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Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
		2008
	Open to Public Inspection	

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Carilion Medical Center		D Employer identification number 54-0506332
		Doing Business As		E Telephone number (540) 224-5112
		Number and street (or P O box if mail is not delivered to street address) PO Box 12385	Room/suite	G Gross receipts \$ 754,372,316
		City or town, state or country, and ZIP + 4 Roanoke, VA 240252385		
		F Name and address of Principal Officer Nancy Agee PO Box 12385 Roanoke,VA 24025		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
I Tax-exempt status ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)		
J Web site:  www.carilion.com		H(c) Group Exemption Number 		
K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other 				L Year of Formation 1905 M State of legal domicile VA

Part I	Summary
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Activities & Governance	1	Briefly describe the organization's mission or most significant activities 0 Founded on the pillars of clinical excellence, education and research, Carilion Medical Center includes hospitals, a multi-specialty group practice and ancillary services, all focused on the goal of providing the best possible health outcome and health care experience for each patient		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of employees (Part V, line 2a)	5	6,980
	6	Total number of volunteers (estimate if necessary)	6	193
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-14,458
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-14,458
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,346,224	4,107,423
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	737,228,697	761,483,629
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,391,994	-39,883,203
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,080,564	-10,116,125
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	754,886,351	715,591,724
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	322,485,907	378,395,158
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	445,181,051	415,522,504
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	767,666,958	793,917,662
	19	Revenue less expenses Subtract line 18 from line 12	-12,780,607	-78,325,938
Net Assets or Fund Balances		Beginning of Year	End of Year	
	20	Total assets (Part X, line 16)	933,722,336	844,430,787
	21	Total liabilities (Part X, line 26)	497,036,105	570,084,012
	22	Net assets or fund balances Subtract line 21 from line 20	436,686,231	274,346,775

Part II	Signature Block
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Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
		Signature of officer		2010-08-13 Date
		Donald Lorton Treasurer Type or print name and title		

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed  ☐	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	Deloitte Tax LLP 150 Fayetteville Street Mall Suite Raleigh, NC 27601		EIN  Phone no 

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission
See Schedule O

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 exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 695,581,455 including grants of \$) (Revenue \$ 746,107,821)

See Schedule O

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 \$ 695,581,455 Must equal Part IX, Line 25, column (B).

Form 990 (2008)

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where 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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the U S?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 	28a Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
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 section 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, Parts II, III, IV, and V, line 1</i> 	34 Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	No
36	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 percent 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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a27		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a6,980		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
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 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	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	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(12) organizations.</i> 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	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> 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		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

15

1b

Enter the number of voting members that are independent

1b

9

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

No

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

Yes

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or 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

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

Yes

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Yes

Section C. Disclosure

17

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

VA

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ own website ☒ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
The Corporation
213 S Jefferson Street
Roanoke, VA 240111331
(540) 224-5112

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total								4,043,297	5,185,910	1,446,786

		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	No
4	For any individual listed online 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 for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Siemens Medical Solutions PO Box 40065 Dept AT Atlanta, GA 311920065	Equipment and software maintenance	4,423,506
Comphealth Medical Staffing PO Box 972651 Dallas, TX 753972651	Medical staffing services	3,302,130
Nighthawk Radiology Services PO Box 673398 Detroit, MI 482673398	Radiology services	3,140,161
Radiology Associates of Roanoke PO Box 12668 Roanoke, VA 240272668	Radiology services	1,997,500
J M Turner & Co inc PO Box 2140 Roanoke, VA 24009	Construction contractor	1,685,017
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		87

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues				
			1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	947,309		
	e	Government grants (contributions)	1e	2,339,992		
	f	All other contributions, gifts, grants, and similar amounts not included above		820,122		
			1f			
	g	Noncash contributions included in lines 1a-1f \$ 880,416				
h	Total (Add lines 1a-1f)		4,107,423			
Program Service Revenue			Business Code			
	2a	Net Patient Service Revenues	900,099	742,289,054	742,289,054	
	b	Tuition and Other	900,099	17,305,608	17,305,608	
	c	Program-related Investments	900,099	301,680	301,680	
	d	Other Health Education	900,099	965,637	965,637	
	e	Clinical Research	900,099	621,650	621,650	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f \$ 761,483,629				
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		-1,103,144		-1,103,144
	4	Income from investment of tax-exempt bond proceeds		533		533
	5	Royalties				
		(i) Real	(ii) Personal			
	6a	Gross Rents	871,770			
	b	Less rental expenses				
	c	Rental income or (loss)	871,770			
	d	Net rental income or (loss)		871,770		871,770
		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses	38,780,592			
	c	Gain or (loss)	-38,780,592			
	d	Net gain or (loss)		-38,780,592		-38,780,592
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
11a	Impairment Loss	900,099	-20,035,709	-20,035,709		
b	Other Affiliated Income	900,099	4,659,901	4,659,901		
c						
d	All other revenue		4,387,913	-14,458	4,402,371	
e	Total. Add lines 11a-11d \$ -10,987,895					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		715,591,724	746,107,821	-14,458	-34,609,062

