See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10/1/2011 , and ending 9/30/2012

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Carilion Medical Center

Doing Business As:

Number and street (or P O. box if mail is not delivered to street address): PO Box 12385

Room/suite:

City or town, state or country, and ZIP + 4: Roanoke VA 24025-2385

D Employer identification number: 54-0506332

E Telephone number: (540) 224-5112

G Gross receipts $: 1,497,319,630

F Name and address of principal officer: Nancy Howell Agee PO Box 12385, Roanoke, VA 24025

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

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

J Website. ▶ www carilionclinic org

H(c) Group exemption number ▶

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

L Year of formation: 1899

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Carilion Medical Center, includes Carilion Roanoke Memonal Hospital and Carilion Roanoke Community Hospital, part of Carilion Clinic, a not-for-profit healthcare organization committed to improving health outcomes for every patient while advancing the quality of care through medical education

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

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	7,158
	6 Total number of volunteers (estimate if necessary)	6	395
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	24,933
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,115,861	3,430,284
	9 Program service revenue (Part VIII, line 2g)	867,464,903	922,662,801
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,755,315	9,721,278
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,277,538	37,512,596
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	903,613,617	973,326,959
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	645,000	828,922
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	424,781,502	457,445,622
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 344,817		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	456,261,337	477,968,291
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	881,687,839	936,242,835
	19 Revenue less expenses. Subtract line 18 from line 12	21,925,778	37,084,124

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	899,698,355	979,661,849
	21 Total liabilities (Part X, line 26)	667,713,487	769,565,549
	22 Net assets or fund balances Subtract line 21 from line 20	231,984,868	210,096,300

Part II Signature Block

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

Sign Here

Signature of officer — Date

G Robert Vaughan, Jr. — Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Francis J Bedard		8/15/2013		P00752421

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 424 Church Street, Nashville, TN 37219 — Phone no (615) 259-1811

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

(HTA)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . [X]

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 827,516,654 including grants of $ 828,922) (Revenue $ 945,920,521)

See Schedule O.

4b (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services. (Describe in Schedule O.)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ 827,516,654

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

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

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

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,158		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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	X	
b	If "Yes," enter the name of the foreign country. ► See Attached Statement See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent . .	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . .	9			X

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

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

Section C. Disclosure

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

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

[ ] Own website [X] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► The Corporation (540) 224-5112
213 S. Jefferson Street, Roanoke, VA 24011

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

Check if Schedule O contains a response to any question in this Part VII X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) R. Steve Blanks Vice Chairman/Director	2.00	X						0	0	0
(2) James Cain MD Director	2 00	X						0	0	0
(3) George Cartledge, III Director	2 00	X						0	0	0
(4) David Caudill Chairman/Director	2 00	X						0	0	0
(5) William Dichtel, Jr MD Director	50 00	X						297,433	0	50,959
(6) Beth Doughty Director	2.00	X						0	0	0
(7) John Hans Director	2 00	X						0	0	0
(8) Victor Iannello Chairman/Director	2.00	X						0	0	0
(9) Cynda Johnson MD Director	2 00	X						0	569,251	53,143
(10) Stephen Musselwhite Director	2 00	X						0	0	0
(11) Clifford Nottingham MD Director	2.00	X						0	290,695	127,309
(12) Philip Shiner MD Director	50 00	X						203,289	0	33,296
(13) Donald Smith Director	2 00	X						0	0	0
(14) David Thompson MD Director	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Onzlee Ware Director	2.00	X						0	0	0
(16) Patrice Weiss MD Director	50.00	X						406,295	0	35,174
(17) Ralph Whatley III MD Director	50.00	X						422,406	0	48,964
(18) Nancy Howell Agee President/CEO	2.00			X				0	931,949	551,536
(19) Briggs Andrews Secretary	2 00			X				0	348,916	281,487
(20) Donald Lorton EVP/Treasurer	2 00			X				0	680,251	528,400
(21) R. Wayne Gandee MD EVP/Chief Medical Officer	2 00			X				0	600,420	49,888
(22) Donald Halliwill VP/Asst Treasurer	2.00			X				0	244,181	65,903
(23) G. Robert Vaughan, Jr Asst Treasurer	2 00			X				0	222,215	62,388
(24) Rachel Mabe Asst Secretary	2.00			X				0	67,991	25,993
(25) Jonathan Carmouche MD Physician	50 00					X		1,350,063	0	19,938
1b Sub-total ▶								2,679,486	3,955,869	1,934,378
c Total from continuation sheets to Part VII, Section A ▶								3,955,644	6,306,571	504,799
d Total (add lines 1b and 1c) ▶								6,635,130	10,262,440	2,439,177

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 19

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

Section B. Independent Contractors

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

(A) Name and business address		(B) Description of services	(C) Compensation
Siemens Medical Solutions	51 Valley Stream Parkway, Malvern , PA 19	Equipment and software ma	3,703,094
Solstas Lab Partners Grou	PO Box 751337, Charlotte, NC 28275-1337	Laboratory Services	26,433,491
GJ Hopkins Inc	714 5th St NE, Roanoke, VA 24016	Construction contractor	1,597,475
Anesthesiology Consultant	5115 Bernard Dr Ste 201, Roanoke, VA 2401	Anesthesiologists	1,956,962
Foodservice Partners of Vi	2823 Franklin Rd Bldg B, Roanoke, VA 2401	Food services contractor	1,994,777

