billing office becomes aware that a patient is deceased, auto accident or any other unique circumstances requiring special handling, the accounts are placed with the Debt Recovery Department When all collection efforts have been exhausted, all hospital accounts will be returned and closed as uncollectible No further collection activity is taken at that time Accounts with satisfactory payment arrangements, legal activity or accounts with pending payment will be considered active and are not returned

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	Needs Assessment Carilion Clinic's community health improvement process was adapted from Associates in Process Improvement's the Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle developed by Walter Shewhart It consists of five distinct steps (1) conducting the CHNA, (2) strategic planning, (3) creating the implementation strategy, (4) program implementation, and (5) evaluation This cycle is repeated every three years to comply with IRS requirements Carilion Clinic fosters community development in its CHNA process and community health improvement process by using the Strive Collective Impact Model for the CHAT This evidence-based model focuses on "the commitment of a group of important players from different sectors to a common agenda for solving a specific social problem(s) and has been proven to lead to large-scale changes It focuses on relationship building between organizations and the progress towards shared strategies Carilion Clinic and Healthy Roanoke Valley (HRV) partnered to conduct the 2015 Roanoke Valley CHNA This process was community-driven and focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers, the target population, and the community as a whole Healthy Roanoke Valley (HRV), housed under the United Way of Roanoke Valley, was formed in 2012 as a community response to needs identified in Carilion Clinic's triennial Roanoke Valley CHNA HRV's mission is to mobilize community resources to improve access to care, coordination of services, and promote a culture of wellness Using the collective impact model, the partnership boasts more than 160 individuals representing cross-sector stakeholders and leaders who are working to implement cost-effective programs resulting in improved health outcomes
Part VI, Line 3	Availability of Financial Assistance is provided to the patient at hospital admission and ambulatory areas in the form of signage, a plain language summary which includes contact information, financial assistance application and documentation in the inpatient handbook Patient Access staff, Hospital social workers and customer service representatives verbally inform patients on availability of assistance Each patient statement and patient financial responsibility letter includes information on the Financial Assistance policy including who to contact for additional information and location of in-person assisters The Application, the Policy, and the plain language summary are available free of charge to the patient They are available by mail and on the web site if the patient did not receive written information at the time of service Financial Assistance policy and application are also distributed to community partners through electronic mailing groups Carilion Clinic employs an Eligibility staff that counsel patients on federal and state programs The staff completes applications for Medicaid, Social Security, Social Security Disability and Medicare The staff provides support services ensuring the applications are processed correctly based on federal and state policy In addition, the Eligibility staff is trained as Certified Application Counselors and will assist patients in enrollment in the insurance exchange Marketplace Eligibility staff will also complete Carilion's financial assistance application and counsel patient on the requirements for financial assistance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	Community Information Carilion Medical Center (CMC), comprised of two hospitals, Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, is located in Roanoke, Virginia The following community data comes from the 2015 Roanoke Valley Community Health Assessment Roanoke is a 1,186 square mile valley located in southwest Virginia near the Blue Ridge and Allegheny Mountains In fiscal year 2014, CMC served 121,168 unique patients Patient origin data revealed that in fiscal year 2014, 72 77% of patients served by CMC lived in the following localities Roanoke City (30 80%), Roanoke County (19 97%), Franklin County (8 78%), Botetourt County (6 94%), Salem City (5 61%), and Craig County (0 68%) The Roanoke Metropolitan Statistical Area (MSA), commonly known as the Roanoke Valley, is composed of the independent cities of Roanoke and Salem and the counties of Botetourt, Craig, Franklin and Roanoke According to the 2010 Census, the total population of the Roanoke MSA is 308,707 78 5% of residents are 18 years old or over and 16 3% are 65 years old or over The MSA is 82 2% white and 12 8% black According to the 2011-2015 American Community Survey 5-Year Estimates, 38 01% of MSA residents are not in the labor force, the median household income is $50,340, 10 8% of residents have no health insurance coverage, 13 9% of all people and 20 5% of people under 18 years old live below the federal poverty level, 87 9% of residents have graduated high school, and 26 7% of residents have a bachelor's degree or higher Craig County and Franklin County are designated Medically Underserved Areas (MUA) as are portions of northern Botetourt County In the city of Roanoke, nine census tracts are designated MUA's - seven are located in the northwest (NW) quadrant (Census Tracts 1, 9-11, 23-25) and two in the southeast (SE) quadrant (Census Tracts 26 and 27) Health Professional Shortage Areas (HPSA) are present in the portions of the Roanoke MSA for Primary Care, Dental, and Mental Health providers
Part VI, Line 5	Community Health Promotion Carilion Medical Center includes Carilion Clinic's flagship facility, Carilion Roanoke Memorial Hospital (CRMH) The 703-bed hospital includes a Neonatal Intensive Care Unit, Carilion Children's Hospital, specialty and advanced clinical care and the region's only Level 1 Trauma Center U S News & World Report ranks it among Virginia's top five, it is one of only 43 in the country ranked at the top for nine adult procedures and conditions CRMH provides access to the region's most experienced providers and specialty services, while teaching and developing tomorrow's medical leaders through residencies and fellowships sponsored by the Virginia Tech Carilion School of Medicine Carilion Medical Center serves all patients regardless of their ability to pay The Hospital's governing Board is elected annually and the majority of members are neither employees nor contractors of the Hospital Medical staff privileges are extended to qualified providers Any surplus funds are reinvested in new technology, clinical initiatives, education and charitable efforts This includes providing free, discounted and subsidized care as well as critical medical services that operate at a loss

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	Our Affiliated health care system Carilion Medical Center is wholly owned by Carilion Clinic, a not-for-profit health care organization based in Roanoke, Virginia Through our comprehensive network of hospitals, primary and specialty physician practices, and complementary services, we provide exceptional care for over 700,000 Virginians Our enduring commitment is to a healthier region We advance care through medical education and research,help our community stay healthy, and inspire it to grow stronger To advance education of health professionals, Jefferson College of Health Sciences is a private higher education institution that "prepares, within a scholarly environment, ethical, knowledgeable, competent and caring healthcare professionals " The College focuses on providing healthcare education and is a part of Carilion Clinic Founded in 1914 as the Jefferson Hospital School of Nursing, Jefferson College now provides more than 1,100 students with opportunities to become part of the healthcare profession, serving communities from southwest Virginia to the Shenandoah Valley and beyond The school's graduates are building healthier tomorrows in our region and across the country every day More information is available at www jchs edu The Virginia Tech Carilion School of Medicine joins the basic science, life science, bioinformatics, and engineering strengths of Virginia Tech with the medical practice and medical education experience of Carilion Clinic to develop the next generation of physician thought leaders The school uses an innovative patient-centered curriculum that focuses on small-group learning and hands-on experiences, with extensive research and inter-professionalism training Part VI, Line 7 N/A