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) but are not required to complete columns (B), (C), and (D).					
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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S 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	631,922	631,922		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	317,341,810	317,098,297		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,384,848	10,384,848		
9	Other employee benefits	28,526,322	28,478,593	47,729	
10	Payroll taxes	21,510,256	21,510,243	13	
11	Fees for services (non-employees)				
a	Management	90,916,752		90,916,752	
b	Legal	150,277		150,277	
c	Accounting	184,357		184,357	
d	Lobbying	37,496	37,496		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	880,678		880,678	
g	Other	73,252,069	71,268,015	1,984,054	
12	Advertising and promotion	329,635	314,618	15,017	
13	Office expenses	126,926,394	126,704,502	221,892	
14	Information technology	2,194,979	2,194,252	727	
15	Royalties	0			
16	Occupancy	16,675,226	16,667,065	8,161	
17	Travel	2,759,341	2,743,252	16,089	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	12,711,527	12,711,527		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	36,747,466	36,747,466		
23	Insurance	7,247,032	4,102,055	3,144,977	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad Debt	35,111,220	35,111,220		
b	College Expenses	3,340,480	3,340,480		
c	Donations	1,666,056	1,442,841	223,215	
d	Dues Subscriptions	1,489,047	1,223,173	265,874	
e	Education	1,093,921	1,092,194	1,727	
f	All other expenses	1,808,551	1,777,396	31,155	
25	Total functional expenses. Add lines 1 through 24f	793,917,662	695,581,455	98,336,207	0
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash—non-interest-bearing	18,708	1	21,313		
	2 Savings and temporary cash investments	2,357,739	2	4,019,335		
	3 Pledges and grants receivable, net	221,180	3	211,886		
	4 Accounts receivable, net	104,103,238	4	99,473,366		
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6			
	7 Notes and loans receivable, net	1,456,235	7	602,031		
	8 Inventories for sale or use	4,634,970	8	5,003,046		
	9 Prepaid expenses and deferred charges	3,535,936	9	2,938,991		
	10a Land, buildings, and equipment cost basis	<table><tr><td>10a</td><td>827,812,405</td></tr></table>	10a	827,812,405		
	10a	827,812,405				
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<table><tr><td>10b</td><td>550,395,978</td></tr></table>	10b	550,395,978	285,436,961	10c 277,416,427
	10b	550,395,978				
	11 Investments—publicly traded securities	503,811,459	11	272,344,198		
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	174,947,783		
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13			
14 Intangible assets		14				
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	28,145,910	15	7,452,411			
16 Total assets. Add lines 1 through 15 (must equal line 34)	933,722,336	16	844,430,787			
Liabilities	17 Accounts payable and accrued expenses	78,579,894	17	79,925,301		
	18 Grants payable		18			
	19 Deferred revenue	3,056,312	19	3,491,067		
	20 Tax-exempt bond liabilities	394,489,251	20	380,941,436		
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21			
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable		24	65,081		
	25 Other liabilities <i>Complete Part X of Schedule D</i>	20,910,648	25	105,661,127		
	26 Total liabilities. Add lines 17 through 25	497,036,105	26	570,084,012		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	420,109,432	27	258,259,298		
	28 Temporarily restricted net assets	4,692,253	28	4,202,930		
	29 Permanently restricted net assets	11,884,546	29	11,884,547		
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	436,686,231	33	274,346,775		
	34 Total liabilities and net assets/fund balances	933,722,336	34	844,430,787		

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☒ accrual ☐ other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Carilion Medical Center	Employer identification number 54-0506332
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)
3	☒	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 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)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	0 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
17a 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐	
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage		
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	0 %
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage		
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	0 %
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a33 1/3% Tests - 2008. 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		
b33 1/3% Tests - 2007. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- 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,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- 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,” to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization Carlion Medical Center	Employer identification number 54-0506332
--	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check ☐ if the filing organization belongs to an affiliated group