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 79

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	617,132				
	b Membership dues	1b	0				
	c Fundraising events	1c	139,634				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	2,137,875				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	535,643				
	g Noncash contributions included in lines 1a-1f:	$	5,525				
	h **Total.** Add lines 1a–1f		▶	3,430,284			
Program Service Revenue		Business Code					
	2a Net Patient Service Revenues	900099		898,991,448	898,991,448		
	b Tuition and Other	900099		21,399,677	21,399,677		
	c Program-related Investments	900099		880,732	880,732		
	d Other Health Education	900099		703,133	703,133		
	e Clinical Research	900099		687,811	687,811		
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f		▶	922,662,801			
	3 Investment income (including dividends, interest, and other similar amounts)		▶	16,348,283		24,933	16,323,350
	4 Income from investment of tax-exempt bond proceeds		▶	95			95
	5 Royalties		▶	0			
		(i) Real	(ii) Personal				
	6a Gross rents	12,983,011					
	b Less: rental expenses						
	c Rental income or (loss)	12,983,011	0				
	d Net rental income or (loss)		▶	12,983,011			12,983,011
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	517,291,700	2,842				
	b Less. cost or other basis and sales expenses	523,921,642	0				
	c Gain or (loss)	-6,629,942	2,842				
	d Net gain or (loss)		▶	-6,627,100			-6,627,100
Other Revenue	8a Gross income from fundraising events (not including $ 139,634 of contributions reported on line 1c). See Part IV, line 18	a	49,450				
	b Less: direct expenses	b	71,029				
	c Net income or (loss) from fundraising events		▶	-21,579			-21,579
	9a Gross income from gaming activities. See Part IV, line 19	a	0				
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities		▶	0			
	10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory		▶	0			
	Miscellaneous Revenue	Business Code					
	11a Other Affiliated Income	900099		7,351,872	7,351,872		
	b EHR Incentive Income	900099		4,192,070	4,192,070		
	c Cafetena Income	900099		1,293,444			1,293,444
	d All other revenue			11,713,778	11,713,778		
	e **Total.** Add lines 11a–11d		▶	24,551,164			
	12 **Total revenue.** See instructions		▶	973,326,959	945,920,521	24,933	23,951,221

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	489,996	489,996		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	338,926	338,926		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,120,777	1,120,777	0	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	0	0	0
7 Other salaries and wages	376,288,717	375,903,082	194,909	190,726
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,550,964	23,550,964	0	0
9 Other employee benefits	32,823,784	32,731,176	50,626	41,982
10 Payroll taxes	23,661,380	23,661,380	0	0
11 Fees for services (non-employees)				
a Management	99,375,493	0	99,375,493	0
b Legal	53,152	0	53,152	0
c Accounting	22,524	0	22,524	0
d Lobbying	72,603	72,603	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	677,884	0	677,884	0
g Other	75,442,910	71,805,366	3,631,952	5,592
12 Advertising and promotion	253,316	227,513	3,670	22,133
13 Office expenses	11,570,212	11,370,040	174,505	25,667
14 Information technology	1,598,450	1,598,450	0	0
15 Royalties	0	0	0	0
16 Occupancy	27,311,828	27,218,548	86,522	6,758
17 Travel	2,057 897	2,017 454	33,174	7,269
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	17,625,262	17,625,262	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	44,533,635	44,533,635	0	0
23 Insurance	10,927,340	7,039,944	3,887,396	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	125,866,416	125,863,136	3,280	0
b Bad Debt	51,906,109	51,906,109	0	0
c College Expenses	4,438,464	4,438,464	0	0
d Dues & Subscriptions	1,736,641	1,591,133	103,056	42,452
e All other expenses Other	2,498,155	2,412,696	83,221	2,238
25 **Total functional expenses.** Add lines 1 through 24e	936,242,835	827,516,654	108,381,364	344,817
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		22,924	1	22,574
	2	Savings and temporary cash investments		4,124,433	2	4,351,921
	3	Pledges and grants receivable, net		664,791	3	744,167
	4	Accounts receivable, net		118,637,222	4	121,581,669
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		3,074,561	7	1,203,257
	8	Inventories for sale or use		4,635,911	8	6,091,512
	9	Prepaid expenses and deferred charges		3,375,408	9	29,234,750
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 947,500,951			
	b	Less accumulated depreciation	10b 684,320,165	287,530,254	10c	263,180,786
	11	Investments—publicly traded securities		262,078,161	11	524,032,480
	12	Investments—other securities See Part IV, line 11		206,175,374	12	22,055,359
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		9,379,316	15	7,163,374
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		899,698,355	16	979,661,849
Liabilities	17	Accounts payable and accrued expenses		93,502,406	17	105,296,871
	18	Grants payable			18	
	19	Deferred revenue		5,141,868	19	5,867,148
	20	Tax-exempt bond liabilities		383,640,136	20	383,826,690
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		150,000	24	100,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		185,279,077	25	274,474,840
	26	**Total liabilities.** Add lines 17 through 25		667,713,487	26	769,565,549
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		214,338,155	27	191,609,666
	28	Temporarily restricted net assets		5,762,167	28	6,610,725
	29	Permanently restricted net assets		11,884,546	29	11,875,909
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		231,984,868	33	210,096,300
	34	Total liabilities and net assets/fund balances		899,698,355	34	979,661,849

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	973,326,959
2	Total expenses (must equal Part IX, column (A), line 25)	2	936,242,835
3	Revenue less expenses Subtract line 2 from line 1	3	37,084,124
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	231,984,868
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-58,972,692
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	210,096,300

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions) . . . **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	**14**	0.00%
15	Public support percentage from 2010 Schedule A, Part II, line 14	**15**	0.00%

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 00%

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2010** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ
▶ See separate instructions

OMB No. 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations· Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h))· Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization	Employer identification number
Carilion Medical Center	54-0506332

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

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

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

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

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $ 0
4 Did the filing organization file **Form 1120-POL** for this year? . . . . ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0
c Total lobbying expenditures (add lines 1a and 1b)	0	0
d Other exempt purpose expenditures		0
e Total exempt purpose expenditures (add lines 1c and 1d)	0	0
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0
g Grassroots nontaxable amount (enter 25% of line 1f)	0	0
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount		0	0	0	0
b Lobbying ceiling amount (150% of line 2a, column(e))					0
c Total lobbying expenditures		0	0	0	0
d Grassroots nontaxable amount		0	0	0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures		0	0	0	0

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		72,603
j Total. Add lines 1c through 1i			72,603
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV **Supplemental Information**

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

Part II-B Line 1i Portion of dues paid to American Hospital Assn , Virginia Hospital and Healthcare Assn, and Association of American Medical Colleges spent on lobbying.

