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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
Riverside Healthcare Association Inc Group

% DIRECTOR-TAX
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
608 Denbigh Blvd Suite 800

City or town, state or province, country, and ZIP or foreign postal code
Newport News, VA 23608

D Employer identification number

90-1000718

E Telephone number

(757) 875-7545

G Gross receipts \$ 1,711,332,669

F Name and address of principal officer:
WILLIAM DOWNEY CEOPRESIDENT
608 DENBIGH BLVD STE 800
NEWPORT NEWS, VA 23608

H(a) Is this a group return for subordinates?
☒ Yes ☐ No
H(b) Are all subordinates included?
☒ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 5701

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

J Website: ▶ RIVERSIDEONLINE.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation:

M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
PROVIDE GENERAL MEDICAL SERVICES TO THE COMMUNITY.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 186

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 149

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 10,617

6 Total number of volunteers (estimate if necessary) 6 664

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 500,065

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 12,519,798 7,157,691

9 Program service revenue (Part VIII, line 2g) 1,165,924,710 1,258,603,102

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,751,267 12,661,651

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 394,437,974 424,327,804

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,585,633,749 1,702,750,248

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 9,190,240 550,060

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) 664,831,576 720,777,075

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶94,135

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 912,934,696 968,646,372

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,586,956,512 1,689,973,507

19 Revenue less expenses. Subtract line 18 from line 12 -1,322,763 12,776,741

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 987,607,407 955,792,442

21 Total liabilities (Part X, line 26) 547,891,755 498,263,539

22 Net assets or fund balances. Subtract line 21 from line 20 439,715,652 457,528,903

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
W WILLIAM AUSTIN JR SR VP AND CFO
Type or print name and title

2020-11-16
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ ERNST & YOUNG US LLP
Firm's address ▶ 221 E 4TH ST SUITE 2900
CINCINNATI, OH 45202

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶
Phone no. (513) 612-1400

PTIN P01517527

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,306,907,161 including grants of \$ 550,060) (Revenue \$ 1,668,315,269)
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 ► 1,306,907,161

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	839
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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 10,617			
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)? 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).	4a		No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No	
9 Sponsoring organizations maintaining donor advised funds.				
a 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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	186	
	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	149	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		No
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
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?	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 DIRECTOR-TAX 608 DENBIGH BLVD 800 NEWPORT NEWS, VA 23608 (757) 875-7545

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	20,037,611	0	1,120,459

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 ▶ 889

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
DPR CONSTRUCTION, 1450 VETERANS BLVD REDWOOD CITY, CA 94063	PROFESSIONAL SVCS	3,059,998
CHANGE HEALTHCARE LLC, PO BOX 98347 CHICAGO, IL 606938347	PROFESSIONAL SVCS	2,091,681
ENCORE MEDICAL LP, PO BOX 660126 DALLAS, TX 752660126	PROFESSIONAL SVCS	1,277,779
EAGLE TELEMED HOLDINGS LLC, 280 INTERSTATE N CIRCLE SE STE 150 ATLANTA, GA 30339	PROFESSIONAL SVCS	1,269,980
SCRIBEAMERICA LLC, PO BOX 417756 BOSTON, MA 022417756	PROFESSIONAL SVCS	1,036,115

<p>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 ► 44</p>	
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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input checked="" type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c										
	d Related organizations		1d										
	e Government grants (contributions)		1e	2,456,367									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	4,701,324									
	g Noncash contributions included in lines 1a - 1f:\$		1g	20,383									
	h Total. Add lines 1a-1f ▶		7,157,691										
Program Service Revenue	2a PROGRAM SERVICE REVENUE		Business Code										
			900099	1,231,126,332		1,231,126,332							
	b AFFILIATE RENTAL INCOME C(3)		532000	27,476,770		27,476,770							
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. ▶		1,258,603,102										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			826,232						826,232			
	4 Income from investment of tax-exempt bond proceeds ▶			0									
	5 Royalties ▶			0									
			(i) Real	(ii) Personal									
	6a Gross rents		6a	2,815,830									
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c	2,815,830	0								
	d Net rental income or (loss) ▶				2,815,830				2,815,830				
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	19,900,190	517,650								
	b Less: cost or other basis and sales expenses		7b	8,579,614	2,807								
	c Gain or (loss)		7c	11,320,576	514,843								
	d Net gain or (loss) ▶				11,835,419				11,835,419				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	0									
	b Less: direct expenses		8b	0									
	c Net income or (loss) from fundraising events . . . ▶				0								
	9a Gross income from gaming activities. See Part IV, line 19		9a	0									
	b Less: direct expenses		9b	0									
	c Net income or (loss) from gaming activities . . . ▶				0								
	10a Gross sales of inventory, less returns and allowances . . .		10a	0									
b Less: cost of goods sold . . .		10b	0										
c Net income or (loss) from sales of inventory . . . ▶				0									
Miscellaneous Revenue			Business Code										
11a SVCS TO AFFILIATES			900099	360,304,784		360,304,784							
b PHARMACY SALES			446110	38,152,420		31,051,888				7,100,532			
c OPTICAL SALES			446130	6,413,209		6,413,209							
d All other revenue				16,641,561		11,942,286		500,065		4,199,210			
e Total. Add lines 11a-11d ▶					421,511,974								
12 Total revenue. See instructions ▶					1,702,750,248		1,668,315,269		500,065		26,777,223		

Form 990 (2019)

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 <input checked="" type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	465,660	465,660		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	84,400	84,400		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	26,944,878		26,944,878	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	636,434	636,434		
7 Other salaries and wages	580,143,089	509,743,486	70,399,603	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,405,145	12,101,289	15,303,856	
9 Other employee benefits	50,607,814	45,017,011	5,590,803	
10 Payroll taxes	35,039,715	31,023,366	4,016,349	
11 Fees for services (non-employees):				
a Management	36,728,680		36,728,680	
b Legal	2,067,206		2,067,206	
c Accounting	5,804,297		5,804,297	
d Lobbying	58,106	58,106		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	86,520		86,520	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	81,420,371	32,008,387	49,411,984	
12 Advertising and promotion	7,391,444	232,938	7,158,506	
13 Office expenses	55,334,930	39,712,109	15,534,949	87,872
14 Information technology	47,742,864	5,474,630	42,268,234	
15 Royalties	0			
16 Occupancy	107,706,585	107,706,585		
17 Travel	1,961,779	1,630,189	331,590	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	93,741	19,775	73,966	
20 Interest	10,944,991	112,585	10,832,406	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	53,235,509	43,978,405	9,250,841	6,263
23 Insurance	87,808,497	7,076,686	80,731,811	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL SERVICES	178,086,795	178,086,795	0	
b MEDICAL SUPPLIES	220,549,360	220,549,360	0	
c BAD DEBT EXPENSES	37,547,797	37,547,797	0	
d MEDICAID ASSESSMENT	23,703,647	23,703,647	0	
e All other expenses	10,373,253	9,937,521	435,732	
25 Total functional expenses. Add lines 1 through 24e	1,689,973,507	1,306,907,161	382,972,211	94,135
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,200,375	1	16,091,059
	2	Savings and temporary cash investments		348,122,612	2	373,720,398
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		44,192,046	4	40,538,584
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		18,823,521	8	23,517,421
	9	Prepaid expenses and deferred charges		155,517,341	9	17,162,381
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,008,617,825			
	b	Less: accumulated depreciation	10b 607,294,310	365,446,981	10c	401,323,515
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		5,821,219	13	42,955,772
	14	Intangible assets		40,483,312	14	40,483,312
	15	Other assets. See Part IV, line 11		0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)		987,607,407	16	955,792,442	
Liabilities	17	Accounts payable and accrued expenses		198,556,028	17	232,772,097
	18	Grants payable		0	18	0
	19	Deferred revenue		5,125,132	19	6,181,255
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		344,210,595	25	259,310,187
	26	Total liabilities. Add lines 17 through 25		547,891,755	26	498,263,539
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		424,442,509	27	439,155,636
	28	Net assets with donor restrictions		15,273,143	28	18,373,267
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		439,715,652	32	457,528,903
33	Total liabilities and net assets/fund balances		987,607,407	33	955,792,442	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,702,750,248
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,689,973,507
3	Revenue less expenses. Subtract line 2 from line 1	3	12,776,741
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	439,715,652
5	Net unrealized gains (losses) on investments	5	21,900,173
6	Donated services and use of facilities	6	56,567
7	Investment expenses	7	
8	Prior period adjustments	8	-355
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-16,919,875
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	457,528,903

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 90-1000718

Name: Riverside Healthcare Association Inc Group

Form 990 (2019)

Form 990, Part III, Line 4a:

General hospital, Long-Term Care and physician services provided to the community: 2,417,299 persons were benefited in 2019 with quantifiable community benefits of \$90,127,927.

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			
DEAN KOSTOV PHYSICIAN	40.0 0.0					X		2,344,807	0	52,600
WILLIAM H MCALLISTER M BOARD MEMBER	40.0 0.0	X						1,650,236	0	58,136
WILLIAM BURNS DOWNEY PRESIDENT,CEO RHS	40.0 0.0	X		X				1,397,015	0	49,302
ROMNEY ANDERSEN PHYSICIAN	40.0 0.0					X		1,395,044	0	13,285
ROBERT CULLOM PHYSICIAN	39.0 0.0					X		1,299,204	0	31,563
BRIAN KEEL PHYSICIAN	40.0 0.0					X		1,231,701	0	31,727
ANTHONY FARAH PHYSICIAN	40.0 0.0					X		1,216,596	0	46,197
MICHAEL DACEY MD EVP/CCOO	40.0 0.0	X		X				868,519	0	22,185
PAUL J MICALE MD BOARD MEMBER	40.0 0.0	X						777,670	0	58,720
MICHAEL JOSEPH DOUCETT VP RRMC OPERATIONS	40.0 0.0			X				617,967	0	69,012

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			
WALTER WILLIAM AUSTIN SR VP, CFO & TREASURER	40.0 0.0			X				650,462	0	33,628
CHARLES FRAZIER VP MD	40.0 0.0			X				526,011	0	62,247
SALLY HARTMAN SENIOR VP	40.0 0.0			X				539,582	0	46,798
NANCY WICK LITTLEFIELD EVP/CNO	40.0 0.0	X		X				525,888	0	27,235
PETER GALANTICH MD PRESIDENT MEDICAL STAFF	40.0 0.0	X						483,325	0	63,861
MELVIN D SCHURSKY JR Board member	40.0 0.0	X						523,178	0	18,756
JASON O HOUSER VP, LEGAL AFFAIRS & SECRETARY	40.0 0.0			X				473,589	0	59,740
CHRISTOPHER PATRICK ST VP MEDICAL AFFAIRS	40.0 0.0			X				494,200	0	36,484
ROSS YOUNGER SENIOR VP	40.0 0.0			X				451,023	0	67,705
CHARLES GRAHAM VP	40.0 0.0			X				436,022	0	64,349