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: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(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 c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		37,496
j	Total lines 1c through 1i			37,496
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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		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 carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
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 (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
II-B	1i	Portion of dues paid to American Hosp Assn , Virginia Hosp Healthcare Assn and others spent on lobbying

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Carlion Medical Center	Employer identification number 54-0506332
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)☐ Preservation of an historically importantly land area ☐ Protection of natural habitat☐ Preservation of certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes☐ No											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes☐ No											
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

3

Using the organization's 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 XIV

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	14,692,907				
b Contributions					
c Investment earnings or losses	-147,078				
d Grants or scholarships					
e Other expenditures for facilities and programs	530,482				
f Administrative expenses					
g End of year balance	14,015,347				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶ 89 530 %

c

Term endowment ▶

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

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		3,583,112		3,583,112
b Buildings		393,822,641	201,663,625	192,159,016
c Leasehold improvements		3,457,769	3,027,362	430,407
d Equipment		398,965,730	337,050,667	61,915,063
e Other		27,983,153	8,654,324	19,328,829
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				277,416,427

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests	174,947,783	F
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	174,947,783	

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
Bond Issue Costs	6,772,070
Other Long Term Assets	680,341
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	7,452,411

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Deferred Physicians Payable	136,793
Unrealized Swap Losses	22,165,205
Nonqualified Pension Liability	268,045
Qualified Pension Liability	83,091,084
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	105,661,127

Schedule D (Form 990) 2008

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
V	4	Income from endowment funds are used for 1 pediatrics-internal and external programs and/or purchase of equipment 2 indigent patient care

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____% b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____% c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	3b	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
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?	4	
6a	Does the organization prepare an annual community benefit report?	5a	
6b	If "Yes," does the organization make it available to the public?	5b	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	5c	
		6a	
		6b	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>Worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part II

Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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, and Collection Practices (Optional for 2008)

Section A—Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	
2	Enter the amount of the organization's bad debt expense (at cost)	2	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.		

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other		

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	

Part IV

Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Name and address

Schedule H (Form 990) 2008

Part VI

Supplemental Information (Optional for 2008)

Complete this part to provide the following information

- 1

Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2

Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
- 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 charity care policy
- 4

Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5

Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6

Provide any other information important to describing how the organization's hospitals 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)
- 7

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
- 8

If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 54-0506332
Name: Carilion Medical Center

Form 990 Schedule H, Part V - Facility Information[illegible]

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Carilion Women's Cardiology 902 S Jefferson Street Upper Level Roanoke, VA 24013									Womens Cardiology
Carilion UroGynecology 1030 S Jefferson Street Suite 109 Roanoke, VA 24016									UroGynecology
Carilion GYN Oncology Associates - Roanoke 1 Riverside Circle Suite 300M Roanoke, VA 24016									Gynecology
Reproductive Endocrinology Clinic 1030 South Jefferson Street Suite 1 Roanoke, VA 24016									Reproductive Endocrinology
Department of Psychiatry & Behavioral Medicine 213 McClanahan Street Suite 310 Roanoke, VA 24014									Psychiatry and Behavioral Medicine
Carilion Adult Outpatient Psychiatry 2017 South Jefferson Street Roanoke, VA 24014									Psychiatry and Behavioral Medicine
Carilion Clinic Psychiatry - NRV 2900 Tyler Road Christiansburg, VA 24073									Psychiatry and Benhavioral Medicine
CES - Giles 1611 Wenonah Avenue Pearisburg, VA 24134									Emergency Room Physicians
CES - Franklin 180 Floyd Avenue Rocky Mount, VA 24151									Emergency Room Physicians
CES - Bedford 1613 Oakwood Street Bedford, VA 24523									Emergency Room Physicians
CNRVMC Emergency Room 2900 Lamb Circle Christiansburg, VA 24073									Emergency Room Physicians
Carilion Breast Care Center 102 Highland Avenue Suite 202 Roanoke, VA 24014									Breast Care Center
Carilion Clinic Gastroenterology 3 Riverside Circle Roanoke, VA 24016									Gastroenterology
CIM Crystal Spring 2001 Crystal Spring Avenue Suite 20 Roanoke, VA 24014									Internal Medicine Practice
Carilion Clinic Internal Medicine 3 Riverside Circle Roanoke, VA 24016									Internal Medicine Practice
Northwest Internal Medicine 615 McDowell Avenue Roanoke, VA 24016									Internal Medicine Practice
Carilion Clinic Neurology 3 Riverside Circle Roanoke, VA 24016									Neurology
CNRVMC - Neurosciences 2900 Lamb Circle Christiansburg, VA 24073									Neurology
CRMH Rheumatology Clinic 3 Riverside Circle Roanoke, VA 24016									Rheumatology
Physiatry Rehab 3 Riverside Circle Roanoke, VA 24016									Physical Medicine and Rehab
CSC - Roanoke 213 McClanahan Suite 404 Roanoke, VA 24014									General Surgery
Carilion Neurological Care - Roanoke 3 Riverside Circle Roanoke, VA 24016									Neurosurgery
Carilion Clinic - Bone and Joint Center 3 Riverside Circle 1st Floor Roanoke, VA 24016									Orthopedics
Trauma Surgery 213 McClanahan Suite 404 Roanoke, VA 24014									Trauma Surgery Clinic
Carilion Anicoagulation Clinic 1030 S Jefferson St Ste G101 Roanoke, VA 24016									Anticoagulation Clinic
Carilion Cardiac Rehab 127 McClanahan St Roanoke, VA 24014									Cardiac Rehab
Carilion Heart Failure Clinic 127 McClanahan St Roanoke, VA 24014									Heart Failure Clinic
Carilion Diabetic Education 1030 S Jefferson St Ste G101 Roanoke, VA 24016									Diabetic Education
Botetourt Athletic Center 105 Summerfield Court Roanoke, VA 24019									Physical Therapy and Occupational Therapy Services
Roanoke Athletic Club 4508 Starkey Road Roanoke, VA 24018									Physical Therapy and Occupational Therapy Services

