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DLN: 93493228037320

Form **990**

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)

2008

OMB No 1545-0047

Open to Public
Inspection

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirement

nternal Rev	venue S	ervice		se a copy of this return to satisfy s		requirements	Inspection					
A Fort	he 20	008 calendar ye	ear, or tax year beginning 1	0-01-2008 and ending 09-30-200	9	D Employer !d	tification number					
Check		i icasc	C Name of organization Carilion Foundation									
Addre:	ss cha	nge use IRS label or	Doing Business As		54-1190773 E Telephone number							
Name	chang	ge print or type. Se										
_ Initial	return		Number and street (or P O	box if mail is not delivered to street addre	ss) Room/suite	(540) 224-5 G Gross receipts						
Temı	nation		PO Box 12385			d dross recepts	э ф 1,709,973					
- Amen	ded re	turn	City or town, state or count	ry, and ZIP + 4								
– Applica	ation p	pending	Roanoke, VA 240252385									
		FN	ame and address of Princip	al Officer	H(a) is the	s a group return f	ior					
		Edwa	rd Murphy MD		affilia	- '	Ŭ					
			ox 12385 oke,VA 24025									
Tax-e	exemp		(c) (3) ◀ (insert no)	7(a)(1) or	1 ' '	affiliates included	•					
Woh	. cito	: • www carilion			1	o, attach a list p Exemption Nun	See instructions) nber ►					
WED	Site	: F www carmon	COIII		11(0)	F =						
С Туре с	of orga	nızatıon 🔽 Corpoi	ration trust association	other 🕨	L Year of Fo	mation 1982 M S	tate of legal domicile VA					
					·	·						
Part		Summary										
				or most significant activities								
ا بع				- Carılıon Clınıc, a multı-specıalty gr								
aovembance		•	ıllars of clinical excellence, alth care experience for eac	of providing the	best possible health							
≣			ith care experience for eac — if the organization discon	f more than ?	5% of its assets							
		,		body (Part VI, line 1a)			7					
				the governing body (Part VI, line 1t			4					
0			employees (Part V , line 2a)		,,		4					
<u> </u>			volunteers (estimate if nece			_	<u> </u>					
] 			•	m Part VIII, line 12, column (C)			0					
•		_		n Form 990-T, line 34	•	75 <u> </u>						
				·	Prio	or Year	Current Year					
	8	Contributions a	nd grants (Part VIII, line 1	h)		848,989	1,853,395					
9	9		e revenue (Part VIII, line 2		,							
Hevenue	LO	Investment inc	ome (Part VIII, column (A)), lines 3, 4, and 7d)		25,194	-83,420					
# 1	L 1	O ther revenue	(Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)		-28,078	C					
1	L 2		-add lines 8 through 11 (mi	ust equal Part VIII, column (A), line	e	245.425	1 760 071					
		12)				846,105	1,769,975					
	L3		llar amounts paid (Part IX,	, ,,		353,266	1,563,381					
	L4 		or for members (Part IX, c	, ,,			C					
§ 1	l 5	Salaries, other 10)	compensation, employee be	enefits (Part IX, column (A), lines 5	,-	81,866	164,639					
Expenses	l6a	•	ndraısıng fees (Part IX, colu	umn (A), line 11e)			(
<u> </u>	b	(Total fundraising e	expenses, Part IX, column (D), lin	ne 25 ⁰								
	L 7	· -	s (Part IX, column (A), lines	<u> </u>		365,689	71,544					
1	L 8	-		qual Part IX, line 25, column (A))	800,821 1,799							
1	L 9		xpenses Subtract line 18 f			45,284	-29,589					
8 %					Beginni	ng of Year	End of Year					
Fund Batances	20	Total assets (P	art X, line 16)			1,329,752	1,465,749					
2 2	21	Total liabilities	(Part X, line 26)			2,281,548	2,537,238					
ğğ 2	22		`	21 from line 20		-951,796	-1,071,489					
Part		Signature E			, -	, =, - = -						
		Under penalties of	регјигу, I declare that I have exa	amined this return, including accompanying								
Na		and belief, it is true	e, correct, and complete Declarat	tion of preparer (other than officer) is base	1		r has any knowledge					
Pleas Sign	e	Signature of off	icer		2010- Date	08-13						
lere		,			Date							
		Donald Lorton A Type or print na	Assistant Treasurer ame and title									
	<u> </u>	<u>, ,, , , , , , , , , , , , , , , , , ,</u>		Date	Chack of	December 2770 (C. C. T. T.)						
.		Preparer's signature		Check if self- empolyed •	Preparer's PTIN (S	ee Gen Inst)						
Paid		<u> </u>										
^o repare Jse On		Firm's name (or yo if self-employed),	urs Deloitte Tax LLP			EIN Þ						
126 OU		address, and ZIP +	4 150 Fayetteville Street Ma	all Suite								
						. DI	D) E4C 0474					

Raleigh, NC 27601

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization	on's mission			
2	Did the organization un the prior Form 990 or 9		ogram services during the year which	ch were not listed on	es ▽ No
	If "Yes," describe these	new services on Schedu	le O		
3		ase conducting or make s	ignificant changes in how it conduct		es 🔽 No
	If "Yes," describe these	e changes on Schedule O			
4	Section 501(c)(3) and	(4) organizations and 494	each of the organization's three larg 17(a)(1) trusts are required to repor or each program service reported		
4a	Foundation also invests in Consistent with the Clinics	n of Carilion Clinic and its core local programs and organization approach to providing for and i and improve access to healthc	1,787,028 including grants of \$ hospital business, Carilion Foundation supports that improve the health and vitality of column community health, the Foundation are services that educate and motivate individuals.	mmunities in the Clinics service area n is particularly interested in program	ın western Vırgınıa ns that demonstrate
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
7,-1	Other progress assured	on (Decembe in Cabadida	0.)		
4d	(Expenses \$	es (Describe in Schedule including		(Revenue \$)
	Total program service		787 028 Must equal Part IX line	· · · · · · · · · · · · · · · · · · ·	,