Part IV **Supplemental Information** *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Carilion Medical Center

Employer identification number

54-0506332

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

		Amount
c	Beginning balance	1c 0
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f 0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	14,218,995	14,308,087	14,015,347	14,692,907	
b	Contributions					
c	Net investment earnings, gains, and losses	1,514,016	540,534	1,036,467	-147,078	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	777,176	629,626	743,727	530,482	
f	Administrative expenses					
g	End of year balance	14,955,835	14,218,995	14,308,087	14,015,347	

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

a Board designated or quasi-endowment ▶ 21%
b Permanent endowment ▶ 79%
c Temporarily restricted endowment ▶ %

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

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

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	3,616,529		3,616,529
b	Buildings	0	419,503,317	244,121,173	175,382,144
c	Leasehold improvements	0	2,686,594	2,405,351	281,243
d	Equipment	0	513,297,672	431,904,892	81,392,780
e	Other	0	8,396,839	5,888,749	2,508,090
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*				▶	263,180,786

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Qualified Pension Liability	231,854,597
(3) Unrealized Swap Losses	42,441,409
(4) Nonqualifed Pension Liability	178,834
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. *(Column (b) must equal Form 990, Part X col (B) line 25.)* ▶	274,474,840

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	0
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	0
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	0
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	0

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	0

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	0

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V Line 4 Income from the Endowment Funds are used for pediatric programs - both internal and external and/or purchase of pediatric equipment and indigent care patients

Part X Line 2 Carilion had no material unrecognized tax benefits and no adjustments to its consolidated financial statements were required as of and for the years ended September 30, 2012 and 2011. Carilion does not expect that unrecognized tax benefits will materially increase within the next 12 months

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Carilion Medical Center

Employer identification number

54-0506332

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total ▶				0	0	0

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

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

		(a) Event #1 Gala 2011 (event type)	(b) Event #2 Luncheon (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	98,802	45,129	45,153	189,084
	2 Less: Charitable contributions	88,002	39,519	12,113	139,634
	3 Gross income (line 1 minus line 2)	10,800	5,610	33,040	49,450
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	1,800	0	1,800
	6 Rent/facility costs	0	0	3,280	3,280
	7 Food and beverages	11,885	7,075	0	18,960
	8 Entertainment	400	0	0	400
	9 Other direct expenses	30,769	13,298	2,522	46,589
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(71,029)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-21,579

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				0

9 Enter the state(s) in which the organization operates gaming activities:

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

b If "No," explain:

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ 0 and the amount of gaming revenue retained by the third party ▶ $ 0 .

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

Name ▶

Address ▶

16 Gaming manager information.

Name ▶

Gaming manager compensation ▶ $ 0

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0

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

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Canlion Medical Center

Employer Identification number
54-0506332

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			52,886,367	0	52,886,367	5 98%
b Medicaid (from Worksheet 3, column a)			86,971,039	77,846,071	9,124,968	1 03%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00%
d Total Financial Assistance and Means-Tested Government Programs	0	0	139,857,406	77,846,071	62,011,335	7 01%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	763	43,977	3,883,900	38,164	3,845,736	0 43%
f Health professions education (from Worksheet 5) .	34	1,634	24,017,987	8,821,968	15,196,019	1 72%
g Subsidized health services (from Worksheet 6)			0	0	0	0 00%
h Research (from Worksheet 7) . .	3	1,795	1,184,324	0	1,184,324	0 13%
i Cash and in-kind contributions for community benefit (from Worksheet 8) . .	23	4,478	261,451	0	261,451	0.03%
j Total Other Benefits	823	51,884	29,347,662	8,860,132	20,487,530	2.31%
k Total Add lines 7d and 7j	823	51,884	169,205,068	86,706,203	82,498,865	9 32%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1	5	5,000		5,000	0.00%
2	Economic development	6	10,474	60,980		60,980	0.01%
3	Community support	14	1,666	66,648		66,648	0 01%
4	Environmental improvements					0	0 00%
5	Leadership development and training for community members					0	0.00%
6	Coalition building	82	1,118	11,613		11,613	0.00%
7	Community health improvement advocacy					0	0 00%
8	Workforce development	1	9	62,204		62,204	0.01%
9	Other					0	0 00%
10	Total	104	13,272	206,445	0	206,445	0.03%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1			X
2	Enter the amount of the organization's bad debt expense	2	18,807,892		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's *financial assistance policy*	3	1,773,232		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	210,207,229		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	206,034,086		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	4,173,143		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	Roanoke Ambulatory Surgery Ce	Ambulatory surgery	48 31%	0.00%	49 03%
2	Southwest Virginia Health Proper	Real estate	48.31%	0.00%	49.03%
3			0.00%	0.00%	0.00%
4			0.00%	0 00%	0.00%
5			0.00%	0 00%	0.00%
6			0 00%	0 00%	0 00%
7			0.00%	0 00%	0 00%
8			0.00%	0 00%	0 00%
9			0.00%	0 00%	0.00%
10			0.00%	0 00%	0 00%
11			0 00%	0.00%	0.00%
12			0.00%	0 00%	0.00%
13			0.00%	0 00%	0.00%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 Carilion Medical Center- DBA- Carilion Roanoke Memoria 1906 Belleview Avenue Roanoke VA 24019	x	x	X	x			X		
2 Carilion Medical Center- DBA- Carilion Roanoke Commur 101 Elm Avenue Roanoke VA 24011	x								Rehabilitation Unit Urgent C
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of Hospital Facility: Carilion Medical Center- DBA- Carilion Roanoke Memorial