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Roanoke Sleep Center 1030 S Jefferson St Roanoke, VA 24016									Sleep Center
Westlake Sleep Center 35 Medical Court Hardy, VA 24101									Sleep Center
Brambleton Radiology Services 3707 Brambleton Avenue Roanoke, VA 24018									Diagnostic Imaging
Daleville Imaging 46 Wesley Road Daleville, VA 24083									CT Imaging Services
Crystal Springs Imaging 2001 Crystal Springs Ave Roanoke, VA 24014									Diagnostic/CT/MRI Imaging
Carilion Breast Care Center 1211 S Jefferson ST Roanoke, VA 24016									Breast Care Center
Carilion Imaging 3 Riverside Circle Roanoke, VA 24016									Nuc Medicine/Diagnositc/CT/MRI/Ultrasound Services
Breast Mammography - North 6415 Peters Creek Road Roanoke, VA 24153									Breast Mammography
Carilion Ambulatory Surgery - Brambleton 3707 Brambleton Avenue Roanoke, VA 24018									Ambulatory Surgery
Roanoke Ambulatory Surgery Center LLC 1102 Jefferson Street Roanoke, VA 24016									Ambulatory Surgery
Center for Surgical Excellence LLC 2107 Rosalind Avenue SW Roanoke, VA 24014									Gastroenterology, Therapies
Odyssey IV LLC DBA Center for Advanced Imaging 2923 Franklin Road SW Roanoke, VA 24014									CT MRI Imaging Services

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First class or charter travel ☒ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account	☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations	☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
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			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in 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," to line 5a or 5b, describe in Part III			
6	For persons listed in 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," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

Schedule J (Form 990) 2008

Software ID: 08000033
Software Version: 2008.1.20
EIN: 54-0506332
Name: Carilion Medical Center