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Carilion Medical Center- DBA CRMH 1906 Belleview Avenue Roanoke, VA 24014 See Schedule O H 1840	X	X	X	X		X	X			A
2	Carilion Medical Center- DBA CRCH 101 Elm Avenue Roanoke, VA 24013 See Schedule O H 1839	X								Rehabilitation Unit, Urgent Care	A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Facility Reporting Group A consists of	- Facility 1 Carilion Medical Center- DBA CRMH, - Facility 2 Carilion Medical Center- DBA CRCH

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
Part V, Section B, line 5	The following explanation applies to both Facility 1 and Facility 2 Carilion Clinic's CHNA s are community-driven projects and success is highly dependent on the involvement of citi zens, health and human service agencies, businesses, and community leaders Community stak eholder collaborations known at "Community Health Assessment Teams" (CHAT) lead the CHNA p rojects The CHAT consists of health and human service agency leaders, persons with specia l knowledge of or expertise in public health, the local health department, and leaders, re presentatives, or members of medically underserved populations, low-income persons, minori ty populations, and populations with chronic disease The following organizations served on the CHAT for the 2015 (tax year 2014) Roanoke Valley CHNA (RVCHNA) Blue Ridge Behavioral Healthcare, Bradley Free Clinic, Carilion Cancer Center, Carilion Clinic, Carilion Clinic Dept of Family & Community Medicine, CHIP of Roanoke Valley, City of Roanoke, City of Ro anoke - Department of Human Services, Council of Community Services, First Citizens Bank, Freedom First Credit Union, Goodwill Industries, Healthy Roanoke Valley, Jefferson College of Health Sciences, LEAP for Local Food, LewisGale Medical Center, Loudon Avenue Christia n Church, Mental Health America of Roanoke Valley, Neighborhood Services - City of Roanoke , New Horizons Healthcare - Federally Qualified Health Centers (FQHC), Planned Parenthood South Atlantic, Presbyterian Community Center, Project Access, Roanoke Alleghany Health Di strict- VA Department of Health, Roanoke City Public Schools, Roanoke County Public School s, Roanoke Redevelopment & Housing Authority, Roanoke Regional Chamber of Commerce, Roanok e Valley- Alleghany Regional Commission, Roanoke Valley Convention & Visitors Bureau, Sale m VA Medical Center, Total Action for Progress, United Way of Roanoke Valley, Virginia Tec h Fralin Translational Obesity Research Center, and Virginia Tech Carilion School of Medic ine In addition to the CHAT, the RVCHNA conducted stakeholder focus groups, target popula tion focus groups, and a community health survey Stakeholder focus groups were conducted with the City of Roanoke (Code Enforcement Officers, Fire/EMS Station #5 & #6, & Solid Was te Management), Healthy Roanoke Valley (Coordination of Care Action Team, Medical Action T eam, Mental Health Action Team, Oral Health Action Team, & Wellness Action Team), the Neig hborhood President's Council and the Roanoke Neighborhood Advocates Target population foc us groups were conducted with a caregiver support group at the Adult Care Center of the Ro anoke Valley, a patient focus group at the Bradley Free Clinic, the Residents Council at M cCray Court Senior Living, the Pathway's Parents Meeting at the Presbyterian Community Cen ter, the Women's and Children's Center at the Rescue Mission, Roanoke Redevelopment & Hous ing Authority Melrose Towers and Morningside Manor, Parents Council at Total Action for Pr ogress Head Start and Family N

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
Part V, Section B, line 5	ight at the West End Center The community health survey was made available to all residen ts living in the Roanoke Valley, and oversampling of the target populations occurred throu gh targeted outreach efforts In total, 1,990 surveys were collected

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Part V, Section B, line 6a	The following explanation applies to both Facility 1 and Facility 2 Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, both owned by Carilion Medical Center and serving the same area, jointly conducted their CHNA HCA-LewisGale Medical Center also participated on the Community Health Assessment Team

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Part V, Section B, line 6b	The following explanation applies to both Facility 1 and Facility 2 Blue Ridge Behavioral Healthcare, Bradley Free Clinic, Carilion Cancer Center, Carilion Clinic, Carilion Clinic Department of Family & Community Medicine, CHIP of Roanoke Valley, City of Roanoke, City of Roanoke - Department of Human Services, Council of Community Services, First Citizens Bank, Freedom First Credit Union, Goodwill Industries, Healthy Roanoke Valley, Jefferson College of Health Sciences, LEAP for Local Food, LewisGale Medical Center, Loudon Avenue Christian Church, Mental Health America of Roanoke Valley, Neighborhood Services- City of Roanoke, New Horizons Healthcare - (FQHC) , Planned Parenthood South Atlantic, Presbyterian Community Center, Project Access, Roanoke Alleghany Health District- VA Dept of Health, Roanoke City Public Schools, Roanoke County Public Schools, Roanoke Redevelopment & Housing Authority, Roanoke Regional Chamber of Commerce, Roanoke Valley- Alleghany Regional Commission, Roanoke Valley Convention & Visitors Bureau, Salem VA Medical Center, Total Action for Progress, United Way of Roanoke Valley, Virginia Tech Fralin Translational Obesity Research Center, and Virginia Tech Carilion School of Medicine

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Part V, Section B, line 7d	The following explanation applies to both Facility 1 and Facility 2 Line 7a, Facility 1 https //www carilionclinic org/locations/carilion-roanoke-memorial-hospital Line 7a, Facility 2 https //www carilionclinic org/locations/carilion-roanoke-community-hospital Line 7b https //www carilionclinic org/community-health-assessments Line 7d The 2015 Roanoke Valley CHNA was also posted to CHAT partner websites and social media Line 10a https //www carilionclinic org/community-health-assessments