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			
CATHERINE LINTZENICH BOARD MEMBER	40.0 0.0	X						455,523	0	35,640
ELIZABETH J MARTIN VP/ADMINISTRATOR	40.0 0.0			X				425,545	0	56,931
CARRIE R MOSS MD BOARD MEMBER	40.0 0.0	X						429,363	0	33,815
NEHEMIAH THRASH MD BOARD MEMBER	40.0 0.0	X						402,071	0	52,237
JAMES W MCCORRY DO SERVICE LINE CHIEF	33.0 0.0				X			423,070	0	28,306
KEITH PERCIC VP	40.0 0.0			X				360,270	0	61,094
DWIGHT C HERBERT MD BOARD MEMBER	40.0 0.0	X						363,470	0	55,154
ESTHER M DESIMINI VP/ADMINISTRATOR	40.0 0.0			X				380,716	0	37,274
CYNTHIA WILLIAMS VP	40.0 0.0			X				382,162	0	26,017
DAVID COHEN VP MD	40.0 0.0			X				377,191	0	28,532

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			
DENNIS LOFTUS SENIOR VP	40.0 0.0			X				341,855	0	46,818
JOHN MINCKS MEDICAL STAFF PRESIDENT	40.0 0.0						X	337,498	0	49,637
SALLY RYAN VP PHYSICIAN SERVICES	40.0 0.0			X				357,328	0	25,680
ELENA GARRETT MD BOARD MEMBER`	33.0 0.0	X						347,819	0	28,100
LISA SALSBERY DIRECTOR	40.0 0.0			X				282,980	0	65,918
EDWARD G HECKLER VP, LIFELONG HEALTH	40.0 0.0			X				298,113	0	48,769
MICHAEL FRANCIS PRESIDENT, MEDICAL STAFF	40.0 0.0						X	321,674	0	24,504
KARL J GEDDES MD BOARD MEMBER	40.0 0.0	X						287,899	0	57,945
SHEBA MOHSIN MD BOARD MEMBER	40.0 0.0	X						286,594	0	47,716
ADRIA NICOLE VANHOOZIE VP/ADMINISTRATOR RDHW	40.0 0.0			X				300,516	0	33,216

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			
DAVID F JONES MD BOARD MEMBER	40.0 0.0	X						290,564	0	42,476
BRADEN MILLER CHIEF FINANCIAL OFFICER/AVP	40.0 0.0				X			263,788	0	62,526
RICHARD K DUNN MD BOARD MEMBER	40.0 0.0	X						242,782	0	54,378
ROBERT R HARDING MD CHAIRMAN	25.0 0.0	X		X				258,753	0	34,475
JASON KILGORE VP RESULTS MGT AND ANALYTICS	40.0 0.0			X				236,810	0	50,976
JESSE GOODRICH VP	40.0 0.0			X				247,369	0	36,344
THERESA SIEVERS SENIOR VP	40.0 0.0			X				273,625	0	8,333
LISA A CASANOVA MD BOARD MEMBER	40.0 0.0	X						229,155	0	52,208
VERNEETA L WILLIAMS MD BOARD MEMBER	40.0 0.0	X						220,834	0	42,737
BARBARA LABONTE DIRECTOR SYSTEM	40.0 0.0				X			229,801	0	27,516

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			
SANDRA SNAPP ASSOCIATE VICE PRESIDENT SERVI	40.0 0.0				X			226,249	0	26,537
LINWOOD NELSON CHIEF FINANCIAL OFFICER/AVP	40.0 0.0				X			197,661	0	45,943
SADIE THURMAN VP RN	40.0 0.0			X				217,432	0	19,175
DOUGLAS CULBERT ASSOCIATE VICE PRESIDENT SERVI	40.0 0.0				X			185,038	0	46,431
LINDA MCKEE ASSOCIATE VICE PRESIDENT SERVI	40.0 0.0				X			213,657	0	17,260
EILEEN VARNSON VP	40.0 0.0			X				201,044	0	28,431
DAVID INABINET CHIEF INFORMATION SECURITY OFF	40.0 0.0				X			204,840	0	20,260
CHERYL ANGE DIRECTOR SR SPECIALITIES	40.0 0.0				X			191,584	0	28,034
LISA SHANNON DIRECTOR SYSTEM	40.0 0.0				X			189,308	0	23,217
ERIC STONE FORMER VP CLINICAL OPERATIONS	32.0 0.0						X	199,335	0	9,125

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTOINETTE WATKINS DIRECTOR SYSTEM	40.0 0.0						X	188,373	0	17,498
JAMES LESNICK VP/MEDICAL DIRECTOR RMG	7.0 0.0						X	162,449	0	24,432
ELISABETH WILLIAMS VP	24.0 0.0						X	167,149	0	19,190
JESSICA MACALINO ASSOCIATE VICE PRESIDENT SERVI	40.0 0.0				X			169,783	0	16,129
KELLY COOPER DIRECTOR SR RMG	40.0 0.0				X			162,676	0	22,745
JUDITH MATTHEWS EXECUTIVE NURSE	40.0 0.0				X			157,315	0	21,770
ANDREA STASKIEL EXECUTIVE DIRECTOR	40.0 0.0				X			160,694	0	8,241
DEBRA CAMPBELL ADMINISTRATOR RBHC	40.0 0.0						X	140,545	0	21,290
TERESA K THOMPSON NP BOARD MEMBER	32.0 0.0	X						103,598	0	13,268
ALAN STEVEN WITT Chairman	1.0 0.0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEXANDER FLEET DILLAR BOARD MEMBER	1.0 0.0	X						0	0	0
ALFRED JOE POOLE III BOARD MEMBER	1.0 0.0	X						0	0	0
ALICE G BURGESS BOARD MEMBER	1.0 0.0	X						0	0	0
BARBARA S HAYWOOD BOARD MEMBER	1.0 0.0	X						0	0	0
BETTY L BLEVINS VICE CHAIRMAN	1.0 0.0	X		X				0	0	0
CARRINGTON F RANDOLPH BOARD MEMBER	1.0 0.0	X						0	0	0
CELIA L ADOLPHI BOARD MEMBER	1.0 0.0	X						0	0	0
CHARLENE E SMITH VICE CHAIRMAN	1.0 0.0	X		X				0	0	0
CHARLES G MINTER BOARD MEMBER	1.0 0.0	X						0	0	0
CONWAY HOWARD SHEILD I CHAIRMAN	1.0 0.0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CONWAY W SMITH III CHAIRMAN	1.0 0.0	X		X				0	0	0
DANIEL J SHERLOCK CHAIRMAN	1.0 0.0	X		X				0	0	0
DARRYL ELLEN FISHER BOARD MEMBER	1.0 0.0	X						0	0	0
DELORIS H BECKER BOARD MEMBER	1.0 0.0	X						0	0	0
DOUGLAS E NAGEL BOARD MEMBER	1.0 0.0	X						0	0	0
DWAYNE B BLAKE BOARD MEMBER	1.0 0.0	X						0	0	0
ELIZABETH DAWN HUNT DM BOARD MEMBER	1.0 0.0	X						0	0	0
ERIC M STONE BOARD MEMBER	1.0 0.0	X						0	0	0
EUGENE M JORDAN ESQ BOARD MEMBER	1.0 0.0	X						0	0	0
FRANCES HUNDLEY ELLIS BOARD MEMBER	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FREDRICK N ELOFSON BOARD MEMBER	1.0 0.0	X						0	0	0
GARFIELD PARKER BOARD MEMBER	1.0 0.0	X						0	0	0
GEORGE M LONGEST JR BOARD MEMBER	1.0 0.0	X						0	0	0
GEORGE ROYDEN GOODSON BOARD MEMBER	1.0 0.0	X						0	0	0
HALL RENFRO HOWARD MD BOARD MEMBER	1.0 0.0	X						0	0	0
HAROLD D JONES BOARD MEMBER	1.0 0.0	X						0	0	0
IRIS A LANE VICE CHAIRMAN	1.0 0.0	X		X				0	0	0
JAMES M MULLINS III BOARD MEMBER	1.0 0.0	X						0	0	0
JARED L BATES VICE CHAIRMAN	1.0 0.0	X		X				0	0	0
JEANNE ZEIDLER BOARD MEMBER	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEROLD WAYNE ALLEN CHAIRMAN	1.0 0.0	X		X				0	0	0
JOHN C ISHON BOARD MEMBER	1.0 0.0	X						0	0	0
JOHN T DEVER BOARD MEMBER	1.0 0.0	X						0	0	0
KEITH E HANGER BOARD MEMBER	1.0 0.0	X						0	0	0
KIRBY H SMITH BOARD MEMBER	1.0 0.0	X						0	0	0
LINDA BOWEN PHILLIPS BOARD MEMBER	1.0 0.0	X						0	0	0
MICHAEL T CHASE BOARD MEMBER	1.0 0.0	X						0	0	0
MYRON KEITH HODGES BOARD MEMBER	1.0 0.0	X						0	0	0
NANCY C WEAKLEY BOARD MEMBER	1.0 0.0	X						0	0	0
PATRICIA HALL GALLAGHE BOARD MEMBER	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA P BARRY MD BOARD MEMBER	1.0 0.0	X						0	0	0
PAUL TREOLO BOARD MEMBER	1.0 0.0	X						0	0	0
PHILIP G STOWELL BOARD MEMBER	1.0 0.0	X						0	0	0
REBECCA ELLEN MCCOY CP BOARD MEMBER	1.0 0.0	X						0	0	0
RICHARD A FARMAR III CHAIRMAN	1.0 0.0	X		X				0	0	0
RICHARD FREDERICK CROW CHAIRMAN	1.0 0.0	X		X				0	0	0
RICHARD JOEL PEARCE BOARD MEMBER	1.0 0.0	X						0	0	0
ROBERT J COURTER JR BOARD MEMBER	1.0 0.0	X						0	0	0
ROBERT THOMAS DAVIS MD BOARD MEMBER	1.0 0.0	X						0	0	0
RONALD MURRAY BOARD MEMBER	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD LEE SAUNDERS BOARD MEMBER	1.0 0.0	X						0	0	0
STEPHEN SILVASY JR BOARD MEMBER	1.0 0.0	X						0	0	0
STEPHEN C ADAMS VICE CHAIRMAN	1.0 0.0	X		X				0	0	0
STEVE SPAIN BOARD MEMBER	1.0 0.0	X						0	0	0
SUSAN S JACOBS BOARD MEMBER	1.0 0.0	X						0	0	0
SUSANNA B HICKMAN BOARD MEMBER	1.0 0.0	X						0	0	0
THERESA EMORY MD BOARD MEMBER	1.0 0.0	X						0	0	0
VICKI MILES HAUSER BOARD MEMBER	1.0 0.0	X						0	0	0
WALTER R CLEMONS PHD BOARD MEMBER	1.0 0.0	X						0	0	0
WANDA M AUSTIN BOARD MEMBER	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM L BRAUER CHAIRMAN	1.0 0.0	X		X				0	0	0
WILLIAM M GRACE BOARD MEMBER	1.0 0.0	X						0	0	0
WILLIAM P HEATH JR BOARD MEMBER	1.0 0.0	X						0	0	0
WILLIAM S MASSEY BOARD MEMBER	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Riverside Healthcare Association Inc Group