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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	5		
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		N o
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	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
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	11	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 .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	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	14b		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	21	Yes	
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	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		N o
b	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	25b		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	26		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	27		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			
а	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)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
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? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νo
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 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? If "Yes," complete Schedule R, Part VI	37		No

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
U	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.	Yes	
22	gaming (gambling) winnings to prize winners?	1c	res	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		Νο
ь	return?	3b		110
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		Νo
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? \cdot .	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization provide goods or services in exchange for any guid pro quo contribution of \$75 or	7a		Νo
	more?			
	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			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
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	7h	Yes	
8	required?	711	162	
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
•	year?			<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	,,,		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
4.4				
	Section 501(c)(12) organizations Enter 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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Yes

Yes

Yes

Yes

Yes

2

3

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	7
h	Enter the number of voting members that are independent	1h	4

other officer, director, trustee, or key employee have a family relationship or a dusiness relationship with any
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? .
Did the organization make any significant changes to its organizational documents since the prior Form 990 was

supervision of officers, directors of trustees, of key employees to a management company of	other person?	•
Did the organization make any significant changes to its organizational documents since the	prior Form 990	wa wa
filed?		

Did the organization become aware during the year of a	a materia	al diversio	n of the	organız	ation	's ass	ets?	•	•	
Does the organization have members or stockholders?	·				•				•	

	Does the organiza	tior	n ha	ve	men	nbe	rs, s	toc	kho	lder	s, o	r otl	her	per	sons	s wh	o ma	ау	elec	t on	e o	r mo	ore	mer	nbers	ofthe	3
	governing body?																										
_	A						لسسما							L		L			امطا							,	

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he
	year by the following	

	Did the organization of	·OIIC	empor	aneo	usiy	uoc	unie	 C 1111	etiii	ys ne	iu oi	VVIICE	enac	 o un	ueit	arei	ii uui	ilig ti	16
	year by the following																		
2	the governing hody?																		

Ь	each committee with authority to act on behalf of the governing body?								
	Does the organization have local chapters, branches, or affiliates?	_	_	_	_	_		_	

)	If "Yes," does the organization have written policies and procedures governing the activities of suc	cho	ha	ptei	rs,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

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	

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be r	each	e d	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

10

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed VA
- 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 $\overline{\mbox{\em \colored}}$ another's website $\overline{\mbox{\em \colored}}$ upon request
- 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
- 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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did n	ot compens	ate any	office	er, dı	rect	or, tru	stee	or key employee		
		Posit t	(C ion (hat a	chec		I				(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustea or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
George Cartledge Jr , Director	2 00	Х						0	0	0
Warner Dalhouse , Director	2 00	Х						0	0	0
James Hartley , Director	2 00	Х						0	0	0
Shirley Holland , Director	40 00	Χ						0	232,657	19,282
Vernice Law , Director	2 00	Х						0	0	0
Minnis Ridenour , Director	2 00	Χ						0	0	0
Walter Rugaber , Director	2 00	Х						0	0	0
Edward Murphy , Chairman/Pres /Dir	40 00			Χ				0	1,545,940	536,800
Donald Lorton , Treasurer/Director	40 00			Х				0	542,160	208,770
Briggs Andrews , Secretary/Director	40 00			Х				0	329,763	86,210
				$ldsymbol{ldsymbol{ldsymbol{eta}}}$			<u> </u>			

Continued

(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Office	y)	Highest compensated employee	Former	(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
1b Total			 			•		2,650,520	851,062

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation					
	·						
Total number of independent contractors (including those in 1) who received more than \$1,00,000 in compensation							

State	ment	of R	evenu
-------	------	------	-------

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
2 2	1a	Federated camp	paigns 1a	1				314
gifts, grants illar amounts	ь	Membership du	es .1b					
₽Σ≣	c	Fundraising eve	ents 1c					
£ĕ	d	Related organiz	ations 1d	1,358,176				
Contributions, gand other simila	e	Government grants	s (contributions) 1e	328,414				
	f	All other contribution	ons, gifts, grants, and 1f	166,805				
돌 돌	g	sımılar amounts no	t included above butions included in					
± c g								
ပ္ပန	h	Total (Add lines	s 1a-1f)	•	1,853,395			
9				Business Code				
ē	2a							
æ	Ь							
93	C							
<u>.</u>	d							
Ē	e							
Program Serwce Revenue	f	All other progra	m service revenue					
Ě	g	Total. Add lines	; 2a-2f	\$				
	3		ome (ıncludıng dıvıden					
		other sımılar an	nounts)	•	-83,420			-83,420
	4	Income from invest	tment of tax-exempt bond	proceeds				
	5	Royalties		1				
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	_	expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	c	sales expenses Gaın or (loss)						
	d		s)	<u> </u>				
	8a	Gross income fi						
		events (not incl						
<u> </u>		\$ of contributions	reported on line 1c)					
Other Revenue		See Part IV, lın	e 18					
ě			G if total exceeds					
<u>.</u>	ь		penses b					
Ě	c	Net income or (loss) from fundraising	events 🕨				
·	9a		rom gaming activities					
		See part IV , line Complete Schedi	e 19 ule G if total exceeds					
		\$15,000						
	١.		a					
	b с		penses b loss) from gamıng actı					
		Gross sales of i						
		returns and allo						
	_		a					
	b		oods sold b	entory •				
	С	Net income or (Miscellaneous	loss) from sales of inv	Business Code				
	11a	macenaneous	, Nevellue	Dusilless Code				
	ь							
	, ,							
		A 11 - 2 15 -						
	d	All other revenu						
	12	Total Bassass	11a-11d	\$	1,769,975			-83,420
	**	9c 10c and 11	Add lines 1h, 2g, 3, 4,	, ο, οα, /α, δC, 📂	1,,05,575			55,720

Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do ı	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	1,378,726	1,378,726		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	184,655	184,655		
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	0			
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	134,573	134,573		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,744	6,744		
•	Other employee benefits	13,112	13,112		
0	Payroll taxes	10,210	10,210		
1	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0		+	
	Accounting	0			
C		0			
d	Lobbying	0			
	Professional fundraising See Part IV, line 17				
f	Investment management fees	0			
g	Other	13,969	13,969		
2	Advertising and promotion	0			
3	Office expenses	31,814	23,843	7,971	
ŀ	Information technology	0			
5	Royalties	0			
5	Occupancy	0			
7	Travel	3,889		3,889	
8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
9	Conferences, conventions and meetings	0			
0	Interest	18,862	18,862		
L	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	2,268	2,268		
3	Insurance	424	66	358	
4	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)				
а	Education	60		60	
	Dues Subscriptions	258		258	
c	·				
d					
e					
d					
e					
e	* II				
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	1,799,564	1,787,028	12,536	
26	Joint Costs. Check I 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 B	lance	Sheet
----------	-------	-------

					(A) Beginning of year		(E End o	3) fyear
	1	Cash—non-interest-bearing			760	1		760
	2	Savings and temporary cash investments			24,123	2		24,319
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		nployees or		5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So			6			
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
92	9	Prepaid expenses and deferred charges			203,265	9		231,144
Assets	10a	Land, buildings, and equipment cost basis	10a	31,782				
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10a	30,471	2,511	100		1,311
	11	Investments—publicly traded securities	100	30,471	1,099,093	11		743,054
	12	Investments—publicly traded securities		• •	1,099,093	-11		465,161
		Schedule D				12		405,101
	13	Investments—program-related See Part IV , line 11 $\it Complete Part Of Schedule D$.			13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,329,752	16		1,465,749
	17	Accounts payable and accrued expenses .			89,690	17		279,146
	18	Grants payable		18				
	19	Deferred revenue		19				
10	20	Tax-exempt bond liabilities				20		
ě	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			2,191,858	25		2,258,092
	26	Total liabilities. Add lines 17 through 25			2,281,548	26		2,537,238
У		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	te line	es 27				
Ę.	27	Unrestricted net assets			-2,513,794	27	-	-2,767,037
Balance	28	Temporarily restricted net assets			1,561,998	28		1,695,548
Ę	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and lines 30 through 34.	compl	ete				
s or	30	Capital stock or trust principal, or current funds				30		
ě	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fund				32		
Net	33	Total net assets or fund balances		-951,796	33		-1,071,489	
z —	34	Total liabilities and net assets/fund balances			1,329,752	34		1,465,749
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Deat VI	Financial Chatamanta and Banautine	_
Part XI	Financial Statements and Reporting	1

1	Accounting method used to prepare the Form 990		
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	Νo
С	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	

OMB No 1545-0047

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.

2008

Open to Public Inspection

	Name of the organization Carllon Foundation								Employer identification number				
Carillo	ii i Ouli	uation						54-	1190773	3			
Pa	rt I	Reason	for Public Cl	harity Status (to be con	mpleted	by all or	ganızatıo	ns) (See	Instructi	ons)			
The c	rganı	zatıon ıs not	a private found	ation because it is (Please	check onl	y one orga	anızatıon)	ı					
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	.70(b)(1)(A)(i).				
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Γ	A hospital (A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ		research organi: name, city, and :	zation operated in conjunctions state	on with a h	ospital de	escribed ir	Section 1	L70(b)(1)	(A)(iii). E	nter the		
5	\sqcap	An organiza	ation operated f	or the benefit of a college or	university	owned o	r operated	by a gove	rnmental	unıt desci	rıbed ın		
		Section 170)(b)(1)(A)(iv).	(Complete Part II)									
6	Γ	A federal, s	tate, or local go	overnment or governmental i	unıt descr	ibed in Se	ct ion 170(b)(1)(A)(v).				
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	upport fro	m a gover	nmental u	nıt or from	the gene	ral publi	с	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Part	tII)								
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A) ((vi) (Com	plete Part	II)						
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits suppo	ort from co	ntribution	s, membe	rshıp fees	, and gro	SS	
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certain	exception	ns, and (2)) no more	than 331/	3% of		
		ıts support	from gross inve	stment income and unrelate	d busines	s taxable	ıncome (l	ess sectio	n 511 tax) from bus	sinesses		
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	Part III)				
10	Γ	An organiza	atıon organized	and operated exclusively to	test for p	ublic safet	ty See Se	ct ion 509(a)(4). (Se	e instruct	tions)		
11	굣			and operated exclusively foi									
		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 -								III - O+	hor		
e	굣		•	rtify that the organization is			-						
•	,-	•		agers and other than one or			•			•	•		
		section 509		•	·		_					•	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II or	Type III	supportin	ig organi:	zation,	
		check this		as the organization accepted	lany ouft o	or contribi	ition from	any of the				ı	
g		following pe		as the organization accepted	a any gnice	or contribe	2011 110111	any or the					
		(i) a persor	n who directly o	r indirectly controls, either a	alone or to	gether wit	h persons	described	d in (ii)		Yes	No	
		and (111) bel	ow, the governi	ng body of the the supported	l organizat	ion?				11g((i)	Νo	
		(ii) a famıly	member of a p	erson described in (i) above	?					11g(ii)	Νο	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (11) at	ove?				11g(iii)	Νο	
h		Provide the	following inforr	nation about the organizatio	ns the org	anızatıon	supports						
		ame of	(ii) EIN	(iii) Type of organization		s the	(v) Did)	ou notify	(vi) 1	s the	(vii) A	mount of	
		orted		(described on lines 1-9	, ,	ation in		anızatıon	_	ation in	sup	port?	
	Organ	nızatıon		above or IRC section (See Instructions))		listed in verning		i) of your port?		rganized US?			
				(See Histractions))		ment?	Sup	port	111 the	03.			
					Yes	No	Yes	No	Yes	No	1		
See	A ddıt	ıonal Data									1		
Tabl											<u> </u>		

Total

136,427

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.)