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
Part V, Section B, line 11	The following explanation applies to both Facility 1 and Facility 2 Carilion Medical Cente r's two hospital facilities, Carilion Roanoke Memorial Hospital and Carilion Roanoke Commu nity Hospital, partnered with Healthy Roanoke Valley (HRV) to conduct the FY 2015 Roanoke Valley CHNA during the 2014 tax year Healthy Roanoke Valley (HRV), housed under the Unite d Way of Roanoke Valley, was formed in 2012 as a community response to needs identified in Carilion Medical Center's triennial Roanoke Valley CHNA In June 2015, the CHAT participat ed in a prioritization activity to determine the greatest needs in the service area based on the primary and secondary data collected during the assessment period To quantitativel y determine health needs, CHAT members were asked to rank the top ten pertinent community needs, with one being the most pertinent Next, on a scale of 1-5, CHAT members were asked to assign a feasibility and potential impact score for each of the ranked needs This inf ormation was used for the CHAT strategic planning retreat held in August 2015 The top ten priority areas that emerged from these findings include 1 Poor eating habits / lack of nu trient dense foods in diet 2 Access to mental health counseling / substance abuse 3 Acce ss to adult dental care 4 Access to dental care for children 5 Lack of exercise / physic al activity 6 Value not placed on preventive care and chronic disease management 7 Acces s to primary care 8 High prevalence of obesity / overweight individuals 9 Lack of knowle dge of community resources 10 Improved coordination of care across the health and human s ectorThe CHAT participated in strategic planning on August 31, 2015 It reviewed and accep ted the priority areas of access to services (primary care, mental health & substance abus e, and oral health), coordination of care, and wellness Expected outcomes were approved b y the CHAT and will be used by Carilion Medical Center (CMC) to measure impact around the priority areas Significant Health Needs to be AddressedCMC plans to address key community health needs identified in the 2015 assessment by focusing its efforts on a particular co mmunity, one that emerged with the greatest need Through greater access to clinical care, enhanced community outreach programs, creative community partnerships and focused financi al and in-kind support of initiatives, CMC plans to improve community health in the South East neighborhood of Roanoke City Key focus areas of this health improvement project over the next three years include access to services, coordination of care and wellness A Acc ess to Services CMC will explore the development of a community health center in South Eas t with the goal of increasing access to primary care, urgent care and dental services in t he neighborhood The center may also include a mix of services to address social determina nts of health, such as job training, health education and wellness services This offering will be planned with and prov

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
Part V, Section B, line 11	ided by community partners, including the City of Roanoke, safety net providers and privat e businesses B Coordination of Care Carilion's family practices have adopted the medical home model and have added care coordinators to proactively work with its high risk, chroni c care patients Carilion will take a focused approach on the South East patients, integra ting medical home approaches with a planned community coordination hub being developed by Healthy Roanoke Valley C Wellness Carilion's Community Outreach staff will provide educa tion, flu shots, and community health screenings to the target population in the South Eas t community Education includes free interactive presentations on the topics of cancer pre vention, diabetes prevention, fitness/exercise, food safety, health/stroke, healthy lifest yles, nutrition, smoking cessation, and stress Poor eating habits were identified as a ke y concern in the 2015 RVCHNA The Carilion Clinic Healthy Food Program (formed to respond to the 2012 RVCHNA) is designed to address this need by promoting healthy, local (when pos sible), and nutrient-dense food to patients and employees and to encourage healthy eating in the community Fresh Foods RX, is a partnership with HRV, a program which includes a ph ysician's prescription for healthy food, and a waiver for free local fruits and vegetables was successfully piloted in 2015 with a second pilot expanding the program to three sites in 2016 The Healthier Hospital Healthy Food Initiative, the Carilion Farm Share program, and funding of community programs that address increased access to healthy food will cont inue Exercise and fitness opportunities will be a key focus for South East, particularly i n relation to childhood obesity Through a partnership with a local soccer club, Carilion will help build fields in the South East neighborhood and provide scholarships to local ch ildren Carilion also helped to build a community kayak launch on the Roanoke River with a ccess in that neighborhood Funding of community programs that address increased access to physical activity opportunities will continue D Focused Community Grants and Partnership s Carilion Clinic funds health safety-net providers and causes identified through the RVCH NA and will focus on providing financial support to community health improvement initiativ es in the South East neighborhood through community grants and sponsorships In-kind assist ance is also provided through community partnerships that align with the RVCHNA Carilion actively looks for opportunities to support by providing outreach and educational support Partnerships include HRV, Anchor of Hope's Community Health Promoter Program, West End Fr eedom First, Roanoke Regional Housing Authority, Kohl's Cares, the PATH Coalition, Safe Ki ds, Leap for Local Foods, the Feeding America of SWVA Veggie Mobile, as well as many other s E Implementation and Measurement HRV is serving as a key partner in the implementation of health improvement initiat

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
Part V, Section B, line 11	ives emerging from the CHNA The findings of this assessment are key in measuring the prog ress of HRV initiatives and their impact in the community The HRV Strategic Action Framew ork to better meet the needs of our target population includes data driven, evidence-based goals and strategies which address access to care (mental health, oral health, primary ca re), coordination of care, and wellness As a result of the 2015 RVCHNA, HRV underwent str ategic planning with both its Steering Committee and Action Team members to update the Gov ernance Guidelines, Operations Structure, and Strategic Action Framework to ensure HRV con tinues to align with the priorities identified in the needs assessment HRV completed this process in 2016 and began implementation of the 2016-2019 Strategic Action Framework in t he summer of 2016 Priority Areas Not being Addressed and the ReasonsA community approach t o determine and address priority needs as described above was used in determining which ne eds cannot be addressed immediately The needs not identified as "priority" are those that will not be actively addressed in this time period

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Part V, Section B, Line 13h	Presumptive eligibility

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Part V, Section B, Line 16	Line 16a https //www carilionclinic org/billing/financial-assistance Line 16b https //www carilionclinic org/billing/financial-assistance Line 16c https //www carilionclinic org/billing/financial-assistance

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

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

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

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

Name and address	Type of Facility (describe)
1 - Carilion Roanoke Memorial Rehab 2017 South Jefferson Street Roanoke, VA 24014	Psych Unit, Outpatient Rehabilitation
2 - Brambleton Radiology Services 3707 Brambleton Avenue Roanoke, VA 24018	Radiology Services
3 - Breast Mammography - North 6415 Peters Creek Road Roanoke, VA 24019	Breast Mammography
4 - Carilion Anticoagulation Clinic 1030 S Jefferson St Ste G101 Roanoke, VA 24014	Anticoagulation Clinic
5 - Carilion Breast Care Center 102 Highland Ave Ste 202 Roanoke, VA 24014	Breast Care Center
6 - Carilion Cardiac Rehab 127 McClanahan Street Roanoke, VA 24016	Cardiac Rehab
7 - Carilion Cardiology Westlake 35 Medical Court Hardy, VA 24101	Cardiology Services
8 - Carilion Cardiothoracic Surgery 2001 Crystal Spring Avenue Suite 201 Roanoke, VA 24014	Cardiac Surgery Services
9 - Carilion Center for Healthy Aging 2001 Crystal Spring Avenue Suite 302 Roanoke, VA 24014	Geriatrics
10 - Carilion Clinic Allergy & Immunology 46 Wesley Road Daleville, VA 24083	Allergy and Immunology Services
11 - Carilion Clinic Cardiology 2001 Crystal Spring Ave Suite 300 Roanoke, VA 24014	Cardiology Services
12 - Carilion Clinic Cardiology 2001 Crystal Spring Avenue Suite 203 Roanoke, VA 24014	Cardiology Services
13 - Carilion Clinic Dept of Psychiatry 2900 Lamb Circle Christiansburg, VA 24073	Psychiatry and Behavioral Health Services
14 - Carilion Clinic Dept of Psychiatry 2900 Tyler Road Christiansburg, VA 24073	Psychiatry and Behavioral Health Services
15 - Carilion Clinic Psychiatry & Behavioral 2017 S Jefferson Street Roanoke, VA 24014	Behavioral Health