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	X	
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[ ] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		X
5	Did the hospital facility make its Needs Assessment widely available to the public?	5	X	
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	[X] Hospital facility's website			
b	[X] Available upon request from the hospital facility			
c	[X] Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a	[X] Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide community benefit plan			
d	[X] Participation in the execution of a community-wide community benefit plan			
e	[ ] Inclusion of a community benefit section in operational plans			
f	[ ] Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g	[X] Prioritization of health needs in its community			
h	[ ] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		X
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing *free care*?	9	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 100.00 %			
	If "No," explain in Part VI the criteria the hospital facility used.			

Part V Facility Information *(continued)* Carilion Medical Center- DBA- Carilion Roanoke Memorial

			Yes	No
10	Used FPG to determine eligibility for providing *discounted care*?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 00 %			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[ ] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[ ] State regulation			
h	[ ] Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	X	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The policy was posted on the hospital facility's website			
b	[ ] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[ ] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	X	
15	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):			
a	[ ] Notified patients of the financial assistance policy on admission			
b	[ ] Notified patients of the financial assistance policy prior to discharge			
c	[ ] Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	[ ] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e	[ ] Other (describe in Part VI)			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of Hospital Facility: Carilion Medical Center- DBA- Carilion Roanoke Community Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

			Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	X	
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[ ] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		X
5	Did the hospital facility make its Needs Assessment widely available to the public?	5	X	
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	[X] Hospital facility's website			
b	[X] Available upon request from the hospital facility			
c	[X] Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a	[X] Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide community benefit plan			
d	[X] Participation in the execution of a community-wide community benefit plan			
e	[ ] Inclusion of a community benefit section in operational plans			
f	[ ] Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g	[X] Prioritization of health needs in its community			
h	[ ] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		X
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing *free care*?	9	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care 100 00 %			
	If "No," explain in Part VI the criteria the hospital facility used.			

Part V Facility Information *(continued)* Carilion Medical Center- DBA- Carilion Roanoke Community Hospital

			Yes	No
10	Used FPG to determine eligibility for providing *discounted care*?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 00 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Explained the basis for calculating amounts charged to patients?	11	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[ ] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[ ] State regulation			
h	[ ] Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	X	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply).			
a	[X] The policy was posted on the hospital facility's website			
b	[ ] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[ ] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	X	
15	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP.			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		X
	If "Yes," check all actions in which the hospital facility or a third party engaged.			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):			
a	[ ] Notified patients of the financial assistance policy on admission			
b	[ ] Notified patients of the financial assistance policy prior to discharge			
c	[ ] Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	[ ] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e	[ ] Other (describe in Part VI)			

Part V Facility Information *(continued)* Carilion Medical Center- DBA- Carilion Roanoke Community Hospital

Policy Relating to Emergency Medical Care

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☒ Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.	20		X
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI	21		X

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 81

Name and address	Type of Facility (describe)
1 Carilion Medical Center- DBA- Carilion Roanoke Memorial Rehab 2017 South Jefferson Street Roanoke VA 24011	Psych Unit Outpatient Rehabilitation
2 Carilion Clinic Orthopaedics 4064 Postal Drive SW Roanoke VA 24018	Orthopaedic Services
3 Carilion Clinic - Bone and Joint Center 3 Riverside Circle 1st Floor Roanoke VA 24016	Orthopedics
4 CSC - Brambleton 3707 Brambleton Avenue Roanoke VA 24018	Surgical Services
5 Carilion Clinic Orthopaedics 3 Riverside Circle Roanoke VA 24014	Orthopaedic Services
6 Carilion Clinic Cardiology 127 McClanahan Street SW Roanoke VA 24014	Cardiology
7 CNRV Emergency Services 2900 Lamb Circle Christiansburg VA 24073	Emergency Physicians
8 Carilion Breast Care Center 102 Highland Ave Ste 202 Roanoke VA 24014	Breast Care Center
9 CSC - Roanoke 213 McClanahan Suite 404 Roanoke VA 24014	Surgical Services
10 Carilion Cardiothoracic Surgery 2001 Crystal Spring Avenue Roanoke VA 24014	Cardiac Surgery Office

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 81

Name and address	Type of Facility (describe)
1 Carilion Obstetrics and Gynecology Clinic 902 South Jefferson Street Roanoke VA 24016	Obstetrics and Gynecology
2 CES - Franklin 180 Floyd Avenue Rocky Mount VA 24017	Emergency Physicians
3 Carilion Clinic Neurology 3 Riverside Circle Roanoke VA 24016	Neurosciences
4 Carilion Clinic Internal Medicine 3 Riverside Circle Roanoke VA 24016	Internal Medicine
5 Carilion Clinic Otolaryngology 1 Riverside Circle Suite 300M Roanoke VA 24016	Otolaryngology Services
6 CES - Bedford 1613 Oakwood St Bedford VA 24153	Emergency Physicians
7 Carilion Pain Management 3 Riverside Circle Roanoke VA 24016	Pain Management Services
8 CES - Giles 1611 Wenonah Avenue Pearisburg VA 24134	Emergency Physicians
9 Roanoke Athletic Club 4508 Starkey Road Roanoke VA 24018	Physical Therapy Services
10 Carilion Dermatology 1 Riverside Circle Suite 300M Roanoke VA 24018	Dermatology