Pι	ıblic Support				_			
Cale	endar 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	·							
	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							
T	otal Support			1				<u> </u>
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
	Amounts from line 4	(=) = = = :	(=,====	(-)	(,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(1) 1 1 1 1 1
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 instructio	ns)			12		
13	First Five Years. If the Form 990 is for the	=	irst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3)	_
	organization, check this box and stop here							▶ ┌
C	omputation of Public Support Perc	entage						
	Public Support Percentage for 2008 (line 6		ded by line 11 c	olumn (f))		14		0 %
15	Public Support Percentage for 2007 Scheo		•	(-//		15		• • • • • • • • • • • • • • • • • • •
	33 1/3% Test - 2008. If the organization di			and line 14 is 3	3 1/3% or more		this hox	
_04	and stop here. The organization qualifies a		,		5 1,570 OF MOTE,	CHCCK	CIIIS DOX	▶ □
ь	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% d	r more	, check th	·
	box and stop here. The organization qualifi	es as a publicly	supported organ	nızatıon				► □
17a	10% Facts and Circumstances Test - 2008.	-						
	more, and if the organization meets the "fa							
h	organization meets the "facts and circums 10% Facts and Circumstances Test - 2007.							▶ □
U	more, and if the organization meets the "fa							
	the organization meets the "facts and circu		·					_
18	Private Foundation. If the organization did		=	•			-	·
	instructions							▶ ┌

Pa	Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)							
Se	ection A. Public Support	cked the box e	THINE 9 OF FU	101.7				
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1		. ,					, ,	
	membership fees received (Do not							
	include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services performed, or facilities furnished in any activity that							
	is related to the organization's tax-							
	exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business under							
	section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
_	furnished by a governmental unit to the							
	organization without charge							
6	Total Add lines 1-5							
7a	A mounts included on lines 1, 2, and 3							
	received from disqualified persons							
Ь	A mounts 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							
С	Total of lines 7a and 7b							
8	Public Support (Substract line 7c from							
	line 6)							
	tal Support	1 1 2 2 2 2 4	422225	() 2006	(N 2 2 2 7	() 2 2 2 2	(6) =	
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
9	A mounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from similar							
	sources							
ь	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after 30 June, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is regularly							
	carried on							
12	Other income Do not include gain or loss	;						
	from the sale of capital assets							
	(Explain in Part IV)							
13	Total Support (Add lines 9, 10c, 11 and							
14	12) First Five Years If the Form 990 is for the	organization's fi	rst second thir	d fourth or fifth	l Stav vear as a 5		l zation	
	check this box and stop here	organization s n	rst, second, tim	a, loartii, or iiiti	itax year as a s	or(c)(3) organi	▶ □	
Co	mputation of Public Support Per	centage						
15	Public Support Percentage for 2008 (line		ded by line 13 c	olumn (f))		15	0 %	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27a			16		
	,, <u>,</u> , ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						
Co	mputation of Investment Income	e Percentage	l					
17	Investment Income Percentage for 2008 (ne 13 column (f))	17	0 %	
18	Investment Income Percentage from 200	7 Schedule A, Pa	rt IV-A, line 27	h		18		
19a	33 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 **33 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

Private 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 A (Form 990 or 990-EZ) 2008

DLN: 93493228037320

OMB No 1545-0047

Open to Public Inspection

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.

Employer identification number Name of the organization Carilion Foundation 54-1190773 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, 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 advifunds are the organization's property, subject to the		nor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		·
Pai	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating the protection of natural habitat	on or pleasure) Preservation of an	n historically importantly land area ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	S	2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	rtion Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financia	
Par	TIII Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	·
	(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, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		▶ - \$

Part	1 🛊 🕸 1	Organizations Maintaining Co	llections of Art, I	list	<u>tori</u>	<u>cal Treasur</u>	es, or Othe	<u>r Similar Asse</u>	ts (co	ntınued)
3		g the organization's accession and other s (check all that apply)	records, check any o	fthe	e foll	owing that are	a sıgnıfıcant u	se of its collection		
а	Public exhibition d Loan or exchange programs									
b	Scholarly research e Other									
С	Preservation for future generations									
4	Prov Part	ide a description of the organization's co XIV	llections and explain	how	they	further the or	ganızatıon's ex	empt purpose in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to						ılar	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					nization answ	ered "Yes" to Fo	rm 99	90,
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermedi	ary ·	for c	ontributions oi	other assets i	not	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table							
								A mou	nt	
С	Begi	nning balance					1c			
d	Addı	itions during the year					1d			
e	Dıst	ributions during the year					1e			
f	Endi	ng balance					1f			
2a	Dıd t	he organization include an amount on Fo	rm 990, Part X, line 2	17				Γ,	Yes	✓ No
b	If "Y	es," explain the arrangement in Part XIV								
Pai	t V	Endowment Funds. Complete it								
4_	D	muna af wasa balansa	(a)Current Year	(b)	Prior Y	'ear (c) Two	Years Back (d)	Three Years Back (e)	Four Ye	ears Back
1a L		nning of year balance								
b		cributions								
C		stment earnings or losses								
d		er expenditures for facilities								
е		programs								
f	Adm	inistrative expenses								
g	End	ofyearbalance								
2	Prov	- ide the estimated percentage of the year	end balance held as							
а	Boar	d designated or quasi-endowment 🕨								
b	Perm	nanent endowment 🕨								
c	Term	n endowment 🕨								
За		there endowment funds not in the posses	sion of the organizati	on t	hat a	re held and ad	lmınıstered for	the		
	_	nızatıon by							Yes	No
	(i) u	nrelated organizations		•	•			3a(i)		
		elated organizations						3a(ii)		
ь 4		es" to 3a(II), are the related organizatior ribe in Part XIV the intended uses of the						3b		
							rt V line 10			
r ei	Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. (a) Cost or other (b) Cost or other (b) Cost or other (c) Cost or other									
		Description of investment				sis (investment)	basis (other)	(c) Depreciation	(d) Bo	ook value
1a l	.and							1		
b E	Buildir	ngs					516	387		129
c l	.ease	hold improvements								
		ment					31,266	30,084		1,182
e (ther									