Employer identification number
90-1000718

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **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 3
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	3					

Part II

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	880,659	2,004,962	3,327,791	3,265,075	1,605,113	11,083,600
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	880,659	2,004,962	3,327,791	3,265,075	1,605,113	11,083,600
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) . . .						0
6	Public support. Subtract line 5 from line 4.						11,083,600
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	880,659	2,004,962	3,327,791	3,265,075	1,605,113	11,083,600
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	8,362	10,944	11,996	283,370	93	314,765
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	1,291,676	3,233,478	157,475	89,009	1,744,442	6,516,080
11	Total support. Add lines 7 through 10						17,914,445
12	Gross receipts from related activities, etc. (see instructions)					12	154,453,978
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	61.870 %
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	59.327 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						
Schedule A (Form 990 or 990-EZ) 2019							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	29,493	31,543	0	61,036
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	100,546,480	110,067,150	162,557,613	148,919,430	154,453,978	676,544,651
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	100,546,480	110,067,150	162,587,106	148,950,973	154,453,978	676,605,687
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.					88,414,861	88,414,861
c Add lines 7a and 7b.					88,414,861	88,414,861
8 Public support. (Subtract line 7c from line 6.)						588,190,826

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	100,546,480	110,067,150	162,587,106	148,950,973	154,453,978	676,605,687
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,539,270	36,502	-1,095,619	-3,719,539	1,298,816	59,430
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	3,539,270	36,502	-1,095,619	-3,719,539	1,298,816	59,430
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,851,203	13,785,249	18,170,944	30,662,630	692,452	72,162,478
13 Total support. (Add lines 9, 10c, 11, and 12.)	112,936,953	123,888,901	179,632,938	175,862,521	156,445,246	748,766,558
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	78.555 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	88.072 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.008 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.130 %

- 19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0
2	Recoveries of prior-year distributions	2	0
3	Other gross income (see instructions)	3	0
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	0
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	0
7	Other expenses (see instructions)	7	0
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	0
b	Average monthly cash balances	1b	0
c	Fair market value of other non-exempt-use assets	1c	0
d	Total (add lines 1a, 1b, and 1c)	1d	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI): 0		
2	Acquisition indebtedness applicable to non-exempt use assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		0
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		0
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		0
4	Amounts paid to acquire exempt-use assets		0
5	Qualified set-aside amounts (prior IRS approval required)		0
6	Other distributions (describe in Part VI). See instructions		0
7	Total annual distributions. Add lines 1 through 6.		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		0
9	Distributable amount for 2019 from Section C, line 6		0
10	Line 8 amount divided by Line 9 amount		0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.		0	
3 Excess distributions carryover, if any, to 2019:			
a From 2014. 0			
b From 2015. 0			
c From 2016. 0			
d From 2017. 0			
e From 2018. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2020. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015. 0			
b Excess from 2016. 0			
c Excess from 2017. 0			
d Excess from 2018. 0			
e Excess from 2019. 0			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINES 12 and 12a	RIVERSIDE HEALTHCARE FOUNDATION IS A SUBORDINATE WITHIN THE GROUP THAT IS RECOGNIZED BY THE IRS AS A 509(a)(3) TYPE I SUPPORTING ORGANIZATION. ACCORDINGLY, PART IV, SECTIONS A AND B HAVE BEEN COMPLETED.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART 1 Public Charity Status of Subordinates	Name of Subordinate EIN Type Center for Excellence in Aging/Geriatric Health 06-1544517 7 Riverside Middle Peninsula Hospital, Inc. 52-1241836 3 Riverside Healthcare Services, Inc. 52-1241839 10 Riverside Management Services, Inc. 52-1241840 10 Riverside Healthcare Foun dation, Inc. 52-1241989 12 I Riverside Hospital, Inc. 52-1245746 3 Riverside Convalescent Centers, Inc. 52-1276323 3 The Rehabilitation Institute of Virginia, Inc. 52-1432269 3 San ders Common,LTD 52-4233030 10 Patrick Henry Hospital, Inc. 54-0601803 3 Francis N. Sanders Nursing Home, Inc. 54-0683174 10 Riverside Wellness and Fitness Centers, Inc. 54-1318861 10 Riverside Retirement Services, Inc. 54-1348674 10 Riverside Tappahannock Hospital, Inc. 54-1489410 3 Riverside Physician Services, Inc. 54-1519724 3 Patriots Colony, Inc. 54-168 0163 10 Riverside Health System Foundation, Inc. 54-1994013 7 Doctors Hospital of Williams burg 27-1540267 3

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		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		170,630
j	Total. Add lines 1c through 1i			170,630
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
Other Advocacy Activities	Salary and Expenses \$112,524 Dues \$ 58,106 ----- Total \$170,630 Advocates on issues related to certificates of public need and all issues affecting healthcare such as hospitals, patients, physicians, and health insurance.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Riverside Healthcare Association Inc Group

Employer identification number
90-1000718

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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 7/25/06, 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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2019

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	1,223,034	1,385,267	1,241,004	1,175,020	1,186,469
b	Contributions					
c	Net investment earnings, gains, and losses	146,702	-26,248	144,263	65,984	-11,449
d	Grants or scholarships	84,400				
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,285,336	1,359,019	1,385,267	1,241,004	1,175,020

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	14,003,371		14,003,371
b	Buildings	439,661,245	210,120,464	229,540,779
c	Leasehold improvements			
d	Equipment	522,155,595	379,856,679	142,298,916
e	Other	32,797,614	17,317,165	15,480,449
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			401,323,515

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	259,310,187

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury

Name of the organization
Riverside Healthcare Association Inc Group

Employer identification number
90-1000718

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % 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.	3a	Yes
		3b	Yes
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	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			32,144,169	0	32,144,169	1.940 %
b Medicaid (from Worksheet 3, column a)			124,131,471	131,056,313	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			156,275,640	131,056,313	32,144,169	1.940 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,950,661		1,950,661	0.120 %
f Health professions education (from Worksheet 5)			24,646,037	13,228,631	11,417,406	0.690 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			2,467,403	1,418,012	1,049,392	0.060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,247,963		2,247,963	0.140 %
j Total. Other Benefits			31,312,064	14,646,643	16,665,422	1.010 %
k Total. Add lines 7d and 7j			187,587,704	145,702,956	48,809,591	2.950 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		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	37,609,578	
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	0	
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	297,535,709	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	301,244,469	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-3,708,760	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

6

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

5

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Part V, Section C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Riverside Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group _____

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

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

Riverside Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

Riverside Rehabilitation Hospital

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Select Specialty Hospital-Hampton Rds

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): _____

6

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Part V, Section C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Select Specialty Hospital-Hampton Rds

Name of hospital facility or letter of facility reporting group _____

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

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

Select Specialty Hospital-Hampton Rds

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

Policy Relating to Emergency Medical Care

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

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

Select Specialty Hospital-Hampton Rds

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

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):** _____

14

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Part V, Section C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

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? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Section C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 33

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

Part VI Supplemental Information

Provide the following information.

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

Form and Line Reference	Explanation
Part VI	<p>Line 1: Part I Line 3c: Free care uses 200% and discounted care uses 400% of the FPG. Line 1: Part I Line 7, column F: Bad debt expense removed from total expense in line 7, column F is \$37,547,796. Line 1: Part I Line 7A: The cost to charge ratio calculated on worksheet 2 was used for the charity expense. Line 1: Part I Line 7B: Medicaid cost and net revenue are directly from the Medicaid cost report. Line 1: Part I Line 7E: Community health improvement is actual cost accumulated by the individuals participating in the activities. Line 1: Part I Line 7F: Health Professions Education cost is from the 2019 Medicare Cost Report plus overhead calculated from the Medicare Cost 2019 Report. Line 1: Part I Line 7H: Research costs are expenses less any funding received. Line 1: Part I Line 7I: Cash and in kind contributions are the actual 2019 dollar value of the cash or items given. Line 1: Part III Line 2: (Riverside Health System) Bad debt is the amount remaining on a patient's account after cash payments, third party payer contractual adjustments and hospital discounts have been taken. Before the amount is written off to bad debt, the account is sent to a collection agency which returns the account when they have exhausted all possible effort. Upon return the account balance is written off to bad debt. Line 1: Part III Line 2: (Select Specialty Hospital) Hospital records uncollectible accounts that are not a result of credit worthiness as a direct offset to revenue in accordance with current GAAP revenue recognition standards. Hospitals methodology to record a reserve for uncollectible accounts is based on recording, on a monthly basis, a reserve which is equal to the % of write-offs to net patient revenue for the prior twelve calendar months multiplied by the current months recorded patient revenue. Line 1: Part III Line 3: If the patient was uninsured and had a household income at or below 200% of the Federal Poverty Level or was insured and had a household income at or below 400% of the Federal Poverty Level the patient would qualify for 100% financial assistance write off and would not be included in bad debt. The only population that may fall into the bad debt is if the patient was uninsured with a household income between 201% and 400% of the Federal Poverty Level which received a 75% financial assistance write off of eligible billed charges. The patient would have a liability of 25% of the billed amount. If the patient did not pay the 25% amount, that liability could be sent to bad debt. The financial assistance write off of 75% is not applied to bad debt. However, our procedures for identifying FAP-eligible individuals are thorough, therefore we do not estimate any amount of bad debt to be attributable to FAP-eligible patients. Line 1: Part III Line 4: Footnote 3 of the Audited Financial Statements states: If the System identifies subsequent adjustments to the transaction price that would cause adverse changes in a patient or payor's ability to pay, the amounts are recorded as bad debt expense. Bad debt expense is included in operating expenses in the consolidated statement of operations. The amount included as bad debt expense for the year ended December 31, 2019 was not material to the System. Line 1: Part III Line 8: The organization uses CMS cost reporting guidelines and methodology to determine allowable Medicare costs. The shortfall from Medicare should be recognized as a community benefit, since the patients are provided services at a loss for the facility. The Health System is assuring that these essential emergency and acute care services are provided for the population's health. Not included in this shortfall are costs that Medicare considers non allowable. Line 1: Part III Line 9b: Reasonable efforts will be made to determine whether a patient is eligible for financial assistance prior to sending an account to collections. If the patient qualifies for financial assistance the account is adjudicated based on their FAP eligibility. Patients may need to complete a financial assistance application to determine eligibility or may request reconsideration under this financial assistance policy by submitting a financial assistance application. Upon receipt of an application for financial assistance, collection actions are suspended until a final eligibility determination is made. If the patient is deemed eligible for financial assistance, the account will be returned from collections and all collection efforts will be reversed. Line 2: Riverside Health System has embraced the Community Health Needs Assessment process as the way to best assess the health care needs of the communities it serves. To supplement this data, Riverside also utilizes resources such as the Virginia Atlas of Community Health, demographic data, as well as observing utilization and diagnoses trends across the Riverside service areas and nationally. Finally, Riverside works closely with other community leaders to identify and res</p>