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 81

Name and address	Type of Facility (describe)
1 Carilion Pediatric Clinic 1030 S Jefferson Street Suite 106 Roanoke VA 24014	General Pediatrics
2 CFM Roanoke Salem 1314 Peters Creek Road Roanoke VA 24014	Family Practice
3 Carilion Clinic Obstetrics and Gynecology - NRV 2900 Lamb Circle Suite 202 Christiansburg VA 24073	Obstetrics and Gynecology
4 CES - Tazewell 141 Ben Bolt Ave Tazewell VA 24651	Emergency Physicians
5 Brambleton Radiology Services 3707 Brambleton Avenue Roanoke VA 24016	Imaging Services
6 CFM Southeast 2145 Mount Pleasant Boulevard Roanoke VA 24014	Family Practice
7 Carilion Clinic Trauma Critical Care 3 Riverside Circle Roanoke VA 24016	Surgical Services
8 Carilion Prenatal Diagnostic Center 102 Highland Ave Ste 455 Roanoke VA 24014	Prenatal Testing
9 Carilion Department of Psychiatry and Behavioral Medicine 2900 Tyler Road Christiansburg VA 24073	Behavioral Health
10 Carilion Clinic Ortho-Spine 3 Riverside Circle 1st Floor Roanoke VA 24017	Orthopaedic Services

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 81

Name and address	Type of Facility (describe)
1 Botetourt Athletic Center 105 Summerfield Court Roanoke VA 24019	Outpatient Therapy Services
2 Daleville Imaging 46 Wesley Road Daleville VA 24073	Imaging Services
3 Carilion Center for Healthy Aging 2001 Crystal Spring Avenue Roanoke VA 24014	Geriatrics
4 CFM - Salem 2102 West Main Street Salem VA 24153	Family Practice
5 Carilion Dentistry General Surgery 2017 S Jefferson Street 2nd Floor Roanoke VA 24014	Dental Service
6 Department of Psychiatry & Behavioral Medicine 213 McClanahan Street Suite 310 Roanoke VA 24014	Behavioral Health
7 Pediatric Gastroenterology 102 Highland Avenue Suite 305 Roanoke VA 24014	Gastroenterology
8 Carilion Dentistry Pediatric Surgery 101 Elm Avenue 1st Floor Roanoke VA 24017	Dental Service
9 Carilion Dental Care 2017 S Jefferson Street Roanoke VA 24014	Dental Service
10 Carilion Department of Psychiatry Roanoke 2017 S Jefferson Street Roanoke VA 24014	Behavioral Health

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 81

Name and address	Type of Facility (describe)
1 Carilion Gynecological Oncology 1 Riverside Circle Suite 300 Roanoke VA 24016	Gynecological Oncology
2 Carilion Anticoagulation Clinic 1030 S Jefferson St Ste G101 Roanoke VA 24014	Anticoagulation Clinic
3 CRMH Rheumatology Clinic 3 Riverside Circle Roanoke VA 24016	Rheumatology
4 Salem Family Practice - Spartan Drive 150 Spartan Drive Salem VA 24153	Family Practice
5 Breast Mammography - North 6415 Peters Creek Road Roanoke VA 24014	Breast Mammography
6 Carilion Pulmonary Clinic 2001 Crystal Spring Avenue Roanoke VA 24014	Pulmonary Services
7 Carilion Clinic Neurological Care - Roanoke 1030 S Jefferson Street Roanoke VA 24016	Neurosciences
8 Carilion Pediatric Neurology 102 Highland Avenue Suite 104 Roanoke VA 24013	Neurosciences
9 Carilion Roanoke IP Psychiatry 2017 S Jefferson Street 1st Floor Roanoke VA 24014	Physical Medicine and Rehab
10 Carilion Clinic Gastroenterology 3 Riverside Circle Roanoke VA 24016	Gastroenterology

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 81

Name and address	Type of Facility (describe)
1 Carilion Urgent Care Westlake 35 Medical Court Hardy VA 24101	Urgent Care
2 Carilion Child and Adolescent Psychiatry 213 McClanahan Street Suite 310 Roanoke VA 24014	Child and Adolescent Psychiatry Services
3 Department of Psychiatry & Behavioral Medicine 213 McClanahan Street Suite 310 Roanoke VA 24014	Behavioral Health
4 Pediatric Cardiology Clinic 102 Highland Avenue Suite 101 Roanoke VA 24013	Cardiology
5 Pediatric Pulmonology 102 Highland Avenue Suite 203 Roanoke VA 24013	Pulmonology
6 Roanoke Ambulatory Center LLC 1102 Jefferson Street Roanoke VA 24016	Surgical Services
7 Carilion Sleep Center 1030 Jefferson Plaza Suite G100 Roanoke VA 24016	Sleep Disorder
8 Carilion Clinic Urogynecology 1030 S Jefferson Suite 109 Roanoke VA 24016	Urogynecological Services
9 Carilion Clinic Pediatric Surgery Clinic 102 Highland Avenue Suite 404 Roanoke VA 24013	Surgical Services
10 Carilion Cardiology Westlake 35 Medical Court Hardy VA 24101	Cardiolgy Services