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests	465,161		F
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	465,161		
Part VIII Investments—Program Related. Se	e Form 990 Part V line	12	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part X	1		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Qualified Pension Liability	22,381		
1998 CHS - CHF	1,235,711		
Loan Guarantee	1,000,000		
Tabel (California / b) about the control of the con	_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,258,092		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t 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) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			. 4c	
5		d 4c. (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	 <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		 	
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c	
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493228037320

Open to Public

Department of the Treasury

Schedule I

(Form 990)

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

Name of the organization						Employer identi	ification number
Carilion Foundation						54-1190773	
Part I General Infor	mation on Gra	nts and Assistance	е				
 Does the organization mathematical the selection criteria use Describe in Part IV the organization mathematical the selection criteria use Part II Grants and Ot 	ed to award the gra organization's proc	nts or assistance? . . edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part Part IV and Sch	IV, line 21 for ai edule I-1 if addi	ny recipient that reco tional space is	eived more than \$5,0	000. Check this box	If no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec				_			29
organizations					-		-

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Patient Assistance	332	174,193			
Scholarship	1	1,000			
In-house seminars		4,570			
Camp Treehouse	40	4,892			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
I	2	See Schedule O

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As Filed Data -

DLN: 93493228037320

OMB No 1545-0047

2008

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

Name of the organization Carilion Foundation

Employer identification number

54-1190773

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 chatter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Indicate which, if any, of the following the Octover or the organization group is a companization of the organization requires 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? 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 Vindependent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment form, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III SO1(c)(3) and SO1(c)(4) organizations only must complete lines 5-8. 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 The organization? Any related organization? The organization? Any related organization? Any related organization? Any related organization? Any related organization? Any r	Pa	rt I Questions Regarding Compensation	on				
990, Part VII, Section A, line 1 a Complete Part III to provide any relevant information regarding these items First class or charter travel						Yes	Νo
Travel for companions	1a						
Tax idemnification and gross-up payments		First class or charter travel	Γ	Housing allowance or residence for personal use			
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1 a 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		▼ Travel for companions	Γ	Payments for business use of personal residence			
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 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 Vindependent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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? 5b N Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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? 5b N 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? 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? 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 For persons lis		Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
provision of all the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimburising or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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 [7] Compensation committee [7] Written employment contract [7] Independent compensation consultant [7] Compensation survey or study [7] Independent compensation consultant [7] Compensation survey or study [7] Independent compensation consultant [7] Approval by the board or compensation committee [8] No Participate in, or receive payment from, a supplemental inoqualified retirement plan? [8] 4a [8] No Participate in, or receive payment from, a supplemental inoqualified retirement plan? [8] Approval by the participate in, or receive payment from, an equity-based compensation arrangement? [8] Approval by the participate in, or receive payment from, an equity-based compensation arrangement? [8] Approval by the participate in, or receive payment from, an equity-based compensation arrangement? [8] Approval by the participate in, or receive payment from, an equity-based compensation arrangement? [8] Approval by the participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of [8] Approval by the part III [8] Approval by the		Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
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 7 Compensation committee 8 Independent compensation consultant 9 Compensation survey or study 1 Form 990 of other organizations 9 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? 4 Deficipate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Deficipate in, or receive payment from, an equity-based compensation arrangement? 4 Deficipate in, or receive payment from, an equity-based compensation arrangement? 4 Deficipate in, or receive payment from, an equity-based compensation arrangement? 4 Deficipate in, or receive payment from, an equity-based compensation arrangement? 5 Por 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? 5 Por 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? 5 Por 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? 5 Por 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? 5 Por 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 Por 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 "Y	b	,	•	, , ,	1b	Yes	
organization's CEO/Executive Director Check all that apply \[\tilde{\top} \] Compensation committee \[\tilde{\top} \] Independent compensation consultant \[\tilde{\top} \] Independent compensation consultant \[\tilde{\top} \] Compensation committee \[\tilde{\top} \] Independent compensation consultant \[\tilde{\top} \] Compensation survey or study \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\top} \] Approval by the board or compensation committee \[\tilde{\to} \] Approval by the board or compensation committee \[\tilde{\to} \] Approval by the board or compensation committee \[\tilde{\to} \] Approval by the board or compensation committee \[\tilde{\to} \] Approval by the board or compensation committee \[\tilde{\to} \] Approval by the board or compensation contingent on the net earning of the compensation contingent on the net earning of \[\tilde{\to} \] Approval by the board or compensation contingent on the net earning of the compensation contingent on the net earning of \[\tilde{\to} \] Approval by the board or compensation provide any non-fixed payments not described in form 990, P	2	•			2	Yes	
Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? 4a N 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 N 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 N b Any related organization? 5b N 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 N b Any related organization? 6b N 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 For persons listed in form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	3	organization's CEO/Executive Director Check all					
Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III SO1(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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 The organization? Any related organization? 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 The organization? Any related organization? Any related organization? 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 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 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		<u> </u>	<u>'</u>	· ·			
A 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 N 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 N 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? 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 N b Any related organization? 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 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 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		<u> </u>					
A Receive a severance payment or change of control payment? A Participate in, or receive payment from, a supplemental nonqualified retirement plan? A Participate in, or receive payment from, an equity-based compensation arrangement? A Participate in, or receive payment from, an equity-based compensation arrangement? A Participate in, or receive payment from, an equity-based compensation arrangement? A Participate in, or receive payment from, an equity-based compensation arrangement? A Participate in, or receive payment from, an equity-based compensation arrangement? A Participate in, or receive payment from, an equity-based compensation arrangement? A Participate in, or receive payment from, a supplemental nonqualified retirement plan? A Participate in, or receive payment from, a supplemental nonqualified retirement plan? A Participate in, or receive payment from, a supplemental nonqualified retirement plan? A Participate in, or receive payment from, a supplemental nonqualified retirement plan? A Participate in, or receive payment from, a supplemental nonqualified retirement plan? A Participate in, or receive payment from payo, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of A Participate in, or receive payment from payo, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of A Participate in Part III A Participate in, or receive payment from payo, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in form 990, Part VII, paid or accurred pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		Form 990 of other organizations	 	Approval by the board or compensation committee			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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? 5b N b Any related organization? 1f "Yes," to line 5a or 5b, describe in Part III 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 N h Any related organization? 6b N For persons listed organization? 6b N For persons listed organization? 6b N Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	4	During the year, did any person listed in Form 990), Part VI	I, Section A, line 1a			
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III 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 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	а	Receive a severance payment or change of contro	l paymen	t?	4a		Νo
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. 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? b Any related organization? f "Yes," to line 5a or 5b, describe in Part III 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? b Any related organization? f "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 N Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	b	Participate in, or receive payment from, a supplem	nental nor	nqualified retirement plan?	4b	Yes	
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? b Any related organization? 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? b Any related organization? 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 N 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
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 The organization? Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Any related organization? If "Yes," to line 6a or 6b, describe in Part III 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 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		If "Yes" to any of lines 4a-c, list the persons and p	provide th	he applicable amounts for each item in Part III			
compensation contingent on the revenues of a The organization? b Any related organization? 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? b Any related organization? fi "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 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		501(c)(3) and 501(c)(4) organizations only must of	complete	lines 5-8.			
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III 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 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	5	· · · · · · · · · · · · · · · · · · ·	A, line 1a	, did the organization pay or accrue any			
If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Any related organization? If "Yes," to line 6a or 6b, describe in Part III 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 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	а	The organization?			5a		Νo
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 The organization? Any related organization? If "Yes," to line 6a or 6b, describe in Part III 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 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	b	Any related organization?			5b		Νo
compensation contingent on the net earnings of a The organization? b Any related organization? 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 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		If "Yes," to line 5a or 5b, describe in Part III					
b Any related organization? 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 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	6		A, line 1a	, did the organization pay or accrue any			
If "Yes," to line 6a or 6b, describe in Part III 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 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	а	The organization?			6a		Νo
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 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	b	Any related organization?			6b		Νo
payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		If "Yes," to line 6a or 6b, describe in Part III					
subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	7	·		,	7		No
	8						