Form and Line Reference	Explanation
Part VI	<p>pond to local needs. Having community-based boards also allows for continuous feedback from individuals living and working in the service area. Line 3: Notification about the financial assistance program include, but are not limited to, the publication of notices in patient bills, providing the Plain Language Summary of the Financial Assistance Policy in emergency rooms, admitting and registration departments, hospital business offices, patient financial services offices, and at other public places as Riverside Health System may elect. Riverside Health System also publishes and widely publicizes this financial assistance policy on the facility website. The plain language summary is also included with the billing statement 30 days prior to referring a patient's account to collections. Patients may obtain additional information and/or paper copies of any financial assistance policy, PLS or application in person by visiting any Riverside Hospital Department, by mail, via our web site, or by calling our Customer Service Center. Line 4: The service area for Riverside Healthcare Association, dba Riverside Health System, covers a wide geographic area, from the Potomac River to south of the James River in southeastern Virginia. The entire Peninsula region, including James City County, Williamsburg (where RDHW is located), Newport News (where RRMC is located), Hampton, York and Poquoson has a 2020 forecasted population of approximately 555,000 people. The Virginia Peninsula is bordered on the east by the Chesapeake Bay, on the south by the James River and the north by the York River. Access to health care facilities not located on the Peninsula is restricted by tunnels and bridges, with three connections to various points across the James and the Bay, and one bridge north across the York. Numerous waterways, inlets and marshlands are prominent in the landscape and restrict traffic in certain areas, requiring a system of bridges or circuitous routes for local travel. Interstate 64 runs the length of the Peninsula, providing access some 75 miles from Newport News to downtown Richmond and 40 miles to downtown Norfolk (via Hampton Roads Bridge Tunnel). The 2016 Virginia Department of Transportation study reports Average Annual Weekday Traffic counts of 163,000 along this corridor. The Virginia Peninsula region, per 2020 Census Projections, is approximately 52% White, 38% Black, and the remaining 10% a combination of Asian, Native American, Other and Two or More Races. While still a small overall percentage, the Hispanic community is growing, with 13% growth projected from 2015 to 2020. Median household income is projected to be \$59,562 in 2020, with Per Capita Income projected to be at \$30,503. The median age is projected to be 35.9 in 2020. The community's population of people over age 65 is growing quickly, and that aging population points to even stronger hospital utilization in the coming years. The age group of 65 and older comprises 14 percent of the population. Within the market, all of the localities with the exception of the city of Poquoson qualify for full or partial designation as Medically Under served Service Areas. While the military only accounts for 10% of the direct employment in the region, the impact of the armed forces is much larger. With the largest private employer being Huntington Ingalls Newport News Shipbuilding (maker of nuclear powered aircraft carriers and submarines) with more than 20,000 local workers, and the many smaller contracting companies that support the Newport News Shipyard, local Navy bases and Langley AFB / NASA Langley, more than 50% of the regional economy is connected to the defense industry. It is also a popular destination for military retirees. In terms of demographics and occupations, the Riverside service area is primarily what has traditionally been defined as a blue-collar community. More than one third of adults over age 25 have high school or less as the highest level of educational attainment.</p>

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6		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	Riverside Regional Medical Center 500 J CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601 www.riversideonline.com/rrmc/ H 1887	X	X		X		X	X		Inpat Psychiatric	A
2	Riverside Walter Reed Hospital 7519 HOSPITAL DRIVE GLOUCESTER, VA 23061 www.riversideonline.com/rwrh/ H 1890	X	X					X			A
3	Riverside Tappahannock Hospital 618 HOSPITAL ROAD TAPPAHANNOCK, VA 22560 www.riversideonline.com/rth/ H 1889	X	X					X			A
4	Riverside Doctors Hosp Williamsburg 1500 Commonwealth Avenue Williamsburg, VA 23185 www.riversideonline.com/rdhw/ H 1937	X	X					X			A
5	Riverside Rehabilitation Hospital 250 Josephs Drive Yorktown, VA 23693 www.riverside-rehabilitation.com H 1888	X								inpat rehabilitation	

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? 6		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
6	Select Specialty Hospital-Hampton Rds 500 J Clyde Morris Blvd Newport News, VA 23601 hamptonroads.selectspecialtyhospitals.co H 1925	X								Long Term Acute Care	

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

Form and Line Reference	Explanation
Riverside Rehabilitation Hospital	<p>Line 3E. The significant health needs of the community identified in the CNHA are prioritized according to the community needs. Line 5: As described in the CHNA, Riverside conducted a community survey between June 2018 and May 2019 to obtain input for the Community Health Needs Assessment. In partnership with other regional healthcare systems, the Peninsula Community Health Collaborative, non-profit organizations and the Virginia Department of Health conducted a joint survey utilizing SurveyMonkey. There were two versions of the survey: one for community members which was distributed on each systems website, social media outlets and community meetings; and one for community, medical and public health leaders which was emailed to an identified list of key stakeholders jointly from all of the health systems under the signature of the Medical Director of the Peninsula Health District of the Virginia Department of Health. The specific list of organization affiliations can be found in Appendix A of the CHNA. In addition to the survey, multiple public health sources were consulted in the assembly of the needs assessment. These included CDCs WONDER database, Virginia Department of Health statistics, Virginia Health Information, Urban Institute for the Virginia Health Care Foundation, American Community Survey and the US Health Resources and Service Administration. Line 7a: www.riverside-rehabilitation.com/about/community-health-needs-assessment Line 7D: In addition to the website and the hardcopy available at the facility the report was also mailed to several community leaders. Line 10a: www.riverside-rehabilitation.com/about/community-health-needs-assessment Line 11: As explained in the CHNA, the significant needs to be addressed include: Behavioral/Mental Health and Substance Abuse In 2019 the ligature-resistant Riverside Behavioral Health Center opened up the Adolescent Care Unit. The facility also participates in the Medicaid ARTS program (Addiction and Recovery Treatment Services). RRMC has also implemented a Clinical Opiate Withdrawal Scale (COWS) protocol, and RRMC is attempting to minimize opioid exposure through responsible and appropriate prescribing tactics, multi-modal pain management education to patients and providers. Food Insecurities: Riverside will continue the Riverside Brentwood Diabetic Food Insecurity Program, which was established off of the 2013 CHNA. This program identifies patients with diabetes who are food insecure and invites them to participate by getting healthy food boxes every two weeks (whole grain pasta, brown rice, low sodium canned vegetables, etc) along with education and recipes. The small pilot program demonstrated the positive impact through lowered BMI and A1C, so the program will continue and look for opportunities to expand. Health Insurance Coverage / Access to Care: Riverside provides support to the Lackey Free Clinic and participates in Change Healthcare, which is a program dedicated to increasing the number</p>

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

Form and Line Reference	Explanation
Riverside Rehabilitation Hospital	<p>er of community members who are signed up for Medicaid. Neoplasms of the Lung: Riverside o ffers low dose CT screenings to patients who may have an increased risk of developing lung cancer. While Riverside was only initially able to offer these screening to patients with commercial insurance or who could pay out of pocket, Riverside now participates with the PenLung registry, allowing us to offer these services to Medicaid and Medicare patients as well. Maternal and Infant Care: Riverside offers multiple community education courses and groups, including: breastfeeding, baby care, infant CPR, expectant parents, expectant sib lings, grandparents class and rookie dads. Riverside also offers bereavement and post part um support groups and has a partnership with Healthy Families of Newport News and Hampton for free services including a personal parenting coach and home visits. Colon Cancer: Rive rside plans to roll out awareness campaigns in March 2020, particularly focusing on minori ty groups. Aging Services focused on Alzheimers and Dementia Riversides Center for Excellence in Aging and Lifelong Health (CEALH) offers multiple services for memory care patients and their caregivers. These include access to the Benjamin Rose Institute on Aging Care C onsultation program, a Memory Caf and the Caring for You / Caring for me program. The item s determined to not be the highest priorities included for the CHNA are noted below, due t o the limitation of resources, the size of the issue and the capacity of existing organiza tions to impact the problem (which is currently noted). Items on the list may be already b eing addressed through other Riverside programs, such as heart disease, smoking cessation programs, chronic pain, smoking, respiratory care, domestic violence and reproductive heal th. Some issues were outside of the area of expertise of the health system, such as the fo ster care system. Items such as infant mortality are important, but not necessarily an ite m that could be impacted significantly by the health system in a three year period and ins tead will be addressed through our continued pre and post-natal care programs. Other items not ranked as top health problems through either the qualitative or quantitative data ass essments included: environmental health, drowning/water safety, autism, HIV/AIDS, dental/o ral care, neurological problems, arthritis, renal disease, orthopedic problems, sexually t ransmitted infections, physical disabilities and bullying.</p> <p>Line 16 a: www.riverside-rehabilitation.com/referral-sources/financial-assistance Line 16 b: www.riverside-rehabilitation.com/referral-sources/financial-assistance Line 16 c: www.riverside-rehabilitation.com/referral-sources/financial-assistance Line 20b. While the hospital facility made reasonable e fforts to orally notify all individuals about the FAP and FAP application process, this ma y not have been uniformly performed for 100% of the patients receiving treatment despite t he hospitals best efforts. Lin</p>

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

Form and Line Reference	Explanation
Riverside Rehabilitation Hospital	e 20 d: Presumptive eligibility is not used. Due to the limited number of patients and app licants for Financial Assistance, personnel work with patients to complete the application . Presumptive models are not used.