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

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

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

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

Name and address	Type of Facility (describe)
16 - Carilion Clinic DermatologyMohs Surg 1 Riverside Circle Suite 300 Roanoke, VA 24016	Dermatology and Mohs Surgery
17 - Carilion Clinic Family Med Tazewell 388 Ben Bolt Avenue Tazewell, VA 24651	Family Medicine
18 - Carilion Clinic Gastroenterology 3 Riverside Circle Roanoke, VA 24016	Gastroenterology
19 - Carilion Clinic General Surgery 3 Riverside Circle Roanoke, VA 24016	Surgical Services
20 - Carilion Clinic Imaging ION 2331 Franklin Road Roanoke, VA 24014	Imaging Services
21 - Carilion Clinic Internal Medicine 3 Riverside Circle Roanoke, VA 24016	Internal Medicine
22 - Carilion Clinic Neurology 3 Riverside Circle Roanoke, VA 24016	Neurology
23 - Carilion Clinic Neurosurgery - ION 2331 Franklin Road Roanoke, VA 24014	Neurosurgery
24 - Carilion Clinic OBGYN and Cardiology Mart 1107B Brookdale Street Martinsville, VA 24112	OB, Gynecological, and Cardiology Services
25 - Carilion Clinic OBGYN Botetourt 150 Market Ridge Lane Daleville, VA 24083	Obstetrics and Gynecology
26 - Carilion Clinic OBGYN Spartan Drive 150 Spartan Drive Salem, VA 24153	Obstetrics and Gynecology
27 - Carilion Clinic Orthopaedics 3 Riverside Circle Roanoke, VA 24016	Orthopaedics
28 - Carilion Clinic Orthopaedics-Franklin 390 S Main Street Suite 103 Rocky Mount, VA 24151	Orthopaedics
29 - Carilion Clinic Orthopaedics - ION 2331 Franklin Road SW Roanoke, VA 24014	Orthopaedics
30 - Carilion Clinic Orthopaedics Trauma 3 Riverside Circle Roanoke, VA 24014	Orthopaedic Trauma

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

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

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

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

Name and address	Type of Facility (describe)
31 - Carilion Clinic Pain Management - ION 2331 Franklin Road Roanoke, VA 24014	Pain Management
32 - Carilion Clinic Pediatric Surgery 102 Highland Avenue Suite 404 Roanoke, VA 24013	Surgical Services
33 - Carilion Clinic Pulmonary & Sleep Med 2001 Crystal Spring Avenue Suite 300 Roanoke, VA 24014	Pulmonary and Sleep Services
34 - Carilion Clinic TraumaCritical Care 3 Riverside Circle Roanoke, VA 24016	Surgical Services
35 - Carilion Clinic Urogynecology 101 Elm Avenue Suite 400 Roanoke, VA 24013	Obstetrics
36 - Carilion Clinic Urology Christiansburg 120 Akers Farm Road NE Christiansburg, VA 24073	Urology
37 - Carilion Dental Care 2017 S Jefferson Street Roanoke, VA 24014	Dental Service
38 - Carilion Dentistry Pediatric Surgery 101 Elm Avenue Roanoke, VA 24013	Dental Service
39 - Carilion Diabetic Education 1030 S Jefferson Suite G101 Roanoke, VA 24016	Diabetic Education
40 - Carilion General Pediatric Clinic 1030 S Jefferson Street Suite 106 Roanoke, VA 24016	General Pediatrics
41 - Carilion Genetics 102 Highland Avenue Suite 104 Roanoke, VA 24013	Genetic Counseling
42 - Carilion GYN Clinic 102 Highland Avenue Suite 303 Roanoke, VA 24013	Gynecolgical Services
43 - Carilion GYN Oncology 1 Riverside Circle Suite 300 Roanoke, VA 24016	Gynecolgical Oncology
44 - Carilion Heart Failure Clinic 127 McClanahan Street Roanoke, VA 24016	Heart Failure Services
45 - Carilion Imaging 3 Riverside Circle Roanoke, VA 24016	Imaging Services

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

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

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

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

Name and address	Type of Facility (describe)
46 - Carilion Imaging Professionals 1 Taylor Avenue Pearisburg, VA 24134	Imaging Services
47 - Carilion Infectious Disease Clinic 2001 Crystal Spring Avenue Suite 301 Roanoke, VA 24014	Infectious Disease
48 - Carilion Maternal Fetal Medicine 101 Elm Avenue SW Suite 400 Roanoke, VA 24013	Maternal Fetal Medicine
49 - Carilion OBGYN - Riverside 3 Riverside Circle Roanoke, VA 24016	Obsetrics and Gynecology
50 - Carilion ObstetricsGynecology Clinic 902 South Jefferson Street Upper Level Roanoke, VA 24016	Obsetrics and Gynecology
51 - Carilion OtolaryngologyENT 3 Riverside Circle 4th Floor Roanoke, VA 24016	Otolaryngology and ENT Services
52 - Carilion Pediatric Endocrinology Clinic 102 Highland Avenue MOB Suite 455 Roanoke, VA 24013	Endocrinology
53 - Carilion Pediatric Neurology 102 Highland Avenue Suite 104 Roanoke, VA 24013	Neurosciences
54 - Carilion Pediatric OtolaryngologyENT 3 Riverside Circle 4th Floor Roanoke, VA 24016	Pediatric Otolaryngology and ENT Services
55 - Carilion Pediatric PulmonologyAllergy 102 Highland Avenue Suite 203 Roanoke, VA 24013	Pulmonology
56 - Carilion Physical Medicine and Rehab 2331 Franklin Road SW Roanoke, VA 24014	Physical Medicine
57 - Carilion PlasticReconstructive Surg 3 Riverside Circle Suite 400 Roanoke, VA 24016	Plastic and Reconstructive Surgery
58 - Carilion Prenatal Diagnostic Center 102 Highland Ave Ste 455 Roanoke, VA 24013	Prenatal Testing
59 - Carilion Reproductive Endocrinology 102 Highland Avenue Suite 304 Roanoke, VA 24013	Reproductive Endocrinology
60 - Carilion Roanoke IP Psychiatry 2017 S Jefferson Street 1st Floor Roanoke, VA 24014	Psychiatry Services