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)(1)-(111) 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	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Shirley Holland	(I) (II)	158,808	23,075	50,774	4,644	14,638	251,939	
Edward Murphy	(ı) (ıı)	890,000	513,348	142,592	451,152	85,648	2,082,740	411,416
Donald Lorton	(ı) (ıı)	424,200	54,600	63,360	191,503	17,267	750,930	56,698
Briggs Andrews	(i) (ii)	264,480	37,700	27,583	74,873	11,337	415,973	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
-		
	·	

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public

Inspection

Name of the organizati	on	Emplo
Carilion Foundation		_

Employer identification number

54-1190773

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

Identifier	Return Reference	Explanation
		tax-exempt organization which 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, Carillon 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

ldentifier	Return Reference	Explanation
990 VI	7b	The sole member of the organization, Carilion Clinic, holds reserved powers with respect to

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

Identifier	Return Reference	Explanation
		of Articles of Incorporation and Bylaw's Approval by the Board of Directors of Carillon Clinic is required for such actions. In addition

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	The final Form 990 was emailed or delivered in hard copy to each member of the Board

ldentifier	Return Reference	Explanation
		of Directors several days prior to filing and Board members 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

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

ldentifier	Return Reference	Explanation
		w hich arise during the year. Answers to the Questionnaires are reviewed by the Internal Audit Department Potential conflicts for

ldentifier	Return Reference	Explanation
		officers and key employees are reviewed by an internal Conflict of Interest Committee, which follows up on any potential

Identifier	Return Reference	Explanation
		issues to ensure compliance with all policies of the organization. The answers for Directors are reviewed by the Carilion Clinic

Identifier	Return Reference	Explanation
		Audit and Compliance Committee In addition, the governing body of the organization is provided with a list of the answers annually

Identifier	Return Reference	Explanation
		to make all Board members aware of potential conflicts in order to ensure compliance with policies on how to handle

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

Identifier	Return Reference	Explanation
990 VI	15a 15b	Executive compensation is reviewed annually by the Carillon Clinic Compensation

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

ldentifier	Return Reference	Explanation
		executives being reviewed The Compensation Committee reviews the compensation of the top executives of the entire Carilion

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

Identifier	Return Reference	Explanation
		A similar review was 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 was compared to a Committee-reviewed peer group of organizations

ldentifier	Return Reference	Explanation
		sımılar ın sıze and structure to the organization

ldentifier	Return Reference	Explanation
		In addition, the Compensation Committee annually reviews 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,

	5	setting forth the deliberations and decisions regarding the compensation of these executives
1.1 4.50	D. A	For Long Hand
ldentifier	Return Reference	Explanation
990 VI	3	Carilion Services Inc., an affiliate of Carilion Clinic, provides centralized general and

Explanation

Explanation

statements are not generally available to the public, but are released from time to time upon request. The

ldentifier

ldentifier

Return Reference

Return Reference

Articles of Incorporation

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

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

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

ldentifier	Return Reference	Explanation
		local new spaper Limited financial information is available on our wieb site

	T	
ldentifier	Return Reference	Explanation
990 XI	2	The organizations financial statements wiere audited on a consolidated basis

ldentifier	Return Reference	Explanation
		as part of Carilion Clinic

ldentifier	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 entity by entity basis. Therefore, all hours.