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

Form and Line Reference	Explanation
Select Specialty Hospital- Hampton Roads	<p>Line 3E. The significant health needs of the community identified in the CNHA are prioritized according to the community needs. Line 5: As described in the CHNA, Riverside conducted a community survey between June 2018 and May 2019 to obtain input for the Community Health Needs Assessment. In partnership with other regional healthcare systems, the Peninsula Community Health Collaborative, non-profit organizations and the Virginia Department of Health conducted a joint survey utilizing SurveyMonkey. There were two versions of the survey: one for community members which was distributed on each systems website, social media outlets and community meetings; and one for community, medical and public health leaders which was emailed to an identified list of key stakeholders jointly from all of the health systems under the signature of the Medical Director of the Peninsula Health District of the Virginia Department of Health. The specific list of organization affiliations can be found in Appendix A of the CHNA. In addition to the survey, multiple public health sources were consulted in the assembly of the needs assessment. These included CDCs WONDER database, Virginia Department of Health statistics, Virginia Health Information, Urban Institute for the Virginia Health Care Foundation, American Community Survey and the US Health Resources and Service Administration. Line 7A: https://hamptonroads.selectspecialtyhospitals.com/uploadedfiles/content/shared/patients_and_families/admissions/2019-chna-ssh-hampton-roads.pdf Line 7D: In addition to the website and the hardcopy available at the facility the report was also mailed to several community leaders. Line 10A: https://hamptonroads.selectspecialtyhospitals.com/uploadedfiles/content/shared/patients_and_families/admissions/2019-chna-ssh-hampton-roads.pdf Line 11: As explained in the CHNA, the significant needs to be addressed include: Behavioral/Mental Health and Substance Abuse In 2019 the ligature-resistant Riverside Behavioral Health Center opened up the Adolescent Care Unit. The facility also participates in the Medicaid ARTS program (Addiction and Recovery Treatment Services). R RMC has also implemented a Clinical Opiate Withdrawal Scale (COWS) protocol, and R RMC is attempting to minimize opioid exposure through responsible and appropriate prescribing tactics, multi-modal pain management education to patients and providers. Food Insecurities: Riverside will continue the Riverside Brentwood Diabetic Food Insecurity Program, which was established off of the 2013 CHNA. This program identifies patients with diabetes who are food insecure and invites them to participate by getting healthy food boxes every two weeks (whole grain pasta, brown rice, low sodium canned vegetables, etc) along with education and recipes. The small pilot program demonstrated the positive impact through lowered BMI and A1C, so the program will continue and look for opportunities to expand. Health Insurance Coverage / Access to Care:</p>

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

Form and Line Reference	Explanation
Select Specialty Hospital-Hampton Roads	<p>Riverside provides support to the Lackey Free Clinic and participates in Change Healthcare , which is a program dedicated to increasing the number of community members who are signe d up for Medicaid. Neoplasms of the Lung: Riverside offers low dose CT screenings to patie nts who may have an increased risk of developing lung cancer. While Riverside was only ini tially able to offer these screening to patients with commercial insurance or who could pa y out of pocket, Riverside now participates with the PenLung registry, allowing us to offe r these services to Medicaid and Medicare patients as well. Maternal and Infant Care: Rive rside offers multiple community education courses and groups, including: breastfeeding, ba by care, infant CPR, expectant parents, expectant siblings, grandparents class and rookie dads. Riverside also offers bereavement and post partum support groups and has a partnersh ip with Healthy Families of Newport News and Hampton for free services including a persona l parenting coach and home visits. Colon Cancer: Riverside plans to roll out awareness cam paigns in March 2020, particularly focusing on minority groups. Aging Services focused on Alzheimers and Dementia Riversides Center for Excellence in Aging and Lifelong Health (CEA LH) offers multiple services for memory care patients and their caregivers. These include access to the Benjamin Rose Institute on Aging Care Consultation program, a Memory Caf and the Caring for You / Caring for me program. The items determined to not be the highest pr iorities included for the CHNA are noted below, due to the limitation of resources, the si ze of the issue and the capacity of existing organizations to impact the problem (which is currently noted). Items on the list may be already being addressed through other Riversid e programs, such as heart disease, smoking cessation programs, chronic pain, smoking, resp iratory care, domestic violence and reproductive health. Some issues were outside of the a rea of expertise of the health system, such as the foster care system. Items such as infan t mortality are important, but not necessarily an item that could be impacted significantl y by the health system in a three year period and instead will be addressed through our co ntinued pre and post-natal care programs. Other items not ranked as top health problems th rough either the qualitative or quantitative data assessments included: environmental heal th, drowning/water safety, autism, HIV/AIDS, dental/oral care, neurological problems, arth ritis, renal disease, orthopedic problems, sexually transmitted infections, physical disab ilities and bullying. Line 16A: https://hamptonroads.selectspecialtyhospitals.com/uploaded files/content/sh ared/patients_and_families/admissions/ssh-hampton-roads-financial-assista n ce-policy.pdf Line 16B: https://hamptonroads.selectspecialtyhospitals.com/uploadedfiles/ content/sh ared/patients_and_families/admissions/select-specialty-hospital-financial- assi stance-policy-application.pdf</p>

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

Form and Line Reference	Explanation
Select Specialty Hospital-Hampton Roads	Line 16C: https://hamptonroads.selectspecialtyhospitals.com/uploadedfiles/content/shared/patients_and_families/admissions/ssh-hampton-roads-plain-language-summary-of-financial-assistance.pdf Line 20b. While the hospital facility made reasonable efforts to orally notify all individuals about the FAP and FAP application process, this may not have been uniformly performed for 100% of the patients receiving treatment despite the hospital's best efforts. Line 20D: Presumptive eligibility methods are not used.

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

Form and Line Reference	Explanation
A	<p>Line 3E. The significant health needs of the community identified in the CNHA are prioritized according to the community needs. Line 5: As described in the CHNA, Riverside conducted a community survey between June 2018 and May 2019 to obtain input for the Community Health Needs Assessment. In partnership with other regional healthcare systems, the Peninsula Community Health Collaborative, non-profit organizations and the Virginia Department of Health conducted a joint survey utilizing SurveyMonkey. There were two versions of the survey: one for community members which was distributed on each system's website, social media outlets and community meetings; and one for community, medical and public health leaders which was emailed to an identified list of key stakeholders jointly from all of the health systems under the signature of the Medical Director of the Peninsula Health District of the Virginia Department of Health. The specific list of organization affiliations can be found in Appendix A of the CHNA. In addition to the survey, multiple public health sources were consulted in the assembly of the needs assessment. These included CDC's WONDER database, Virginia Department of Health statistics, Virginia Health Information, Urban Institute for the Virginia Health Care Foundation, American Community Survey and the US Health Resources and Service Administration. Line 7A: https://riversideonline.com/about_riverside/Community/community-health-needs.cfm Line 7D: In addition to the website and the hardcopy available at the facility the report was also mailed to several community leaders. Line 10A: https://riversideonline.com/about_riverside/Community/community-health-needs.cfm Line 11: Riverside Regional Medical Center As explained in the CHNA, the significant needs to be addressed include: Behavioral/Mental Health and Substance Abuse In 2019 the ligature-resistant Riverside Behavioral Health Center opened up the Adolescent Care Unit. The facility also participates in the Medicaid ARTS program (Addiction and Recovery Treatment Services). RRM C has also implemented a Clinical Opiate Withdrawal Scale (COWS) protocol, and RRM C is attempting to minimize opioid exposure through responsible and appropriate prescribing tactics, multi-modal pain management education to patients and providers. Food Insecurities: Riverside will continue the Riverside Brentwood Diabetic Food Insecurity Program, which was established off of the 2013 CHNA. This program identifies patients with diabetes who are food insecure and invites them to participate by getting healthy food boxes every two weeks (whole grain pasta, brown rice, low sodium canned vegetables, etc) along with education and recipes. The small pilot program demonstrated the positive impact through lowered BMI and A1C, so the program will continue and look for opportunities to expand. Health Insurance Coverage / Access to Care: Riverside provides support to the Lackey Free Clinic and participates in Change Healthcare,</p>

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

Form and Line Reference	Explanation
A	<p>which is a program dedicated to increasing the number of community members who are signed up for Medicaid. Neoplasms of the Lung: Riverside offers low dose CT screenings to patient s who may have an increased risk of developing lung cancer. While Riverside was only initi ally able to offer these screening to patients with commercial insurance or who could pay out of pocket, Riverside now participates with the PenLung registry, allowing us to offer these services to Medicaid and Medicare patients as well. Maternal and Infant Care: Rivers ide offers multiple community education courses and groups, including: breastfeeding, baby care, infant CPR, expectant parents, expectant siblings, grandparents class and rookie da ds. Riverside also offers bereavement and post partum support groups and has a partnership with Healthy Families of Newport News and Hampton for free services including a personal parenting coach and home visits. Colon Cancer: Riverside plans to roll out awareness campa igns in March 2020, particularly focusing on minority groups. Aging Services focused on Al zheimers and Dementia Riversides Center for Excellence in Aging and Lifelong Health (CEALH) offers multiple services for memory care patients and their caregivers. These include ac cess to the Benjamin Rose Institute on Aging Care Consultation program, a Memory Caf and t he Caring for You / Caring for me program. The items determined to not be the highest prio rities included for the CHNA are noted below, due to the limitation of resources, the size of the issue and the capacity of existing organizations to impact the problem (which is c urrently noted). Items on the list may be already being addressed through other Riverside programs, such as heart disease, smoking cessation programs, chronic pain, smoking, respir atory care, domestic violence and reproductive health. Some issues were outside of the are a of expertise of the health system, such as the foster care system. Items such as infant mortality are important, but not necessarily an item that could be impacted significantly by the health system in a three year period and instead will be addressed through our cont inued pre and post-natal care programs. Other items not ranked as top health problems thro ugh either the qualitative or quantitative data assessments included: environmental health , drowning/water safety, autism, HIV/AIDS, dental/oral care, neurological problems, arthri tis, renal disease, orthopedic problems, sexually transmitted infections, physical disabil ities and bullying. Line 11: Walter Reed Hospital As explained in the CHNA, the significan t needs to be addressed include: Aging Services: Through Riversides Center for Excellence in Aging and Lifelong Health (CEALH and the Riverside Wellness Center, there will be multi ple courses available to the community, including Riversides Introduction to Supervised Ex ercise (RISE) program, FAMILIES, Advance Care Planning and Memory Caf Transportation: Rive rside will approach Bay Transi</p>