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Cynda Johnson MD	(i) (ii)	401,135	75,763	969		10,133	488,000	
William Dichtel Jr MD	(i) (ii)	335,000	136,260	-222	17,459	10,133	498,630	
Clifford Nottingham MD	(i) (ii)	257,063	20,797	-720	7,352	23,973	308,465	
Edward Murphy MD	(i) (ii)	890,000	513,348	142,592	451,152	85,648	2,082,740	411,416
Nancy Agee	(i) (ii)	424,200	54,600	2,077	122,130	20,507	623,514	
Briggs Andrews	(i) (ii)	264,480	37,700	27,583	74,873	11,337	415,973	
Donald Lorton	(i) (ii)	424,200	54,600	63,360	191,503	17,267	750,930	56,698
Hugh Thornhill	(i) (ii)	267,520	34,476	-2,487	45,305	21,767	366,581	
Rayburn Thompson	(i) (ii)	340,420	43,816	43,080	77,706	21,289	526,311	43,385
Mark Werner MD	(i) (ii)	424,200	54,600	62,344	85,690	19,685	646,519	60,674
G Robert Vaughan	(i) (ii)	158,501	24,341	14,734	2,517	15,240	215,333	
Joan Fisher MD	(i) (ii)	142,170	20,578	-1,864	3,683	5,398	169,965	
Gary Simonds	(i) (ii)	545,770	284,456	1,927	7,702	14,778	854,633	
Lamiere Downing	(i) (ii)	516,000	196,152	-2,074	2,316	12,892	725,286	
Zev Elias	(i) (ii)	533,617	104,939	417	10,077	14,778	663,828	
Cay Mierisch	(i) (ii)	460,309	168,720	-7,928	4,324	14,499	639,924	
Cesar Bravo	(i) (ii)	460,309	151,295	-2,534	2,786	14,787	626,643	

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

Part I

Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Industrial Development Authority of the City of Roanoke VA	54-1106038	770084EK3	08-19-2003	97,925,000	Capital projects, Redemptio fo Series 1993A bonds Costs of issuance, bond insurance		X		X
B	Industrial Development Authority of the City of Roanoke VA	54-1106038	770084EQ0	12-12-2005	224,795,000	Capital projects, Current Refunding of Series 2002 B-E bonds Costs of issuance, bond insurance		X		X

Part II

Proceeds (Optional for 2008)

1		Total Proceeds of Issue	A		B		C		D		E	
2		Gross Proceeds in Reserve Funds										
3		Proceeds in Refunding or Defeasance Escrows										
4		Other Unspent Proceeds										
5		Issuance Costs from Proceeds										
6		Working Capital Expenditures from Proceeds										
7		Capital Expenditures from Proceeds										
8		Year of Substantial Completion										
9		Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10		Were the bonds issued as part of an advance refunding issue?										
11		Has the final allocation of proceeds been made?										
12		Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

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

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed wth respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
Carlion Medical Center

Employer identification number
54-0506332

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

To be completed by organizations that 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
Philip Shiner MD	Director	189,758	Physician Fees		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Carlion Medical Center

Employer identification number
54-0506332

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe <u>Donated Rent</u>)	X	1	870,916	FMV
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

Identifier	Return Reference	Explanation
990 VI	6	The organization has a single member The sole member is Carilion Clinic, a charitable

Identifier	Return Reference	Explanation
		tax-exempt organization w hich serves as the parent company of the Carilion Clinic integrated health care delivery system The sole

Identifier	Return Reference	Explanation
		member elects the directors of the organization and has certain other reserved powers

Identifier	Return Reference	Explanation
990 VI	7a	The sole member of the organization, Carilion Clinic, periodically elects the members of the

Identifier	Return Reference	Explanation
		governing body of the organization as terms expire The sole member also has the right to remove directors and fill any

Identifier	Return Reference	Explanation
		vacancies on the board that may occur for any reason

Identifier	Return Reference	Explanation
990 VI	7b	The sole member of the organization, Carilion Clinic, holds reserved pow ers w ith respect to

Identifier	Return Reference	Explanation
		certain enumerated actions, including appointment of CEO, approval of borrow ings, budgets and strategic plans and amendments

Identifier	Return Reference	Explanation
		of Articles of Incorporation and Bylaw s Approval by the Board of Directors of Carilion Clinic is required for such actions In addition to the reserved pow ers, under the law s of the Commonw ealth of Virginia certain extraordinary actions require member approval, such as mergers, consolidations, liquidations and the sale of substantially all of the assets of the organization

Identifier	Return Reference	Explanation
		to the reserved powers, under the laws of the Commonwealth of Virginia certain extraordinary actions require member approval,

Identifier	Return Reference	Explanation
		such as mergers, consolidations, liquidations and the sale of substantially all of the assets of the organization

Identifier	Return Reference	Explanation
990 VI	10	A draft copy of the Form 990 was provided to the Audit and Compliance Committee of Carilion

Identifier	Return Reference	Explanation
		Clinic in advance of its August meeting and reviewed with Committee members at that meeting The final Form 990 was emailed

Identifier	Return Reference	Explanation
		or delivered in hard copy to each member of the Board of Directors several days prior to filing and Board members

Identifier	Return Reference	Explanation
		were encouraged to call with any questions they might have