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

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

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

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

Name and address	Type of Facility (describe)
61 - Carilion Sleep Center 1030 Jefferson Plaza Ste G100 Roanoke, VA 24016	Sleep Disorder
62 - Carilion Sleep Center Westlake 35 Medical Court Hardy, VA 24101	Sleep Disorder
63 - Carilion Surgery Westlake 35 Medical Court Hardy, VA 24101	Surgical Services
64 - Carilion Wellness- Botetourt 105 Summerfield Court Roanoke, VA 24019	Outpatient Therapy Services
65 - Carilion Wellness- Roanoke 4508 Starkey Road Roanoke, VA 24018	Physical Therapy Services
66 - Carilion Wound Care Center 101 Elm Ave SE Roanoke, VA 24013	Wound Care
67 - CES - Franklin 180 Floyd Avenue Rocky Mount, VA 24151	Emergency Physicians
68 - CES - Giles 1611 Wenonah Avenue Pearisburg, VA 24134	Emergency Physicians
69 - CES - Tazewell 388 Ben Bolt Avenue Tazewell, VA 24651	Emergency Physicians
70 - CFM - Salem 2102 West Main Street Salem, VA 24153	Family Practice
71 - CFM Roanoke Salem 1314 Peters Creek Road Roanoke, VA 24017	Family Practice
72 - CFM Southeast 2145 Mount Pleasant Boulevard Roanoke, VA 24014	Family Practice
73 - Child and Adolescent Psychiatry 2017 S Jefferson Street 2nd Floor Roanoke, VA 24014	Child and Adolescent Psychiatry Services
74 - CNRV Emergency Services 2900 Lamb Circle Christiansburg, VA 24073	Emergency Physicians
75 - CNRVMC - Neurosciences 2900 Lamb Circle Christiansburg, VA 24073	Neurology

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

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

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

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

Name and address	Type of Facility (describe)
76 - CNRVMC - Radiology 2900 Lamb Circle Christiansburg, VA 24073	Radiology Services
77 - Community Care 101 Elm Avenue SE Roanoke, VA 24013	Family Medicine
78 - Community Psychiatry 2017 S Jefferson Street Roanoke, VA 24014	Psychiatry Services
79 - CRMH Rheumatology Clinic 3 Riverside Circle Roanoke, VA 24016	Rheumatology
80 - CSJH Emergency Department 1 Health Circle Lexington, VA 24450	Emergency Physicians
81 - Daleville Imaging 46 Wesley Road Daleville, VA 24083	Imaging Services
82 - General Surgery Clinic 180 Floyd Avenue Rocky Mount, VA 24151	Surgical Services
83 - General Surgery Rocky Mount 390 South Main Street Rocky Mount, VA 24151	Surgical Services
84 - Northwest Internal Medicine 615 McDowell Avenue Roanoke, VA 24016	Internal Medicine
85 - Pediatric Cardiology Clinic 102 Highland Avenue Suite 101 Roanoke, VA 24013	Cardiology
86 - Pediatric Developmental Clinic 1030 S Jefferson Street Suite 201 Roanoke, VA 24016	Pediatric Development
87 - Pediatric Gastroenterology 102 Highland Avenue Suite 305 Roanoke, VA 24013	Gastronenterology
88 - Tazewell Veterans Affairs Community 388 Ben Bolt Avenue Tazewell, VA 24651	Veteran Affairs Outpatient Clinic

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(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 . . . . . ▶ 46

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Endowment-funded indigent patient medical bills	48	228,425			
(2) Scholarships	5	9,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alzheimer's Assoication 1160 Pepsi Place Ste 306 Charlottesville, VA 22901	13-3039601	501(c)(3)	8,000				General Support
American Cancer Society 2840 Electric Rd Ste 106A Roanoke, VA 24018	13-1788491	501(c)(3)	18,700				Event Sponsorships

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association Mid-Atlantic Affiliate PO Box 50045 Prescott, AZ 86304	13-5613797	501(c)(3)	18,500				Event Sponsorships
Anchor of Hope Community Foundation 118 Centre Avenue NW Roanoke, VA 24017	47-4222612	501(c)(3)	8,500				Community Health Promoter program in SE Roanoke

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
Big Brothers Big Sisters of Southwest Virginia 124 Wells Avenue NW Roanoke, VA 24016	54-0837136	501(c)(3)	33,000				Mentoring program
Boys and Girls Clubs of Southwest Virginia 1714 9th Street SE Roanoke, VA 24013	54-1867366	501(c)(3)	9,500				Triple Play program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bradley Free Clinic Inc 1240 Third Street SW Roanoke, VA 24016	23-7380491	501(c)(3)	10,000				Open a specialty Women's Health Program
Carilion Clinic Patient Transportation 431 McClanahan St SW Roanoke, VA 24014	54-1864693	501(c)(3)	50,013				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Trusts of Roanoke 541 Luck Ave Suite 308 Roanoke, VA 24016	51-0235891	501(c)(3)	91,500				Operational Support
CHIP of Roanoke Valley 1201 3rd Street Roanoke, VA 24016	54-1566451	501(c)(3)	52,403				Operational Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
City of Roanoke 215 Church Ave Room 254 Roanoke, VA 24011	54-6001569	City of Roanoke	49,750				General Support
DePaul Community Resources 5650 Hollins Road Roanoke, VA 24019	54-1108079	501(c)(3)	6,680				Event sponsorships

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
Down by Downtown Music Inc 22 Kirk Ave SW Roanoke, VA 24011	81-2334271	501(c)(3)	5,000				General support
Family Service of Roanoke Valley 360 Campbell Ave SW Roanoke, VA 24016	54-0505946	501(c)(3)	15,000				Therapy Subsidies and Play Therapy Institue