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

Form and Line Reference	Explanation
A	<p>t to build a covered bus stop and will contribute the financial resources to erect the structure and include appropriate safety, such as lights. Cardiovascular Health and Heart Disease: Riverside will be looking to expand access to cardiology specialists in the region and bring vascular surgery to the hospital. Additionally they will work to expand programs through cardiac rehab and provide community education. Chronic Diseases: RWRH will establish an outpatient destination to accommodate rheumatology, GO, antibodies and other non-chemotherapy infusions. This will assist multiple sclerosis, Crohns disease, lupus, rheumatoid arthritis, ulcerative colitis and chronic inflammatory demyelinating polyneuropathy patients. Lung Cancer Now that Riverside is participating with the PenLung registry it will expand access to a broader population to the low-dose screening CT scans. Substance Abuse: Riverside will continue its Crisis Intervention Program in collaboration with the CSB and other organizations to appropriately address psychiatric needs in the hospital. Additionally, Riverside continues to attempt to minimize opioid exposure through responsible and appropriate prescribing tactics such as multi-modal pain management and education to patients and providers. The items determined to not be the highest priorities included for the CHNA are noted below. Items on the list may be already being addressed through other Riverside programs, COPD, stroke, violent crime rate, psychoses and food insecurities. Other items not ranked as top health problems through either the qualitative or quantitative data assessments included: smoking / tobacco use, violence in the home / child abuse, dental / oral care, health insurance coverage, autism, chronic pain, foster care and social services. Line 11: Doctors' Hospital Williamsburg As explained in the CHNA, the significant needs to be addressed include: Heart Disease: Continue the collaboration with Riverside Doctors Hospital of Williamsburg, Sentara Williamsburg Regional Medical Center, Williamsburg Health Foundation, Fire and EMS services in Williamsburg, James City County and York County, The College of William and Mary, Greater Williamsburg Chamber of Commerce and the community to advance the Heart Safe Community. Other aspects of this effort will include ongoing CPR classes, distributing AEDs and screening for blood pressure, implementing the Pulse Point app and working with cardiologists to create pathways for uninsured and underinsured patients access to specialty care. Diabetes / Obesity / Improved Nutrition / Physical Activity: Riverside Doctors Hospital of Williamsburg and Sentara Williamsburg Regional Medical Center will coordinate with various local non-profits to promote wellness in the community at large. Opportunities identified include: workshops on wellness and nutrition, diabetes partnership program, sponsoring walks and other physical activities for the community and continue the Doc Is In lecture series</p>

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

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

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

Name and address	Type of Facility (describe)
1 Oyster Point Diagnostic 895 City Center Blvd Newport News, VA 23606	Diagnostic Center
1 Patriots Colony 6000 Patriots Colony Dr Williamsburg, VA 23188	Retirement Center
2 Peninsula Surgery Center 12000 Warwick Blvd Newport News, VA 23601	Surgery Center
3 Riverside Rehabilitation at Williamsburg 120 Monticello Avenue Williamsburg, VA 23185	Rehabilitation Services
4 Radiation Therapy Williamsburg 3901 Treyburn Drive Williamsburg, VA 23185	Radiation Oncology Center
5 Warwick Forest Retirement 866 Old Denbigh Blvd Newport News, VA 23602	Retirement Center
6 Williamsburg Healthcare Center 120 Kings Way Williamsburg, VA 23185	Diagnostic Center Infusion Therapy Center
7 RHS-Hampton Project 850 Enterprise Pkwy Hampton, VA 23666	Surgery Center Diagnostic Center
8 Riverside Walter Reed Professional Ctr Route 17 - Hospital Drive Gloucester, VA 23061	Medical Office Building
9 Gloucester Cancer Care 7544 Medical Drive Gloucester, VA 23061	Radiation Oncology Infusion Therapy Services
10 Riverside Rehab-Shoreview 225 Chesapeake Ave Newport News, VA 23607	Rehabilitation Services
11 Tappahannock Hospice 289 Hospital Road Tappahannock, VA 22560	Hospice Services
12 Cancer Specialists TW- Bayview 1200 Colonial Road Virginia Beach, VA 23454	Cancer Care Services
13 RDC - Smithfield 202 Gumwood Drive Smithfield, VA 23434	Diagnostic Center
14 Tappahannock Professional Office Bldg A 659 Hospital Road Tappahannock, VA 22560	Medical Office Building

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 Mount Clement Medical 300 Mount Clement Park Tappahannock, VA 22560	Diagnostic Center Therapy Services
1 Riverside Convalescent - Mathews 603 Main Street Mathews, VA 23109	Convalescent Services Nursing Home
2 Riverside Convalescent - Saluda 672 Gloucester Road Saluda, VA 23149	Convalescent Services Nursing Home
3 Riverside Convalescent - West Point 2960 Chelsea Road West Point, VA 23181	Convalescent Services Nursing Home
4 Riverside Wellness - Peninsula 12650 Jefferson Ave Newport News, VA 23602	Fitness Center Physical Therapy
5 Tappahannock Hospital Home Health 658 Hospital Road Tappahannock, VA 22560	Home Health Services
6 Cancer Specialists TW- Suffolk (Stark) 5835 Harbor View Blvd Suffolk, VA 23435	Cancer Care Services
7 Brentwood - Med Ed 10510 Jefferson Avenue Newport News, VA 23601	Physician Clinic
8 RCC-Smithfield Conv-Magnolia 200 Lumar Road Smithfield, VA 23430	Convalescent Center Nursing Home
9 Riverside Convalescent - Hampton 414 Algonquin Rd Hampton, VA 23661	Convalescent Services Nursing Home
10 The Orchard-Magnolia Manor 20 Delfae Drive Warsaw, VA 22572	Convalescent Services Nursing Home
11 Sanders Retirement Village 7385 Walker Ave Gloucester, VA 23061	Retirement Services
12 Cancer Specialists TW- Chspke 110 Wimbledon Square Chesapeake, VA 23320	Infusion Therapy Center
13 MDExpress-Hampton 3321 West Mercury Blvd Hampton, VA 23666	Urgent Care Services
14 MDExpress - Newport News 12997 Warwick Blvd Newport News, VA 23602	Urgent Care 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)
31 The Gardens at Warwick Forest 1000 Old Denbigh Blvd Newport News, VA 23602	Convalescent Services Nursing Home
1 Cancer Care Center 12100 Warwick Blvd Newport News, VA 23601	Radiation Oncology Infusion Therapy Center
2 Newport Square Professional Center 856 J Clyde Morris Blvd Newport News, VA 23601	Physician Services

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization

Riverside Healthcare Association Inc Group

Employer identification number

90-1000718

Part I 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ 18
- 3 Enter total number of other organizations listed in the line 1 table ▶ 5

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships	108	84,400			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Grant Explanation	A fund distribution form is completed and signed by an authorized administrator of the benefiting facility. Requests are approved according to the specifics of the requestor's governing charter. If a request doesn't comply the money is not distributed. Scholarship Eligibility and Requirements: Students must be enrolled or be an application to the nursing Program at the Riverside College of Health Careers. Applicants must demonstrate a cumulative GPA of 2.75 in prerequisite courses and enrolled students must have 3.0 in completed coursework. Applicants must also demonstrate financial need.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 2730 Ellsmere Avenue Norfolk, VA 23513	13-1788491	501(c)(3)	22,000				Make Strides
March of Dimes 4191 Innslake Drive Ste 201 Glenn Allen, VA 23060	13-1846366	501(c)(3)	6,300				2019 Spon-Chef

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 Inc PO Box 4002906 Des Moines, IA 50340	13-5613797	501(c)(3)	25,000				Heart Ball
Here For The Girls 1309 Jamestown Rd Williamsburg, VA 23185	26-0606190	501(c)(3)	22,000				Pink Carpet; Run for Hill & Gala

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
Flat-Out Events LLC 744 City Center Blvd Suite 800 Newport News, VA 23606	27-1675755		20,000				Community Partnership
Community Free Clinic of Newport News 727 25th Street Suite 100 Newport News, VA 23607	27-3510814	501(c)(3)	114,583				Free Clinic

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
Fear 2 Freedom Inc PO Box 6104 Newport News, VA 23606	45-2143034	501(c)(3)	10,000				Edu & Sexual Assault Survival Kits
Hospice Support Care 4445 Powhatan Pkwy Suite 800 Williamsburg, VA 23188	52-1289657	501(c)(3)	6,000				2019 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
Williamsburg Area Chamber of Commerce 421 N Boundary St Williamsburg, VA 23185	54-0482313	501(c)(6)	7,500				2019 Sponsorship
Christopher Newport University 1 Avenue of the Arts Suite 800 Newport News, VA 23606	54-0701501	501(c)(3)	130,000				Lifelong Learning Society; Insider's Breakfast; Athletics Sponsorship; Ferguson Ctr Dance Series; Riverside Medical Group Leadership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Peninsula EMS Council Inc PO Box 3648 Williamsburg, VA 23187	54-1064500	501(c)(3)	15,000				2019 Sponsorship
CNU Educational Foundation 1 Avenue of the Arts Newport News, VA 23606	54-1156248	501(c)(3)	12,500				2019-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
An Achievable Dream Foundation Inc 10858 Warwick Blvd Suite 800 Newport News, VA 23601	54-1621932	501(c)(3)	25,000				Tennis Ball
VA Health Care Foundation 707 East Main Street Ste A Richmond, VA 23219	54-1639924	501(c)(3)	25,000				2019 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
Virginia Nurses Foundation 2819 N Parham Road Suite 1350 Richmond, VA 23294	54-1788059	501(c)(3)	6,500				2019 Spon-Gala VNF Awards
Lackey Free Clinic 1620 Old Williamsburg Road Suite 230 Yorktown, VA 23690	54-1850915	501(c)(3)	30,000				Indig Pt 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
Williamsburg Area Chamber of Commerce Foundation 421 N Boundary St Williamsburg, VA 23187	54-1945838	501(c)(6)	15,780				2019 Sponsorship
Williamsburg Indoor Sports Complex 5700 Warhill Trail Williamsburg, VA 23188	54-1966400		10,000				2019 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
Virginia Symphony Orchestra 150 Boush Street Suite 800 Norfolk, VA 23510	54-6000598	501(c)(3)	7,500				2019-Sponsorship
City of Newport News 2400 Washington Avenue Ste 201 Newport News, VA 23607	54-6022059	Government	16,700				Marathon Health & Wellness Expo Silent Children's Garden Annual Senior Amateur Golf Classic Annual Senior Amateur Golf Classic

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 Living Museum Inc 524 J Clyde Morris Blvd Newport News, VA 23601	54-6055922	501(c)(3)	18,000				2019 Spon-Otter Ball
2019 Commemoration Inc PO Box 1607 Williamsburg, VA 23187	81-0703911	501(c)(3)	25,000				Edu Programs & Commemorative Projects

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
Lionsbridge Football Club LLC 701 Town Center Drive Newport News, VA 23606	82-3032870		35,000				2020 Sponsorship-Partnership RIV Sports Medicine Team

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Riverside Healthcare Association Inc Group		Employer identification number 90-1000718