Identifier	Return Reference	Explanation
990 VI	12c	A Conflict of Interest Questionnaire, along with a copy of the Policy, is sent out annually to all

Identifier	Return Reference	Explanation
		officers, directors and key employees In addition, such individuals are instructed to inform the organization of potential conflicts

Identifier	Return Reference	Explanation
		w hich arise during the year Answers to the Questionnaires are review ed by the Internal Audit Department Potential conflicts for

Identifier	Return Reference	Explanation
		officers and key employees are review ed by an internal Conflict of Interest Committee, w hich follow s up on any potential

Identifier	Return Reference	Explanation
		issues to ensure compliance w ith all policies of the organization The answ ers for Directors are review ed by the Carilion Clinic

Identifier	Return Reference	Explanation
		Audit and Compliance Committee In addition, the governing body of the organization is provided w ith a list of the answ ers annually

Identifier	Return Reference	Explanation
		to make all Board members aw are of potential conflicts in order to ensure compliance w ith policies on how to handle

Identifier	Return Reference	Explanation
		transactions w ith Board members that may involve potential conflict situations

Identifier	Return Reference	Explanation
990 VI	15a 15b	Executive compensation is review ed annually by the Carilion Clinic Compensation

Identifier	Return Reference	Explanation
		Committee This committee is made up of Board members of Carilion Clinic w ho do not have a conflict of interest w ith any of the

Identifier	Return Reference	Explanation
		executives being review ed The Compensation Committee review s the compensation of the top executives of the entire Carilion

Identifier	Return Reference	Explanation
		Clinic system, all of w hom are paid by Carilion Services, Inc For the filed fiscal year, this review w as performed in October 2008

Identifier	Return Reference	Explanation
		A similar review w as last performed in October 2009 The review included a comprehensive report from an outside

Identifier	Return Reference	Explanation
		compensation consultant specializing in healthcare organizations The report included a detailed comparison of total

Identifier	Return Reference	Explanation
		compensation and each element thereof, including base salary, bonuses and other cash compensation, and benefits,

Identifier	Return Reference	Explanation
		including deferred and retirement benefits Compensation w as compared to a Committee-review ed peer group of organizations

Identifier	Return Reference	Explanation
		similar in size and structure to the organization

Identifier	Return Reference	Explanation
		In addition, the Compensation Committee annually review s the compensation plan and philosophy for all vice presidents and

Identifier	Return Reference	Explanation
		senior vice presidents, as well as all employed physicians and physicians in leadership roles

Identifier	Return Reference	Explanation
		Detailed minutes of the meetings of the Compensation Committee are kept and approved at the next meeting of the Committee,

Identifier	Return Reference	Explanation
		setting forth the deliberations and decisions regarding the compensation of these executives

Identifier	Return Reference	Explanation
990 VI	3	Carilion Services Inc , an affiliate of Carilion Clinic, provides centralized general and

Identifier	Return Reference	Explanation
		administrative services for all Carilion-affiliated companies

Identifier	Return Reference	Explanation
990 VI	19	The organizations governing documents, conflict of interest statement and financial

Identifier	Return Reference	Explanation
		statements are not generally available to the public, but are released from time to time upon request The Articles of Incorporation

Identifier	Return Reference	Explanation
		are available from the Virginia State Corporation Commission The audited financial statements are released annually to the

Identifier	Return Reference	Explanation
		local new spaper Limited financial information is available on our web site

Identifier	Return Reference	Explanation
990 XI	2	The organizations financial statements were audited on a consolidated basis as

Identifier	Return Reference	Explanation
		part of Carilion Clinic

Identifier	Return Reference	Explanation
990 VII	1a	Compensation of officers and directors paid by a related organization is received for service

Identifier	Return Reference	Explanation
		provided to the related organization and not to the filing organization Individuals are not compensated for their role as Board

Identifier	Return Reference	Explanation
		Members of the filing organization Hours worked are not tracked on an entty by entity basis Therefore, all hours

Identifier	Return Reference	Explanation
		reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Identifier	Return Reference	Explanation
		Employees and Independent Contractors represent aggregate hours worked per week

Identifier	Return Reference	Explanation
990 III	1	The principal purposes of the corporation shall be the acquisition, ow nership, management and

Identifier	Return Reference	Explanation
		operation of charitable hospitals, rehabilitation centers, clinics, nursing homes and other institutions treating and caring for