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
Feeding America Southwest Virginia 1025 Electric Rd Salem, VA 24153	54-1939556	501(c)(3)	25,000				Community Solutions Center/ General Support
Foundation for Rehabilitation Equipment and Endowment PO Box 8873 Roanoke, VA 24014	54-1934695	501(c)(3)	8,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Greater Roanoke Transit Company 1108 Campbell Avenue SE Roanoke, VA 24013	54-0982022	City of Roanoke	55,889				General support
Happy Healthy Cooks 1914 Belleville Rd SW Roanoke, VA 24015	46-4937238	501(c)(3)	20,000				Healthy Eating Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jefferson Center Foundation 541 Luck Avenue SW Suite 221 Roanoke, VA 24016	62-1392982	501(c)(3)	60,000				General Support
Junior Achievement of Southwest Virginia Inc 3433 Brambleton Avenue SW Suite 202B Roanoke, VA 24018	54-0628293	501(c)(3)	5,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
March of Dimes Greater Roanoke 4191 Innslake Drive Suite 201 Glenn Allen, VA 23060	13-1846366	501(c)(3)	5,000				Event sponsorship
Mental Health of America Rke Valley PO Box 592 Roanoke, VA 24004	54-0703132	501(c)(3)	31,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mill Mountain Theatre One Market Square SE Roanoke, VA 24011	54-0792067	501(c)(3)	10,000				Corporate Sponsorship
National Multiple Sclerosis Society 4200 Innslake Dr Ste 301 Glen Allen, VA 23060	54-0633474	501(c)(3)	8,700				Event 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
Northern Virginia Technology Council Inc 2214 Rock Hill Road Suite 300 Herndon, VA 20170	62-1471948	501(c)(6)	5,000				Corporate Sponsorship
Opera Roanoke 20 E Church Ave 3rd Floor Roanoke, VA 24011	51-0213334	501(c)(3)	10,000				Corporate Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Community Center Inc 1228 Jamison Ave SE Roanoke, VA 24013	54-1610899	501(c)(3)	5,000				Event sponsorship
Roanoke Academy of Medicine Alliance Foundation PO BOX 8602 Roanoke, VA 24014	51-0218435	501(c)(3)	9,100				Event 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
Roanoke Branch NAACP PO Box 12362 Roanoke, VA 24025	54-6070115	501(c)(4)	5,200				Event Sponsorship
Roanoke Community Garden Association 655 Highland AveSE Roanoke, VA 24012	26-2082150	501(c)(3)	19,000				Nutrition Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Roanoke Symphony Orchestra 128 East Campbell Avenue Roanoke, VA 24011	54-6019736	501(c)(3)	22,500				Corporate Sponsorship
Roanoke Valley - Alleghany Regional Commission PO Box 2569 Roanoke, VA 24010	54-0722734	City of Roanoke	18,000				Bike Share 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
Roanoke Valley End of Life Care Partnership PO Box 18238 Roanoke, VA 24014	11-3683571	501(c)(3)	7,795				General Support
Ronald McDonald House Charities of SW VA 2224 S Jefferson St Roanoke, VA 24014	54-1244769	501(c)(3)	600	249,690	FMV	Donated Rent	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RX Drug Access Partnership 2924 Emerywood Parkway Suite 30 Richmond, VA 23294	57-1186937	501(c)(3)	5,405				General Support
Scott Robertson Memorial Junior Golf Academy 3707 Densmore Rd NW Roanoke, VA 24017	20-1237999	501(c)(3)	10,000				Event 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
Southwest Virginia Ballet Company PO Box 3275 Roanoke, VA 24015	54-1563448	501(c)(3)	5,000				Event Sponsorship
Total Action Against Poverty in Roanoke Valley 302 2nd Street SW Roanoke, VA 24001	54-6057095	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Roanoke Valley 325 Campbell Ave SW Roanoke, VA 24016	54-0535302	501(c)(3)	36,441				Fresh Foods RX program/Healthy Roanoke Valley collaborative
Virginia Blue Ridge Affiliate of Susan G Komen 4910 Valley View Blvd Ste 212 Roanoke, VA 24012	56-2619425	501(c)(3)	20,000				Event sponsorships

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 Business Higher Education Council 1108 E Main St 1100 Richmond, VA 23219	54-1827038	501(c)(3)	50,000				General Support
Virginia Foundation for Independent Colleges 901 East Byrd Street No 1625 Richmond, VA 23219	54-0554396	501(c)(3)	10,000				Science Research Fellowships

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 Polytechnic Institute and State University 2 Riverside Circle Roanoke, VA 24016	54-6001805	State of Virginia	32,500				General Support
Virginia Tech Carilion School of Medicine Inc Two Riverside Circle Roanoke, VA 24016	26-4556177	501(c)(3)	90,029				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Visit Virginia's Blue Ridge Foundation 101 Shenandoah Ave NE Roanoke, VA 24016	81-4589910	501(c)(3)	11,200				Community Bike Repair stations
West End Center PO Box 4562 Roanoke, VA 24015	54-1150320	501(c)(3)	5,000				Healthy Living

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Western Virginia Foundation For The Arts And Sciences 1 Market Square Roanoke, VA 24011	51-0238900	501(c)(3)	270,000				Children's Museum
WSLC-FM 3934 Electric Rd SW Roanoke, VA 24018	95-2913603	-	5,000				Charity Fundraiser 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
YMCA of Roanoke Valley Inc PO Box 2130 Roanoke, VA 24009	54-0515736	501(c)(3)	55,000				General Support

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	The organization has a single member, Carilion Clinic, a charitable tax-exempt organization which serves as the parent company of the Carilion Clinic integrated health care delivery system Executive compensation, including that of the organization's Chief Executive Officer, is reviewed annually by the Carilion Clinic Board of Directors Compensation Committee This Committee is made up of Board members of Carilion Clinic who do not have a conflict of interest with any of the executives being reviewed This review was performed in September 2017 In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders This review included review of a comprehensive report from an outside compensation consultant specializing in healthcare organizations for select positions and the prior year's report on all of the reviewed positions The reports reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonuses and other cash compensation, and benefits, including deferred and retirement benefits Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, the list of which was reviewed by the Compensation Committee The Compensation Committee maintained detailed minutes of its meetings, setting forth the deliberations and decisions of the Committee regarding the compensation of these executives
Part I, Line 4b	Select members of management participate in a Pension Restoration Plan This plan provides a benefit equal to the normal retirement benefit that would be payable to the participant were it not for the Qualified Plan's legislative restrictions on compensation and payable benefits, less the actual benefits under the Qualified Plan Entitlement to benefits and consequent lump sum payment occurs upon attaining age 65 while employed by Carilion Clinic, disability, or 24 months after certain qualifying separations from service Upon the death of the participant, the plan shall pay the participant's beneficiary according to Plan terms Select members of management participate in an Executive Flexible Benefit Plan, in which an allowance is provided to the participant for use in obtaining certain insurance benefits The allowance is determined annually as a percentage of salary at Carilion Clinic's discretion The amount of allowance in excess of elected benefits is credited to a capital accumulation account (CAA) with a deferred vesting date of at least two years from the first day of the plan year The CAA shall be distributed in a lump sum upon vesting while employed by Carilion, disability, or 24 months following certain qualifying separations from service Upon the death of the participant, the plan shall pay the participant's beneficiary according to plan terms Beginning in the year in which the participant attains age 67, a pro-rated portion of the award is paid monthly Select members of management participate in a Defined Contribution Supplemental Executive Retirement Plan (DC SERP) in which the employer, at the discretion of Carilion Clinic's Compensation Committee, makes a contribution to an account established on its books for each eligible participant If a participant ceases to be a participant prior to the vesting date, the account shall be forfeited A lump sum distribution shall be made upon the participant's vesting date, death, or disability THe following reported individual was paid amounts under these plans during the calendar year Nancy Howell Agee -$235,766
Part I, Line 7	The organization pays annual bonus compensation to management based on scorecard performance While the scorecard contains a formula as a basis for determining overall performance, senior managers have discretion to include additional elements in their assessment of managers reporting to them In addition, for top management, the actual bonus awarded is in the discretion of the Carilion Clinic Board of Directors Compensation Committee, although it is based on the scorecard measures