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3	The compensation committee of the parent corporation, Riverside Healthcare Association, Inc. reviews and approves the compensation for top management using independent consultants and surveys.
Schedule J, Part I, Line 4b	ADRIA VANHOOZIER \$26,200 CHARLES FRAZIER \$52,128 CHARLES GRAHAM \$42,404 CHRISTOPHER STOLLE \$50,449 CYNTHIA WILLIAMS \$32,621 DENNIS LOFTUS \$45,772 EDWARD HECKLER \$28,447 ELIZABETH MARTIN \$39,846 ESTHER DESIMINI \$29,653 JASON HOUSER \$43,616 JESSE GOODRICH \$13,495 KEITH PERCIC \$32,855 LISA SALSBERY \$24,178 MICHAEL DACEY \$93,600 MICHAEL DOUCETTE \$63,687 NANCY LITTLEFIELD \$52,944 ROSS YOUNGER \$38,437 SALLY HARTMAN \$53,184 SALLY RYAN \$32,190 WALTER AUSTIN \$64,700 WILLIAM DOWNEY \$189,000 ----- TOTAL \$1,049,406 Riverside has established this SERP to provide retirement benefits to certain executive employees to supplement the retirement benefits to be received from Riverside and Social Security. Although the employee is fully vested in these funds, he/she will not have the right to withdraw these funds until the later of the employee reaching age 62 or separation from service with Riverside.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ADRIA NICOLE VANHOOZIER VP/ADMINISTRATOR RDHW	(i)	226,004	36,733	37,779	12,600	20,616	333,732	0
	(ii)	0	0	0	0	0	0	0
1ANDREA STASKIEL EXECUTIVE DIRECTOR	(i)	151,853		8,841	7,231	1,010	168,935	0
	(ii)	0	0	0	0	0	0	0
2ANTHONY FARAH PHYSICIAN	(i)	576,929	638,994	673	12,600	33,597	1,262,793	0
	(ii)	0	0	0	0	0	0	0
3BARBARA LABONTE DIRECTOR SYSTEM	(i)	197,238	31,289	1,274	26,303	1,213	257,317	0
	(ii)	0	0	0	0	0	0	0
4BRADEN MILLER CHIEF FINANCIAL OFFICER/AVP	(i)	219,705	32,611	11,472	27,272	35,254	326,314	0
	(ii)	0	0	0	0	0	0	0
5BRIAN KEEL PHYSICIAN	(i)	288,694	940,855	2,152	600	31,127	1,263,428	0
	(ii)	0	0	0	0	0	0	0
6CARRIE R MOSS MD BOARD MEMBER	(i)	214,136	147,746	67,481	33,242	573	463,178	0
	(ii)	0	0	0	0	0	0	0
7CATHERINE LINTZENICH MD BOARD MEMBER	(i)	375,603	68,871	11,049	12,600	23,040	491,163	0
	(ii)	0	0	0	0	0	0	0
8CHARLES FRAZIER VP MD	(i)	383,093	77,162	65,756	27,749	34,498	588,258	0
	(ii)	0	0	0	0	0	0	0
9CHARLES GRAHAM VP	(i)	332,276	47,132	56,614	25,891	38,458	500,371	0
	(ii)	0	0	0	0	0	0	0
10CHERYL ANGE DIRECTOR SR SPECIALITIES	(i)	179,463	11,439	682	19,167	8,867	219,618	0
	(ii)	0	0	0	0	0	0	0
11CHRISTOPHER PATRICK STOLLE MD VP MEDICAL AFFAIRS	(i)	366,417	62,355	65,428	27,642	8,842	530,684	0
	(ii)	0	0	0	0	0	0	0
12CYNTHIA WILLIAMS VP	(i)	265,521	70,853	45,788	10,899	15,118	408,179	0
	(ii)	0	0	0	0	0	0	0
13DAVID COHEN VP MD	(i)	302,838	35,000	39,353	0	28,532	405,723	0
	(ii)	0	0	0	0	0	0	0
14DAVID INABINET CHIEF INFORMATION SECURITY OFF	(i)	186,211	9,572	9,057	19,141	1,119	225,100	0
	(ii)	0	0	0	0	0	0	0
15DAVID F JONES MD BOARD MEMBER	(i)	165,515	21,581	103,468	27,642	14,834	333,040	0
	(ii)	0	0	0	0	0	0	0
16DEAN KOSTOV PHYSICIAN	(i)	727,272	1,494,618	122,917	21,989	30,611	2,397,407	0
	(ii)	0	0	0	0	0	0	0
17DEBRA CAMPBELL ADMINISTRATOR RBHC	(i)	136,199		4,346	13,382	7,908	161,835	0
	(ii)	0	0	0	0	0	0	0
18DENNIS LOFTUS SENIOR VP	(i)	189,641	64,668	87,546	29,756	17,062	388,673	0
	(ii)	0	0	0	0	0	0	0
19DOUGLAS CULBERT ASSOCIATE VICE PRESIDENT SERVI	(i)	159,023	22,966	3,049	19,185	27,246	231,469	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DWIGHT C HERBERT MD BOARD MEMBER	(i)	137,707	139,668	86,095	26,242	28,912	418,624	0
	(ii)	0	0	0	0	0	0	0
1EDWARD G HECKLER VP, LIFELONG HEALTH	(i)	230,621	27,195	40,297	26,139	22,630	346,882	0
	(ii)	0	0	0	0	0	0	0
2EILEEN VARNSON VP	(i)	189,596	0	11,448	0	28,431	229,475	0
	(ii)	0	0	0	0	0	0	0
3ELENA GARRETT MD BOARD MEMBER	(i)	230,936	28,547	88,336	27,428	672	375,919	0
	(ii)	0	0	0	0	0	0	0
4ELISABETH WILLIAMS VP	(i)	96,551	39,978	30,620	7,700	11,490	186,339	0
	(ii)	0	0	0	0	0	0	0
5ELIZABETH J MARTIN VP/ADMINISTRATOR	(i)	285,756	88,248	51,541	32,213	24,718	482,476	0
	(ii)	0	0	0	0	0	0	0
6ERIC STONE FORMER VP CLINICAL OPERATIONS	(i)	171,345	27,913	77	8,509	616	208,460	0
	(ii)	0	0	0	0	0	0	0
7ESTHER M DESIMINI VP/ADMINISTRATOR	(i)	280,007	53,379	47,330	12,600	24,674	417,990	0
	(ii)	0	0	0	0	0	0	0
8JAMES LESNICK VP/MEDICAL DIRECTOR RMG	(i)	63,369	87,492	11,588	13,843	10,589	186,881	0
	(ii)	0	0	0	0	0	0	0
9JAMES W MCCORRY DO SERVICE LINE CHIEF	(i)	266,094	14,700	142,276	27,642	664	451,376	0
	(ii)	0	0	0	0	0	0	0
10JASON KILGORE VP RESULTS MGT AND ANALYTICS	(i)	201,273	23,401	12,136	23,746	27,230	287,786	0
	(ii)	0	0	0	0	0	0	0
11JASON O HOUSER VP, LEGAL AFFAIRS & SECRETARY	(i)	354,429	64,116	55,044	27,642	32,098	533,329	0
	(ii)	0	0	0	0	0	0	0
12JESSE GOODRICH VP	(i)	197,790	25,278	24,301	23,865	12,479	283,713	0
	(ii)	0	0	0	0	0	0	0
13JESSICA MACALINO ASSOCIATE VICE PRESIDENT SERVI	(i)	146,456	20,458	2,869	7,763	8,366	185,912	0
	(ii)	0	0	0	0	0	0	0
14JOHN MINCKS MEDICAL STAFF PRESIDENT	(i)	275,609	40,500	21,389	33,242	16,395	387,135	0
	(ii)	0	0	0	0	0	0	0
15JUDITH MATTHEWS EXECUTIVE NURSE	(i)	136,940	19,023	1,352	5,747	16,023	179,085	0
	(ii)	0	0	0	0	0	0	0
16KARL J GEDDES MD BOARD MEMBER	(i)	254,167	22,675	11,057	27,642	30,303	345,844	0
	(ii)	0	0	0	0	0	0	0
17KEITH PERCIC VP	(i)	264,817	48,916	46,537	35,954	25,140	421,364	0
	(ii)	0	0	0	0	0	0	0
18KELLY COOPER DIRECTOR SR RMG	(i)	152,019	10,091	566	19,624	3,121	185,421	0
	(ii)	0	0	0	0	0	0	0
19LINDA MCKEE ASSOCIATE VICE PRESIDENT SERVI	(i)	183,341	26,460	3,856	9,707	7,553	230,917	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41LINWOOD NELSON CHIEF FINANCIAL OFFICER/AVP	(i)	163,286	31,431	2,944	20,219	25,724	243,604	0
	(ii)	0	0	0	0	0	0	0
1LISA SALSBERY DIRECTOR	(i)	243,536	3,000	36,444	26,641	39,277	348,898	0
	(ii)	0	0	0	0	0	0	0
2LISA SHANNON DIRECTOR SYSTEM	(i)	162,028	26,662	618	8,726	14,491	212,525	0
	(ii)	0	0	0	0	0	0	0
3LISA A CASANOVA MD BOARD MEMBER	(i)	193,186	21,953	14,016	27,459	24,749	281,363	0
	(ii)	0	0	0	0	0	0	0
4MELVIN D SCHURSKY JR MD Board member	(i)	282,975	49,246	190,957	8,140	10,616	541,934	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL DACEY MD EVP/CCOO	(i)	616,433	139,799	112,287	12,600	9,585	890,704	0
	(ii)	0	0	0	0	0	0	0
6MICHAEL FRANCIS PRESIDENT, MEDICAL STAFF	(i)	319,609		2,065	8,654	15,850	346,178	0
	(ii)	0	0	0	0	0	0	0
7MICHAEL JOSEPH DOUCETTE VP RPMC OPERATIONS	(i)	467,316	71,561	79,090	33,242	35,770	686,979	0
	(ii)	0	0	0	0	0	0	0
8NANCY WICK LITTLEFIELD EVP/CNO	(i)	371,892	82,334	71,662	10,932	16,303	553,123	0
	(ii)	0	0	0	0	0	0	0
9NEHEMIAH THRASH MD BOARD MEMBER	(i)	323,915	51,900	26,256	12,600	39,637	454,308	0
	(ii)	0	0	0	0	0	0	0
10PAUL J MICALÉ MD BOARD MEMBER	(i)	568,537	181,034	28,099	27,642	31,078	836,390	0
	(ii)	0	0	0	0	0	0	0
11PETER GALANTICH MD PRESIDENT MEDICAL STAFF	(i)	395,222	18,250	69,853	27,642	36,219	547,186	0
	(ii)	0	0	0	0	0	0	0
12RICHARD K DUNN MD BOARD MEMBER	(i)	158,258		84,524	14,087	40,291	297,160	0
	(ii)	0	0	0	0	0	0	0
13ROBERT CULLOM PHYSICIAN	(i)	712,817	582,698	3,689	600	30,963	1,330,767	0
	(ii)	0	0	0	0	0	0	0
14ROBERT R HARDING MD CHAIRMAN	(i)	167,784	21,875	69,094	33,304	1,171	293,228	0
	(ii)	0	0	0	0	0	0	0
15ROMNEY ANDERSEN PHYSICIAN	(i)	470,018	841,337	83,689	12,600	685	1,408,329	0
	(ii)	0	0	0	0	0	0	0
16ROSS YOUNGER SENIOR VP	(i)	337,871	61,503	51,649	25,235	42,470	518,728	0
	(ii)	0	0	0	0	0	0	0
17SADIE THURMAN VP RN	(i)	186,819	23,614	6,999	17,722	1,453	236,607	0
	(ii)	0	0	0	0	0	0	0
18SALLY HARTMAN SENIOR VP	(i)	396,783	76,074	66,725	33,242	13,556	586,380	0
	(ii)	0	0	0	0	0	0	0
19SALLY RYAN VP PHYSICIAN SERVICES	(i)	262,307	50,517	44,504	11,938	13,742	383,008	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 SANDRA SNAPP ASSOCIATE VICE PRESIDENT SERVI	(i)	194,545	27,781	3,923	25,889	648	252,786	0
	(ii)	0	0	0	0	0	0	0
1 SHEBA MOHSIN MD BOARD MEMBER	(i)	167,315	108,799	10,480	25,732	21,984	334,310	0
	(ii)	0	0	0	0	0	0	0
2 THERESA SIEVERS SENIOR VP	(i)	258,857		14,768	6,341	1,992	281,958	0
	(ii)	0	0	0	0	0	0	0
3 VERNEETA L WILLIAMS MD BOARD MEMBER	(i)	217,473	2,500	861	22,272	20,465	263,571	0
	(ii)	0	0	0	0	0	0	0
4 WALTER WILLIAM AUSTIN JR SR VP, CFO & TREASURER	(i)	478,839	91,463	80,160	12,600	21,028	684,090	0
	(ii)	0	0	0	0	0	0	0
5 WILLIAM BURNS DOWNEY PRESIDENT,CEO RHS	(i)	919,559	264,600	212,856	33,242	16,060	1,446,317	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM H MCALLISTER MD BOARD MEMBER	(i)	968,436	669,791	12,009	27,642	30,494	1,708,372	0
	(ii)	0	0	0	0	0	0	0
7 ANTOINETTE WATKINS DIRECTOR SYSTEM	(i)	159,722	27,593	1,058	8,657	8,841	205,871	0
	(ii)	0	0	0	0	0	0	0