Identifier	Return Reference	Explanation
		the sick w hich shall provide hospital and other institutional facilities and services to the general public at reasonable rates of

Identifier	Return Reference	Explanation
		compensation to those patients financially able to pay for the same and, to the extent of its available funds and resources,

Identifier	Return Reference	Explanation
		to make such facilities and services available to indigent or needy patients able to pay only a part or none of such rates of

Identifier	Return Reference	Explanation
		compensation to educate and train nurses, technicians, doctors and other persons training in or practicing related or

Identifier	Return Reference	Explanation
		or paramedical professions to carry on medical and scientific research to solicit and promote the making of gifts, donations,

Identifier	Return Reference	Explanation
		bequests and devises of moneys and properties of every kind and nature to and for the use and benefit of the corporation

Identifier	Return Reference	Explanation
990 III	4a	Carilion Medical Center exists to serve the health care needs of its community and region, regardless

Identifier	Return Reference	Explanation
		of patient ability to pay CMC admitted 34,279 patients and provided 171,527 days of care during the year Hospital programs

Identifier	Return Reference	Explanation
		include provision of nursing care an extensive cardiac and vascular program, including cardiac surgery, implants, angioplasty

Identifier	Return Reference	Explanation
		and heart failure programs neurology, neurosurgery and stroke programs labor and delivery services the areas only neonatal

Identifier	Return Reference	Explanation
		neonatal intensive care unit inpatient and outpatient psychiatric services a comprehensive rehabilitation unit extensive

Identifier	Return Reference	Explanation
		outpatient and inpatient surgical and endoscopic services oncology services geriatric services and diagnostic imaging

Identifier	Return Reference	Explanation
		services including CT, MRI, PET, and mammography Housing a childrens specialty wing, CMC provides specialists in pediatric

Identifier	Return Reference	Explanation
		neurosurgery, cardiology, oncology, gastroenterology, pulmonology, and child development, among others CMC is a

Identifier	Return Reference	Explanation
		Level I trauma center, providing full trauma services to the region and a home base for LifeGuard 10, the emergency medical air

Identifier	Return Reference	Explanation
		transport that serves the surrounding area CMC provides a number of services targeting the specific health needs of the area,

Identifier	Return Reference	Explanation
		including diabetes management home health and hospice physical, speech, and occupational therapy programs and cardiac

Identifier	Return Reference	Explanation
		and respiratory rehab CMC also provides an emergency department with 24-hour care, emergency transportation, a pediatric

Identifier	Return Reference	Explanation
		department, and chest pain and stroke protocol programs With 69,008 visits, CMCs emergency services are a critical

Identifier	Return Reference	Explanation
		component of the health safety net in its service area, acting as a key health provider for a significant number of uninsured

Identifier	Return Reference	Explanation
		patients, who comprise 23 percent of ED visits CMCs urgent care centers also provide access points for cost effective care

Identifier	Return Reference	Explanation
		at an appropriate level CMC employs a number of specialty physicians to ensure an effective, integrated approach to serving its

Identifier	Return Reference	Explanation
		patients including pulmonologists, oncologists, obstetricians, orthopedic surgeons, cardiologists, neurosurgeons, general

Identifier	Return Reference	Explanation
		surgeons, and psychiatrists As a teaching hospital with over 116 full-time faculty members, CMC hosts residency programs in

Identifier	Return Reference	Explanation
		family medicine, internal medicines, obstetrics and gynecology, psychiatry, general surgery, neurosurgery In addition, the

Identifier	Return Reference	Explanation
		Jefferson College of Health Sciences, a division of CMC, offers nursing, physician assistant, occupational therapy, and other

Identifier	Return Reference	Explanation
		high-need programs CMC also supports community health screenings and education on chronic disease prevention and

Identifier	Return Reference	Explanation
		management, sponsoring over 1,000 events touching over 37,000 people CMC supports a cancer registry program, as well as

Identifier	Return Reference	Explanation
		participating in 59 other research projects In furtherance of its mission, CMC provides extensive uncompensated care

Identifier	Return Reference	Explanation
		Stated at cost, charity, bad debt, and unreimbursed Medicaid costs for the year exceeded 55.5 million