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1Nancy Howell AgeeDirector	(i)	0	0	0	0	0	0	0
	(ii)	1,189,180	358,500	245,942	2,363,574	12,316	4,169,512	235,766
1Nathaniel L Bishop D Min Director, SVP, President-JCOHS	(i)	339,978	52,178	5,838	180,525	3,442	581,961	0
	(ii)	0	0	0	0	0	0	0
2John H Burton MD Director, SVP, Medical Chair	(i)	486,735	93,654	6,464	75,880	15,812	678,545	0
	(ii)	0	0	0	0	0	0	0
3Cynda A Johnson MD Director	(i)	0	0	0	0	0	0	0
	(ii)	587,496	0	11,014	91,656	10,542	700,708	0
4Clifford A Nottingham MD Director	(i)	0	0	0	0	0	0	0
	(ii)	285,867	47,640	6,567	196,725	10,335	547,134	0
5Patrice M Weiss MD Director, EVP	(i)	0	0	0	0	0	0	0
	(ii)	551,506	134,942	7,280	161,196	15,812	870,736	0
6Ralph E WhatleyIII MD Director, SVP	(i)	451,154	86,254	11,150	117,215	13,547	679,320	0
	(ii)	0	0	0	0	0	0	0
7Steve C Arner Director/President/CEO/COO	(i)	0	0	0	0	0	0	0
	(ii)	426,986	98,146	4,840	192,610	14,330	736,912	0
8Nicholas C ConteSecretary	(i)	0	0	0	0	0	0	0
	(ii)	332,117	117,252	3,542	54,850	14,330	522,091	0
9David S Hagadorn Assistant Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	128,352	3,000	7,717	61,157	843	201,069	0
10Donald B Halliwill Assistant Treasurer/CFO	(i)	0	0	0	0	0	0	0
	(ii)	464,019	107,317	4,271	196,448	13,030	785,085	0
11G Robert Vaughan Jr Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	300,771	48,281	7,946	168,199	14,090	539,287	0
12Bruce A Long MD Physician, Interim Medical Chair	(i)	477,695	250,894	13,453	100,042	13,160	855,244	0
	(ii)	0	0	0	0	0	0	0
13Joseph T Moskal MD SVP, Medical Chair	(i)	1,040,512	243,057	9,259	101,207	15,812	1,409,847	0
	(ii)	0	0	0	0	0	0	0
14Paul R Skolnik MD SVP, Medical Chair	(i)	229,052	0	8,476	9,231	8,567	255,326	0
	(ii)	0	0	0	0	0	0	0
15Jonathan J Carmouche MD Physician	(i)	1,184,900	449,358	2,549	44,322	13,160	1,694,289	0
	(ii)	0	0	0	0	0	0	0
16Caleb J Behrend MD Physician	(i)	737,035	497,566	2,562	15,825	13,160	1,266,148	0
	(ii)	0	0	0	0	0	0	0
17Eric A Marvin MDPhysician	(i)	697,131	429,977	2,293	24,868	13,160	1,167,429	0
	(ii)	0	0	0	0	0	0	0
18Gregory A Howes MD Physician	(i)	742,331	286,191	20,204	44,820	13,160	1,106,706	0
	(ii)	0	0	0	0	0	0	0
19Cay M Mierisch MD Physician	(i)	790,188	228,874	3,553	81,933	13,420	1,117,968	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 Tracy W Criss MD Physician, Former Officer	(I)	197,749	66,743	2,647	148,862	12,493	428,494	0
	(II)	0	0	0	0	0	0	0
1 Thomas D Denberg MD PhD Former Officer	(I)	0	0	0	0	0	0	0
	(II)	299,868	0	0	0	0	299,868	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Economic Development Authority of the City of Roanoke VA	54-1106038	770084EQ0	03-01-2017	125,000,000	Reissuance of Series 2005A originally issued on 12/14/05		X		X		X
B	VA Small Business Financing Authority Hospital Revenue Bonds	54-1300845	928101AE4	04-03-2017	11,950,000	Reissuance of Series 2008A and 2008B originally issued on 07/16/08		X		X		X
C	Economic Development Authority of the City of Roanoke VA	54-1106038	770082AB1	10-13-2010	96,404,094	Refunding of Series 2003A-C Bonds (08/03), Costs of Issuance		X		X		X
D	Economic Development Authority of the City of Roanoke VA	54-1106038	770082AW5	02-09-2012	69,968,434	Refunding of Series 2000 and 2002A Bonds, Costs of Issuance Capital Projects		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,890,000			25,583,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	125,000,000	11,950,000	96,404,094	69,968,434
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	797,940	107,259	1,229,094	771,282
8	Credit enhancement from proceeds	1,940,086			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		11,842,741		5,189,198
11	Other spent proceeds	122,261,974		95,175,000	64,007,954
12	Other unspent proceeds				
13	Year of substantial completion	2007	2009		2011

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	20,634,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	98,852,291			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,068,911			
8	Credit enhancement from proceeds	41,693			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	97,741,687			
12	Other unspent proceeds				
13	Year of substantial completion	2007			

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) 1 Eric Chen MD	See Part V	329,412	Employee		No
(2) 2 Bruce Johnson MD	See Part V	312,541	Employee		No

Part V Supplemental Information

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

Return Reference	Explanation
Sched L Part IV	(1) Family member of Lauren Schantz, Officer (2) Family member of Cynda Johnson, Director

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part 1, Line 6, Total number of volunteers	The hospital operates a Customer Service-based program for volunteers and we do anything t o make our patients and patient families comfortable in very uncomfortable circumstances Tasks include delivering mail, delivering flowers, greeting and escorting patients and pro viding snacks in the hospital waiting rooms Through Hospice, volunteers provide respite s upport for caregivers, visits for socialization and comforting presence, check in calls, t ake care of patients' pets, sing to patients, pet therapy, deliver supplies, help in the h ospice office, assist with fundraisers, assist with bereavement support activities, facili tate children's grief support groups, deliver birthday gifts, make holiday gifts and memor y quilts and record patient's life stories

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	As of the first day of the new fiscal year, a majority of the filing organization's Directors were independent

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Nancy Howell Agee, Steve Arner, John H Burton, M D , Nicholas C Conte, David S Hagadorn , Donald B Halliwill, Cynda A Johnson, M D , Clifford A Nottingham, M D , Lauren J Sch antz, G Robert Vaughan, Jr , Patrice M Weiss, M D , and Ralph E Whatley, III, M D - Bu siness relationship due to each serving as officers, directors, and/or employees of the sa me related organizations