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 81

Name and address	Type of Facility (describe)
1 Carilion Cardiac Rehab 127 McClanahan Street Roanoke VA 24016	Cardiac Rehab
2 Carilion ID Crystal Spring 2001 Crystal Spring Avenue Roanoke VA 24014	Infectious Disease
3 Reproductive Endocrinology Clinic 102 Highland Avenue Suite 304 Roanoke VA 24013	Reproductive Endocrinology
4 Carilion Imaging 3 Riverside Circle Roanoke VA 24016	Imaging Services
5 CIM Crystal Spring 2001 Crystal Spring Avenue Roanoke VA 24014	Imaging Services
6 Pediatric Developmental Clinic 1030 S Jefferson Street Suite 201 Roanoke VA 24016	Pediatrics
7 Carilion Clinic Physiatry 3 Riverside Circle Roanoke VA 24016	Physical Medicine and Reahb
8 Carilion Diabetic Education 1030 S Jefferson Suite G101 Roanoke VA 24016	Diabetic Eduation
9 Carilion Pediatric Endocrinology Clinic 102 Highland Avenue MOB Roanoke VA 24013	Endocrinology
10 Carilion Breast Care Center 1211 S Jefferson St Roanoke VA 24014	Breast Care Center

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 81

Name and address	Type of Facility (describe)
1 Carilion Sleep Center Westlake 35 Medical Court Hardy VA 24101	Sleep Disorder
2 Carilion Genetics 102 Highland Avenue Suite 104 Roanoke VA 24013	Genetic Counseling
3 Carilion Clinic Cardiology 2001 Crystal Spring Ave. Suite 300 Roanoke VA 24014	Cardiolgy Services
4 Carilion Surgery Westlake 35 Medical Court Hardy VA 24101	Surgical Services
5 Carilion Wound Care Center 101 Elm Avenue, SE Roanoke VA 24019	Wound Care
6 Carilion Heart Failure Clinic 127 McClanhan St Roanoke VA 24016	Heart Failure Services
7 OB-GYN Private - Roanoke 102 Highland Avenue Suite 455 Roanoke VA 24013	Obstetrics and Gynecology
8 Carilion Clinic Orthopeadics- NRV 2900 Lamb Circle- L 760 Christiansburg VA 24073	Orthopeadics
9 Carilion Clinic Spine Surgery 304 Davis Street Indenpendence VA 24348	Surgical Services
10 Carilion Maternal Fetal Medicine 101 Elm Avenue, Suite 400 Roanoke VA 24013	OB Services

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 81

Name and address	Type of Facility (describe)
1 Community Care 101 Elm Avenue Roanoke VA 24013	Family Medicine
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

Part I line 3c, n/a

Part I line 6a, Information on community benefit is reported annually through a consolidated report prepared by Carilion Clinic. Printed copies of this report are distributed throughout communities served by hospitals affiliated with Carilion Clinic Additionally, the community benefit report is available on Carilion Clinic's website.

Part I line 7, 7e: This line is reported at actual cost. Carilion Medical Center provides education to the public about health risks and steps that can be taken to improve health. 23,133 people were touched during 689 events that include regularly scheduled health screenings such as blood pressure, blood glucose and cholesterol as well as seasonal stroke, vascular, prostate and facial sun damage detection screenings Each Saturday morning Physicians on Foot, a program that encourages physical activity in the community, is led by a local primary care physician who walks with participants for two miles on a local greenway near the Roanoke River

Part I line 7, 7e CONTINUED: Carilion Medical Center's community health education department serves as host of the local chapter of the National Safe Kids Coalition and provides education on injury prevention to the community and other providers In fiscal year 2012, 326 individuals received car seat education or car seat safety checks during 34 events. In addition, Carilion Medical Centers Safe Kids Coalition coordinator provided training, through a program offered by the Virginia Department of Health on proper car seat installation for other health and safety providers free of charge Approximately 1,000 children learned about healthcare careers through Caring Careers, an educational program for school aged children

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

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

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

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

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

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

provided onsite at local schools and community centers

Part I line 7, 7e CONTINUED. Carilion Medical Center provides financial and in-kind support annually to the Mission of Mercy Dental event in Roanoke Approximately 1,000 residents of southwest Virginia received free dental services from volunteer dentists and Carilion Medical Center employees provided free medical screenings including health and medication histories, blood pressure, blood coagulation rates, and blood glucose levels for all patients.

Part I line 7, 7e CONTINUED: Additional health improvement services include non-billed clinical services for women such as mammograms and cervical cancer screenings, medical care for HIV/AIDs patients, substance abuse counseling for juveniles, and physician coverage at the Bradley Free Clinic Additional services include blood drives, assistance with enrollment in public medical programs such as Medicaid and interpreter services for non-English speaking patients Community benefit operations includes expenses related to completion of the community health needs assessment and strategic implementation plan.

Part I line 7, 7f - This line is reported at actual cost. Carilion Medical Center financially supports Radford University's Bachelor of Science Nursing Program and mentors nursing students within Carilion Roanoke Memorial Hospital Education is provided to non-employed health professionals such as school nurses, and staff who provide labor, delivery and emergency services

Part I line 7, 7g - N/A

Part I line 7, 7h - This line is reported at actual cost. Carilion Medical Center participates in clinical research projects which includes internal review board oversight. Additionally, community

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

research is provided through a cancer registry to assist public health professionals in understanding and addressing the cancer burden more effectively. Information obtained is used in development of programs on cancer prevention, early detection, and successful treatment and care.