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

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

ldentifier	Return Reference	Explanation
990 III	1	The principal purpose of this Corporation is to improve the health of the communities served

Identifier	Return Reference	Explanation
		by the hospital corporations in which Carilion Clinic has an ownership or membership interest, which purpose will be

Identifier	Return Reference	Explanation
		carried out through fund raising, asset management, grants, projects, and related activities. Improving the health

Identifier	Return Reference	Explanation
		of communities, while focusing on health care and health related activities, shall be broadly construed to include grants,

Identifier	Return Reference	Explanation
		projects, and related activities which have the potential to make these communities better places in which to work

Identifier	Return Reference	Explanation		
		and live, as determined by the Board of Directors of the Corporation		

ldentifier	Return Reference	Explanation		
		Schedule I, Part IV Supplemental Information - Part I, Line 2 -		

Identifier	Return Reference	Explanation
		For Carilion Community Health Fund grant awards, each grantee must sign a letter of agreement with Carilion Foundation that

Identifier	Return Reference	Explanation
		delineates the terms and specific objectives of the project. Award recipients, as a condition of their award, may be requested to

ldentifier	Return Reference	Explanation
		participate in roundtables or educational forums to systematically develop program models, program outcomes, diversity of

Identifier	Return Reference	Explanation			
		funding sources, and identify strategies for program independence. Each award recipient, their Executive Director, and key			
ldentifier	Return Reference	Explanation			
		board members must attend Carilion Foundation education forums designed to build organizational capacity and effectiveness			
·					
ldentifier	Return Reference	Explanation			
		One mid-cycle project report, a site visit, and a final program evaluation will be required for every funded project. Among other			
Identifier	Return Reference	Explanation			
		things, program evaluation will address organizational effectiveness, program impact, and community benefit through			

Identifier	Return Reference	Explanation
		collection of data measuring such items as clients served, cost effectiveness of the program cost-per-client or service, tangible

ldentifier	Return Reference	Explanation
		community or client outcomes, and specific efforts to cultivate diverse funding sources for program sustainability. Each grantee

Identifier	Return Reference	Explanation
		must agree to submit requested data and reports on a timely basis and to complete the evaluation process as requested. Please

ldentifier	Return Reference	Explanation
		note that Carilion Foundation aw ard recipients and their employees are not eligible for employment as a Carilion employee, nor

Identifier	Return Reference	Explanation
		are Carilion Foundation award recipients eligible to purchase supplies, materials, or equipment through Carilion

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

Cat No 51056K

Schedule O (Form 990) 2008

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

DLN: 93493228037320

OMB No 1545-0047 2008

Open to Public Inspection

Schedule R (Form 990) 2008

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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.

citial revenue octation							
ame of the organization arilion Foundation					Employer identification number		
				54-1190773			
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		
Part II Identification of Related Tax-Exempt Organizati	ions						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) Public charity stat (if section 501(c)((F) tus Direct controlling (3)) entity		
ee Additional Data Table							

Cat No 50135Y

(A) Name, address, and EIN of related organization	(B) Primary activity		(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom inve	(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General managin partner	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organiza

Fe	Transactions with Related Organizations								
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	s No				
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	eity	1a		No				
ь	Gift, grant, or capital contribution to other organization(s)		1b	1	No				
c	Gift, grant, or capital contribution from other organization(s)		1c	Yes	5				
d	Loans or loan guarantees to or for other organization(s)		1d	1	No				
e	Loans or loan guarantees by other organization(s)		1e	:	No				
f	Sale of assets to other organization(s)		1 f		No				
g	Purchase of assets from other organization(s)		1 g		No				
h	Exchange of assets		1h	1	No				
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		No				
j	Lease of facilities, equipment, or other assets from other organization(s)		1j		No				
k	Performance of services or membership or fundraising solicitations for other org	ganızatıon(s)	1k		No				
- 1	l Performance of services or membership or fundraising solicitations by other organization(s)								
m	m Sharing of facilities, equipment, mailing lists, or other assets								
n	Sharing of paid employees		1n	1	No				
0	• Reimbursement paid to other organization for expenses								
P	Reimbursement paid by other organization for expenses		1p		No				
q	Other transfer of cash or property to other organization(s)		1q	1	No				
r	O ther transfer of cash or property from other organization(s)		1r		No				
	If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including covered relationsl	nips and transaction thresholds						
	(A)	(B)	(C)						
	Name of other organization(s)	Transaction type(a-r)	Amount Involved						
(1)									
(2)									
(3)									
(4)									
(5)									
<i>(E)</i>									
(6)		1							

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

Software ID: 08000033

Software Version: 2008.1.20

EIN: 54-1190773

Name: Carilion Foundation

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

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				
Hugh Trout Memorial Foundation									
Roanoke, VA24025 51-0236357	Supporting organization	VA	501c3	11 Type I	N/A				
Carilion Clinic				1					
PO Box 12385 Roanoke, VA24025 54-1190771	Supporting organization	VA	501c3	11 Type I	N/A				
Carilion Franklin Memorial Hospital									
PO Box 12385 Roanoke, VA24025 54-0480606	Healthcare	VA	501c3	3	N/A				
Carilion Giles Memorial Hospital									
PO Box 12385 Roanoke, VA24025 54-0549603	Healthcare	VA	501c3	3	N/A				
Carilion Medical Center									
Roanoke, VA24025 54-0506332	Healthcare	VA	501c3	3	N/A				
Carilion New River Valley Medical Center									
PO Box 12385 Roanoke, VA24025 54-0553805	Healthcare	VA	501c3	3	N/A				
Carilion Services Inc									
PO Box 12385 Roanoke, VA24025 54-1190879	Supporting organization	VA	501c3	11 Type I	N/A				
Carilion Stonewall Jackson Hospital									
PO Box 12385 Roanoke, VA24025 54-0568001	Healthcare	VA	501c3	3	N/A				
Carilion Tazewell Community Hospital									
PO Box 12385 Roanoke, VA24025 54-6074580	Healthcare	VA	501c3	3	N/A				