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

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Name of the organization
Riverside Healthcare Association Inc Group

Employer identification number
90-1000718

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PHILLIPS ENERGY INC	SEE PART V	271,894	SEE PART V		No
(2) SANDY SANPP	SEE PART V	70,681	EMPLOYMENT		No
(3) RICHARD DUNN	SEE PART V	293,859	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
LINDA PHILLIPS	Schedule L, Part IV Linda Phillips' family members own Phillips Energy Inc. that contracts with Riverside.
SANDY SNAPP	Schedule L, Part IV Sandy Snapp's family member is employed by Riverside Hospital, Inc.
RICHARD DUNN	Schedule L, Part IV Richard Dunn's family member is employed by Riverside Physician Services, Inc.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493321243140
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization Riverside Healthcare Association Inc Group		Employer identification number 90-1000718	

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE O	<p>Part I, Lines 3 and 4/Part VI Lines 1a and 1b The number of voting members and independent voting members reported in Part I line 3 and 4/Part VI lines 1a and 1b is higher than the total count of board members reported in Part VII as several of the board members sit on several of the entities included within the Group return but have only been listed once. Part V, Line 3A Riverside Hospital, Inc. EIN 52-1245746, a subordinate company, had unrelated business income greater than \$1,000 and 990-T was filed. Part VI, Section A, Line 2 Alan Witt and William Downey serve together on a regional advisory board for a local community bank. Part VI, Section A, Line 6 The Organization is a not for profit corporation with members. The members have the right to participate in the Organization's governance, including electing members of the governing body and to approve significant decisions of the governing body. Part VI, Section A, Line 7a Members of the governing body are subject to approval by the Member. Part VI, Section A, Line 7b Significant items such as merger, amendment of charter documents, and appointment of Board members requires the approval of the member corporation. Part VI, Section B, Line 11B Part I, Lines 3 and 4/Part VI Lines 1a and 1b The number of voting members and independent voting members reported in Part I line 3 and 4/Part VI lines 1a and 1b is higher than the total count of board members reported in Part VII as several of the board members sit on several of the entities included within the Group return but have only been listed once. Part V, Line 3A Riverside Hospital, Inc. EIN 52-1245746, a subordinate company, had unrelated business income greater than \$1,000 and 990-T was filed. Part VI, Section A, Line 2 William Downey and Alan Witt serve together on a Board of Directors of a local entity. Part VI, Section A, Line 6 The Organization is a not for profit corporation with members. The members have the right to participate in the Organization's governance, including electing members of the governing body and to approve significant decisions of the governing body. Part VI, Section A, Line 7a Members of the governing body are subject to approval by the Member. Part VI, Section A, Line 7b Significant items such as merger, amendment of charter documents, and appointment of Board members requires the approval of the member corporation. Part VI, Section B, Line 11B On behalf of the Organization's governing body, the Riverside Healthcare Association, Inc. Board of Directors Salary and Pension Committee reviews key data from the Form 990. The entire Form 990 was reviewed by an independent accounting firm before filing. Part VI, Section B, line 12 c All Board Members, Officers, Directors and Key Employees complete an annual Conflict of Interest questionnaire. A report of potential Conflicts of Interest is reviewed by the Compliance Officer. Further concern, as reflected in the Conflict of Interest, Financial Disclosure, and Compliance Certifi</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE O	<p>ation Questionnaire is reviewed by the Riverside Health System President to determine if additional follow-up is necessary. If a conflict presents, Board Members are required by the By-Laws, to disclose the conflict to the full Board and recuse themselves from voting on a case by case basis. Part VI, Section B, Line 15 A&B The Riverside Healthcare Association, Inc. Board of Directors Salary and Pension Committee determines the compensation of the President and Senior Executives. The Committee relies on market comparative information provided by a reputable independent third party expert to establish the reasonableness of compensation levels. Part VI, Section C, Line 19 The Organization makes its governing documents, conflict of interest policy, and financial statements available to the general public upon request. Part VIII Line 11d \$7,057,759 of the amount reported on Line 11d is a reclass of certain funds to cover specific program costs for related organizations. Part IX Line 24g \$7,057,759 of the amount reported on Line 24g is a reclass of certain funds to cover specific program costs for related organizations. Part XI Line 9 Pension Adjustment \$-43,072,941 Equity Adjustment \$ 20,175,000 Equity Adjustment/true up related to Charlottesville Area Retirement Svcs \$ 7,728,066 Distribution of Equity \$ -1,750,000 ----- Total \$ -16,919,875</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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2019

Open to Public Inspection

Name of the organization
Riverside Healthcare Association Inc Group

Employer identification number
90-1000718

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Virginia Surgical Management LLC 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-2057012	Management	VA	0	2,515,472	RivHosp
(2) Peninsula Cancer Institute LLC 608 Denbigh Blvd Ste 800 Newport News, VA 23608 20-1872200	PT Services	VA	13,172,790	93,329,567	RivPhysSv
(3) PENINSULA RADIOSURGERY ASSOCIATES LLC 608 Denbigh Blvd Ste 800 NEWPORT NEWS, VA 23608 03-0596051	PT Services	VA	1,184,140	7,513,040	RivHosp
(4) Michumi LLC 608 Denbigh Blvd Ste 800 Newport News, VA 23608 20-0318732	PT Services	VA	13,680,332	1,852,428	RivPhysSv

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Shore Health Services Inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-0560500	Hospital	VA	501(c)(3)	3	RivHCAssc	Yes	
(2)Shore Life Care inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-1876370	Nursing Care	VA	501(c)(3)	10	ShoreHSvc	Yes	
(3)Newport News General & Nonsectarian 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-0505934	Holding Corp	VA	501(c)(2)	N/A	RivHCAssc	Yes	
(4)Riverside Healthcare Association Inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 52-1241835	Parent Comp.	VA	501(c)(3)	12 II	N/A		No
(5)Tilden and Va Davis Suport Found Inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-1527703	Foundation	VA	501(c)(3)	12I	RivRetSvc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) At HomePartner 608 Denbigh Blvd Ste 800 Newport News, VA 23608 47-2999121	Management	VA	RivRetSvc	EXCLUDED	28,902	275,117		No		Yes		80.000 %
(2) Coastal Virginia Rehabilitation LLC 608 Denbigh Blvd Ste 800 Newport News, VA 23608 20-0318732	Pt Services	VA	RivPhysSv	EXCLUDED	40,539	1,848,729		No			No	51.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Peninsula Hospital Services 608 Denbigh Blvd Suite 800 Newport News, VA 23608 54-0991295	Laundry	VA	RivHCAssc	COOP	3,523,216	3,299,434	61.000 %	Yes	
(2) RHS Medinsur LTD Craig Appin House 8 Wesley Street Hamilton BD 52-1241835	Insurance	BD	RivHCAssc	C Corp	5,967,127	42,866,496	100.000 %	Yes	
(3) Riverside Medical Equipment Center Inc 608 Denbigh Blvd Ste 800 Newport News, VA 23608 54-1325596	Billing	VA	RivHCAssc	C Corp	0	0	100.000 %	Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
At Home Partners LLC	O	89,719	MARKET VALUE
Newport News General & Nonsectarian Hospital	M	798,823	MARKET VALUE
Riverside Healthcare Association Inc	M	185,800	MARKET VALUE
Shore Health Services Inc	K	706,824	MARKET VALUE
Shore Health Services Inc	M	16,445,174	MARKET VALUE
Shore Health Services Inc	O	1,475,744	MARKET VALUE
Newport News General & Nonsectarian Hospital	J	24,478,632	MARKET VALUE
At Home Partners LLC	L	547,454	MARKET VALUE
RHS Medinsur LTD	L	11,797,667	MARKET VALUE
Riverside Healthcare Association Inc	J	9,492,383	MARKET VALUE
Riverside Healthcare Association Inc	L	10,929,582	MARKET VALUE
Shore Health Services Inc	J	125,820	MARKET VALUE
Shore Health Services Inc	L	3,744,320	MARKET VALUE
Shore Health Services Inc	O	259,019	MARKET VALUE