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN 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
Blue Ridge Indemnity Company LLC 76 ST Paul Street Suite 500 Burlington, VT 05401 27-0927178	Insurance	VT			N/A
Odyssey IV LLC PO Box 12385 Roanoke, VA 24025 56-2354974	Imaging	VA	6,468,732	2,625,627	N/A
RMH Emergency Service LLC PO Box 12385 Roanoke, VA 24025 54-1686589	Physician services	VA			N/A
The Center For Surgical Excellence LLC PO Box 12385 Roanoke, VA 24025 56-2595597	Surgery	VA	905,002	872,312	N/A

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

No

Yes

No

Yes

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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]

Software ID: 08000033

Software Version: 2008.1.20

EIN: 54-0506332

Name: Carilion Medical Center

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Carilion Clinic PO Box 12385 Roanoke, VA 24025 54-1190771	Supporting organization	VA	501c3	11 Type I	N/A
Carilion Foundation PO Box 12385 Roanoke, VA 24025 54-1190773	Supporting organization	VA	501c3	11 Type I	N/A
Carilion Franklin Memorial Hospital PO Box 12385 Roanoke, VA 24025 54-0480606	Healthcare	VA	501c3	3	N/A
Carilion Giles Memorial Hospital PO Box 12385 Roanoke, VA 24025 54-0549603	Healthcare	VA	501c3	3	N/A
Carilion New River Valley Medical Center PO Box 12385 Roanoke, VA 24025 54-0553805	Healthcare	VA	501c3	3	N/A
Carilion Services Inc PO Box 12385 Roanoke, VA 24025 54-1190879	Supporting organization	VA	501c3	11 Type I	N/A
Carilion Stonewall Jackson Hospital PO Box 12385 Roanoke, VA 24025 54-0568001	Healthcare	VA	501c3	3	N/A
Carilion Tazewell Community Hospital PO Box 12385 Roanoke, VA 24025 54-6074580	Healthcare	VA	501c3	3	N/A
Hugh Trout Memorial Foundation PO Box 12385 Roanoke, VA 24025 51-0236357	Supporting organization	VA	501c3	11 Type I	N/A
Jefferson College of Health Sciences Education Foundation PO Box 12385 Roanoke, VA 24025 54-1637118	Supporting organization	VA	501c3	11 Type III	N/A

Additional Data

Software ID:
Software Version:
EIN: 54-0506332
Name: Carilion Medical Center

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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 Caudill , Chairman	2 00	X						0	0	0
R Steve Blanks , Director	2 00	X						0	0	0
Cynda Johnson MD , Director	40 00	X						0	477,867	10,133
George Cartledge , Director	2 00	X						0	0	0
William Dichtel Jr MD , Director	40 00	X						471,038	0	27,592
Beth Doughty , Director	2 00	X						0	0	0
John Hans , Director	2 00	X						0	0	0
Victor Iannello , Director	2 00	X						0	0	0
Stephen Musselwhite , Director	2 00	X						0	0	0
Clifford Nottingham MD , Director	40 00	X						0	277,140	31,325
Philip Shiner MD , Director	2 00	X						0	0	0
Donald Smith , Director	2 00	X						0	0	0
Onzlee Ware , Director	2 00	X						0	0	0
Edward Murphy MD , President/CEO	40 00	X		X				0	1,545,940	536,800
Nancy Agee , EVP	40 00			X				0	480,877	142,637
Briggs Andrews , Secretary	40 00			X				0	329,763	86,210
Donald Lorton , Treasurer	40 00			X				0	542,160	208,770
Hugh Thornhill , EVP	40 00			X				0	299,509	67,072
Rayburn Thompson , EVP	40 00			X				0	427,316	98,995
Mark Werner MD , EVP	40 00			X				0	541,144	105,375
G Robert Vaughan , Asst Treasurer	40 00			X				0	197,576	17,757
Rachel Mabe , Asst Secretary	40 00			X				0	66,618	6,100
Joan Fisher MD , Chief of Medical Staff	40 00	X						160,884	0	9,081
Gary Simonds , Physician	40 00					X		832,153	0	22,480
Lamiere Downing , Physician	40 00					X		710,078	0	15,208
Zev Elias , Physician	40 00					X		638,973	0	24,855
Cay Mierisch , Physician	40 00					X		621,101	0	18,823
Cesar Bravo , Physician	40 00					X		609,070	0	17,573

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Net Patient Service Revenues	900,099	742,289,054	742,289,054		
b Tuition and Other	900,099	17,305,608	17,305,608		
c Program-related Investments	900,099	301,680	301,680		
d Other Health Education	900,099	965,637	965,637		
e Clinical Research	900,099	621,650	621,650		