Software ID: Software Version:

EIN: 54-1190773

Name: Carilion Foundation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Bedford Memorial Hospital	540566100	3	Yes		Yes		Yes		0
Carılıon Franklın Memorial Hospital	540480606	3	Yes		Yes		Yes		0
Carilion Giles Memorial Hospital	540549603	3	Yes		Yes		Yes		0
Carılıon Medical Center	540506332	3	Yes		Yes		Yes		95021
Carilion New River Valley Medical Center	540553805	3	Yes		Yes		Yes		41406
Carilion Stonewall Jackson Hospital	540568001	3	Yes		Yes		Yes		0
Carılıon Tazewell Community Hospital	546074580	3		No	Yes		Yes		0

Software ID: 08000033

Software Version: 2008.1.20

EIN: 54-1190773

Name: Carilion Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Refugee Resettlement and Immigration Services820 Campbell Ave SW Roanoke, VA 24016	54-1626385	501c3	54,000				Health care program
Art Museum of Western Virginia110 Salem Ave SE Roanoke, VA 24011	54-6026841	501c3	20,000				Capital project
Franklin County Public Library Foundation120 East Court St Rocky Mount, VA 24151	74-3106286	501c3	16,445				Books, equipment
Rx Partnership2924 Emerywood Pkwy Ste 300 Richmond, VA 23294	57-1186937	501c3	20,000				Medication Assistance
NRV Cares205 West Main St Office 4 Christiansburg, VA 24073	54-1773419	501c3	57,412				Parenting program
Rockbridge Area Free Clinic 25 Northridge Lane 3 Lexington, VA 24450	54-1642220	501c3	30,000				Increase capacity
Blue Ridge Autism & Achievement Center312 Whitwell Drive Roanoke, VA 24019	54-0524904	501c3	75,000				Scholarship Assistance
Children's Advocacy Program of the Blue Ridge Inc300 S Main St Rocky Mount, VA 24151	54-1950268	501c3	9,568				Violence Awareness
Greater Roanoke Transit Company1108 Campbell Ave SE Roanoke, VA 24013	54-0982022	City of Roanoke, VA	45,000				Star Line Trolley
Bedford Hospice HousePO Box 985 Bedford,VA 24523	20-3611474	501c3	18,750				Construction

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code (d) A mount of (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section cash grant cash valuation (book, non-cash assistance or assistance FMV, appraisal, or government ıf applıcable assistance other) Monroe County Health 31-1013942 Monroe Co, VA 35,000 X-Ray equipment CenterPO Box 590 Union, WV 24983 West End Center for 54-1150320 501c3 50,000 Fitness/nutrition Youth1223 Patterson program Ave SW Roanoke, VA 24016 54-2070140 501c3 9,000 Fitness/nutrition Rockbridge Area YMCA 126 Walker St program Lexington, VA 24450 Free Foundation for 54-1934695 501c3 55,000 General support Rehabilitation Equipment PO Box 8873 Roanoke, VA 24014 26-1785714 Bedford Parish Nurse 501c3 35,000 General Support Ministry Inc1710 Whitfield Dr Bedford, VA 24523 52-0043025 501c3 15,000 Blue Ridge Marathon The Regional Partnership Foundation111 Franklin Plaza 333 Roanoke, VA 24011 54-0703132 501c3 Mental Health Assoc of 30,000 Health care access Roanoke Valley10 E Church Ave 300 Roanoke, VA 24011 Virginia Health Care 54-1639924 501c3 50,000 General Support Foundation707 E Main St 1350 Richmond, VA 23219 Family Service of 54-0505946 501c3 25,000 Mental Hith program Roanoke Valley360 Campbell Ave SW Roanoke, VA 24016 Free Clinic of Franklin 54-1634138 501c3 40,000 Community County490 S Main St Awareness Rocky Mount, VA 24151

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance ıf applıcable FMV, appraisal, or government assistance other) 51-0247098 Dental Clinic Free Clinic of the New 501c3 109,061 River Valley 215 Roanoke St Christiansburg, VA 24073 199,999 Capital project Western Virginia 51-0238900 501c3 Foundation for the Arts & Sciences 1 Market Square SE 5 Roanoke, VA 24011 60,161 FMV Rent Child Health Investment 54-1566451 501c3 Rent Partnership1201 3rd St Roanoke, VA 24016 Carilion New River Valley 54-0553805 501c3 36,080 Medication Medical Center2900 Assistance Lamb Circle Christiansburg, VA 24073 Rescue Mission of 54-0573900 501c3 200,000 Capital renovation RoanokePO Box 11525 Roanoke, VA 24022 General Support Rebuilding Together 54-1961045 501c3 15,000 Roanoke IncPO Box 12388 Roanoke, VA 240252388 6,250 Virginia Polytechnic 54-6001805 Virginia Early Childhood Institute and State Programs University205 West Roanoke St Blacksburg, VA 24061 Virginia Dental Health 54-1821602 501c3 25,000 Dental Clinic Foundation 500 Waverly Lane Moneta, VA 24121 37,000 Carilion Medical Center 54-0506332 501c3 Continuing Med 1906 Belleview Ave Educ Roanoke, VA 24014