Part I line 7, 7i - This line is reported at actual cost. Financial contributions were made to the Susan B. Komen Breast Cancer Foundation, Project Access of Roanoke Valley, Presbyterian Community Center, Muscular Dystrophy Association, Mental Health America of Roanoke Valley, Juvenile Diabetes Research Foundation, International Rett Syndrome Foundation, Fibrosis Foundation, Child Health Investment Partnership of Roanoke Valley, Childrens Trust, Brain Injury Services, Arthritis Foundation, American Red Cross, American Heart Association and American Cancer Society

Part I line 7, 7i CONTINUED - Grant funding was provided to Child Health Investment Partnership of Roanoke Valley for operational expenses related to their early childhood home visiting program as they pair low-income children, ages birth to kindergarten-entry, with a community health nurse and family case manager for health care coordination, developmental education, kindergarten preparation and regular child assessment and monitoring; Childrens Trust of Roanoke Valley for their regional program that provides child friendly interview room and forensic interviewer to perform interviews of children to be used by multi-disciplinary team investigating alleged child abuse cases; Rx Partnership for operations of the public-private partnership that solicits free drugs in bulk from participating pharmaceutical companies and arranges for their distribution to licensed pharmacies serving uninsured clients,

Part I line 7, 7i CONTINUED - Mental Health America of Roanoke Valley to increase access to mental health

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

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

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

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

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

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

services for adults with no health insurance coverage or inadequate insurance for mental health care; and New Horizons Healthcare for their Happy Healthy Cooks program with goal to impact dietary attitudes and increase knowledge among elementary and preschool children while inspiring them to have fun and be creative in their food choices The unique curriculum exposes children to a healthy lifestyle and healthy eating patterns at an early age, and offers them skills to make healthier choices In-kind support was provided to the United Way during their local fundraising campaign. Additionally, Carilion Medical Center's Emergency Department replenishes medical supplies on ambulances owned by local Emergency Medical Services organizations.

Part I line 7, Ratio of cost-to-charges was used to calculate the expense.

Part I line 7, Column (f) - Bad debt expense subtracted from total expenses for the calculation is $52,025,328.

Part II, Line 1 - Financial support was provided to Rebuilding Roanoke Together for remediation of houses in lower income neighborhoods

Part II, Line 2 - Financial support was provided to the Vinton Chamber of Commerce to strengthen the social and economic environment of the community; Roanoke Regional Partnership Foundation a leader in strategizing, planning, and implementing regional economic development programs and policies, the partnership aims to strengthen and market the regions assets in order to achieve a rate of economic growth that provides excellent jobs while preserving the region's quality of life, Salem-Roanoke County Chamber of Commerce to strengthen the business climate of the community; and New Century Technology

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

Council, a non-profit member-driven association of businesses and organizations in the greater Roanoke-Blacksburg region focused on building a technology community that is a catalyst for innovation, inspiration, success, and leadership within the region.

Part II, Line 2 CONTINUED - A grant was provided to Greater Roanoke Transit Company for a free trolley service for the community that operates in a continuous loop with stops that include Carilion Medical Center and Downtown Roanoke with goals of reducing the carbon footprint and enhancing the local economy by providing easier access to downtown.

Part II, Line 3 - Financial support was provided to the West End Center for Youth, a positive and nurturing child development community that enables local families and children with limited resources to lead more self-determined and enriched lives; Total Action Against Poverty, to encourage self-reliance and self-determination by strengthening and empowering individuals, families and communities; the Salvation Army for their womens shelter; Senior Navigator, a one-stop internet resource for information and access to community programs and services for Virginia seniors and caregivers; Roanoke Rescue Mission for their annual Back to School Blast, an event with other local non-profits and corporate sponsors to provide backpacks, school supplies and free haircuts for low-income children;

Part II, Line 3 CONTINUED - Junior Achievement of SW Virginia, dedicated to giving young people the knowledge and skills they need to own their own economic success, plan for the future, and make smart academic and economic choices; Goodwill Industries, to help people with disabilities and disadvantages overcome barriers to employment; Foundation for Roanoke Valley to enhance funding of outreach programs;

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

and the Boys & Girls Club, to enable and inspire all young people, especially those who need us most, to realize their full potential as productive, caring, responsible citizens . Grant funding was provided to Smith Mountain Lake Good Neighbors to support a summer day camp program for children in Franklin and Bedford Counties who live near or under the poverty level

Part II, Line 4 - N/A

Part II, Line 5 - N/A

Part II, Line 6 - In-kind support was provided through representation on Roanoke Area Youth Substance Abuse Coalition and Roanoke Prevention Alliance, a group of concerned citizens, parents, youth, teachers, police officers, business people, judges, and other caring individuals that strive to keep the youth of the Roanoke Valley and Southwest Virginia alcohol, tobacco and drug-free, Southwest Virginia Alliance for Safe Babies, a multidisciplinary working to eliminate infant injury and deaths due to abusive head trauma and sudden infant death syndrome (SIDS), and YOVASO, Youth of Virginia Speak Out About Traffic Safety, a statewide youth leadership program dedicated to saving the lives of teenage drivers through educating, encouraging and empowering teenagers to be traffic safety advocates in their schools and communities

Part II, Line 7 - N/a

Part II, Line 8 - Carilion Medical Center partnered with Goodwill Industries of the Roanoke Valley, the Department of Rehabilitative Services, Blue Ridge Behavioral Health, Blue Ridge Independent Living Center and local parent representatives to offer Project SEARCH, a one year high school transition program that provides employment and educational opportunities for individuals with significant disabilities and

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

assist with finding long term employment in skilled positions for its participants.

Part III line 4, Accounts receivable are reduced by an allowance for amounts that could become uncollectible in the future. Carilion estimates the allowance for doubtful accounts by reserving a percentage of all self-pay accounts receivable by aging category, based on collection history, adjusted for expected recoveries and, if present, anticipated changes in trends. The percentage used to reserve for all self-pay accounts is based on Carilion's collection history.

Part III line 4, CONTINUED: Carilion collects substantially all of its third-party insured receivables, which include receivables from governmental agencies.

Part III line 4, CONTINUED. The bad debt expense reported on Line 2 was calculated using the cost-to-charges ratio applied to the provision for bad debt reported in the financial statements

Part III line 4, CONTINUED: The estimated amount of bad debt expense, reported on line 3, attributable to patients eligible for charity care was determined using external credit reporting data to identify the patients that were eligible and applying the cost-to-charges ratio to the charges of the patients so identified. Sufficient information was not available to make a definite determination of their eligibility.