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Certain management and related services for the organization are provided by the managemen t and employees of Carilion Services, Inc , a related organization and supporting organiza tion of the filing organization Compensation of the following individuals listed in Part VII, Section A was provided by Carilion Services Inc Nancy Howell Agee, Steven C Arner, Nicholas C Conte, David S Hagadorn, Donald B Halliwill, Lauren J Schantz, G Robert V aughan, Jr , and Patrice M Weiss, M D

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	The filing organization's Articles of Incorporation and Bylaws were revised to update the filing organization's ex officio directors

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 was prepared by Carilion's internal Tax Department with input from various Ca rilion departments as applicable, and reviewed by internal Accounting management and an in dependent CPA firm Several days prior to filing, all Board Members were notified by email of its availability on Carilion's Board portal, which is the mechanism used to disseminat e meeting materials to the directors, and were encouraged to call with any questions they might have

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The organization has a single member, Carilion Clinic, a charitable tax-exempt organizatio n which serves as the parent company of the Carilion Clinic integrated health care deliver y system Executive compensation is reviewed annually by the Carilion Clinic Board of Dire ctors Compensation Committee This Committee is made up of Board Members of Carilion Clini c who do not have a conflict of interest with any of the executives being reviewed With r espect to Carilion Clinic, the Compensation Committee reviews the compensation of the Boar d of Governors annually, which includes the President and Chief Executive Officer, Executi ve Vice Presidents, Chief Financial Officer, Chief Medical Officer, select Senior Vice Pre sidents, and physician Chairs of the Clinical Departments This review was performed in No vember 2016 (President and CEO) and September 2017 (all others) For the fiscal year cover ed by this return, the Compensation Committee also used the same process to review the com pensation of Senior Vice Presidents and other Disqualified Individuals, including the Hosp ital Vice Presidents, which was performed in September and November 2017 In addition, the Compensation Committee annually reviews the compensation philosophy for all executive lea ders, which includes Vice Presidents, Senior Vice Presidents, Executive Vice Presidents, a nd the CEO, as well as the compensation philosophy for all employed physicians and physici ans in leadership roles Some officers of the organization who are not compensated in thei r capacity as an officer but rather in their role as employee in a position not mentioned above are not subject to Committee review This review included review of a comprehensive report from an outside compensation consultant specializing in healthcare organizations fo r select positions and the prior year's report on all of the reviewed positions The repor ts reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonuses and other cash compensation, and benefits , including deferred and retirement benefits Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organizatio n, which list was reviewed by the Compensation Committee The Compensation Committee maint ained detailed minutes of its meetings, setting forth the deliberations and decisions of t he Committee regarding the compensation of these executives

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfers to Affiliates -38,975,000 Pension-related changes other than net periodic pensi on costs 32,556,227 Share of Investment Loss of Related Organization 40,465

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Schedule H, Part V, Section A, Line 1	https //carilionclinic org/locations/carilion-roanoke-memorial-hospital Form 990, Schedule H, Part V, Section A, Line 2 https //carilionclinic org/locations/carilion-roanoke-community-hospital

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CARILION MEDICAL CENTER

Employer identification number
54-0506332

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Franklin County Ventures LLC PO Box 12385 Roanoke, VA 24025 47-4365316	Real estate	VA	Carilion Clinic	Related	-481	40,704		No			No	10 000 %
(2) Carilion Clinic Medicare Shared Savings Company LLC PO Box 12385 Roanoke, VA 24025 45-5235473	Medicare HMO	VA	Carilion Clinic	Related	-2,533,465			No			No	50 000 %
(3) Community Medical Associates LLP PO Box 12385 Roanoke, VA 24025 54-1517662	Real estate	VA	Carilion Clinic	Related	101,121	732,060		No			No	47 300 %

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

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PO Box 12385 Roanoke, VA 24025 54-1190771	Supporting organization	VA	501(c)(3)	Line 12b, II	N/A		No
(1) PO Box 12385 Roanoke, VA 24025 54-1190773	Fundraising	VA	501(c)(3)	Line 7	Carilion Clinic	Yes	
(2) PO Box 12385 Roanoke, VA 24025 54-0480606	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
(3) PO Box 12385 Roanoke, VA 24025 54-0549603	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
(4) PO Box 12385 Roanoke, VA 24025 54-0553805	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
(5) PO Box 12385 Roanoke, VA 24025 54-1190879	Supporting organization	VA	501(c)(3)	Line 12b, II	Carilion Clinic	Yes	
(6) PO Box 12385 Roanoke, VA 24025 54-0568001	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
(7) PO Box 12385 Roanoke, VA 24025 54-6074580	Healthcare	VA	501(c)(3)	Line 3	Carilion Clinic	Yes	
(8) PO Box 12385 Roanoke, VA 24025 54-1965057	Supporting organization	VA	501(c)(3)	Line 12a, I	Carilion Clinic	Yes	

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

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

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Carilion Clinic Foundation	A	31,992	Cost
(1)	Carilion Emergency Services	A	94,524	Cost
(2)	Carilion Healthcare Corporation	A	26,560	Cost
(3)	Carilion Services Inc	A	2,005,071	Cost
(4)	CHS Inc	A	74,873	Cost
(5)	Carilion Behavioral Health	L	93,410	Cost
(6)	Carilion Emergency Services	L	137,892	Cost
(7)	Carilion Franklin Memorial Hospital	L	1,989,363	Cost
(8)	Carilion Giles Community Hospital	L	1,269,782	Cost
(9)	Carilion Healthcare Corporation	L	414,436	Cost
(10)	Carilion New River Valley Medical Center	L	3,502,871	Cost
(11)	Carilion Services Inc	L	1,735,942	Cost
(12)	Carilion Stonewall Jackson Hospital	L	1,566,923	Cost
(13)	Carilion Tazewell Community Hospital	L	1,712,424	Cost
(14)	MedKey Inc	L	406,136	Cost
(15)	Carilion Behavioral Health	M	129,636	Cost
(16)	Carilion Giles Community Hospital	M	77,140	Cost
(17)	Carilion New River Valley Medical Center	K	82,332	Cost
(18)	Carilion Services Inc	K	53,240	Cost
(19)	Carilion Services Inc	M	164,138,025	Cost
(20)	Carilion Stonewall Jackson Hospital	M	67,702	Cost
(21)	Carilion Tazewell Community Hospital	K	137,283	Cost
(22)	Carilion Tazewell Community Hospital	M	59,840	Cost
(23)	CHS Inc	K	2,727,239	Cost
(24)	CHS Inc	M	5,806,804	Cost

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	SCA Credit Services Inc	M	839,451	Cost
(1)	Carilion Services Inc	R	38,975,000	Cash