Part III line 4, CONTINUED· Patient account balances are reduced by discounts allowed and payments.

Part III line 8, Medicare allowable costs are determined from the Medicare cost report using the cost-to-charges ratio The Hospital does not consider a Medicare shortfall as a community benefit

Part III line 9b, Carilion Clinic is committed to providing quality health care to all regardless of

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

their ability to pay Our Charity Care Policy is designed to allow relief of all or part of the charges that exceed a patient's reasonable ability to pay. Carilion uses the Federal Poverty Guidelines (FPG) published and updated yearly in the Federal Register along with a Financial Needs Assessment Questionnaire (FNAQ) as developed by Carilion to determine eligibility.

Part III line 9b, CONTINUED: Together, the family income, number of family members living on that income, and equity in real property are pertinent factors in determining how much, in the sole judgment of Carilion, a patient is reasonably able to pay for services Patients with family income up to 400 percent of FPG with no more than $100,000 equity in real property are eligible for a Charity Care discount.

Part III line 9b, CONTINUED: To apply for the Charity Care program complete a Financial Needs Assessment Questionnaire or contact our Billing Customer Service team with questions All patients who are able will be expected to pay for their own healthcare services to avoid shifting the burden for their care to other patients and the general public.

Part III line 9b, CONTINUED The Charity Care Policy should have no impact on the collection policies and practices with regard to those balances that do not qualify for charity care. Failure to honor payment for amounts exceeding the charity adjustment may result in the total charity care being revoked.

Part V, Section B, Line 3 – The Roanoke Community Health Needs Assessment (RCHNA) focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers; the target population; and the community as a whole. A Community Health Assessment Team (CHAT) consisting of

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

project management staff and representatives from area health and human services, faith-based communities, and schools led the year-long initiative

Part V, Section B, Line 3 CONTINUED: The majority of CHAT members serve the low-income, uninsured, underserved and other vulnerable populations in the Roanoke Valley. Beginning in December 2011, the CHAT met monthly to oversee the RCHNA. Please see the list of organizations that served on the CHAT below:

Bethany Hall, Inc , Blue Ridge Behavioral Health, Bradley Free Clinic, CHIP of the Roanoke Valley, CommunityWorks, Council of Community Services, Family Service of the Roanoke Valley,

Part V, Section B, Line 3 CONTINUED: and Jefferson College of Health Sciences, LOA Local Office on Aging, Mental Health America, New Horizons Healthcare, Loudon Christian Church, Planned Parenthood Health Systems, Inc., Presbyterian Community Center, Project Access, Rescue Mission Ministries- Fralin Clinic, Roanoke City Health Department, Roanoke City Public Schools, Roanoke Department of Social Services,

Part V, Section B, Line 3 CONTINUED: and Roanoke Redevelopment & Housing Authority, Salem Veterans Administration Medical Center and the United Way of the Roanoke Valley.

Part V, Section B, 5a --

http://issuu.com/carilionclinic/docs/roanoke_valley_community_health_needs_assessment_?e=2081807/2271985

Part V, Section B, 5c -- A community forum was held in August 2012 to present the results of the needs assessment to the public.

Part V, Section B, Line 7 – Carilion Medical Center is not addressing barriers to transportation and language barriers in this implementation strategy.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

Part V, Section B, Line 7 CONTINUED: While these issues will be monitored, they have been determined to not be as pressing as the identified priority needs. Additionally, Carilion Medical Center provides funding to The Greater Roanoke Transit Company for a free trolley service for the community that operates in a continuous loop with stops that include Carilion Medical Center

Part V, Section B, Line 7 CONTINUED. and Downtown Roanoke with goals of reducing the carbon footprint and enhancing the local economy by providing easier access to downtown.

Part V, Section B, Line 7 CONTINUED: Also, vouchers for taxi and bus service are available for patients who are unable to afford transportation. Carilion Medical Center provides interpretive services for non-English speaking patients. During fiscal year 2012 more than $900,000 was expensed for these services at no cost to the patient.

Part V, Line 19d· The maximum amount that can be charged to FAP-eligible individuals for necessary care is as follows: Individuals at or below 100% of the Federal Poverty Guidelines (FPG) are eligible for a discount of their entire account balance. Individuals at 101% to 200% of FPG are eligible for a discount of the greater of 75% of the account balance or the discount necessary to lower their remaining balance to 10% of family income.

Part V, Line 19d CONTINUED. Individuals at 201% to 250% of the FPG are eligible for a discount of the greater of 70% of the account balance or the discount necessary to lower their remaining balance to 15% of family income. Individuals at 251% to 300% of the FPG are eligible for a discount of the greater of 55% of the account balance or the discount necessary to lower their remaining balance to 20% of family

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

income

Part V, Line 19d CONTINUED: Individuals at 301% to 350% of the FPG are eligible for a discount of the greater of 40% of the account balance or the discount necessary to lower their remaining balance to 25% of family income Individuals at 351% to 400% of the FPG are eligible for a discount of the greater of 25% of the account balance or the discount necessary to lower their remaining balance to 30% of family income.

Part V, — FOR Part VI, Lines 2, 3, 4, 5, 6 and 7: See Schedule O for the supplemental information

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Carilion Medical Center

Employer identification number

54-0506332

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Mill Mountain Theatre 1 Market Square Roanoke, VA 24	54-0792067	501c3	22,000	0			General Support
(2) Radford University 801 E Main St Radford, VA 24142	54-6001789	Virginia	86,520	0			Nursing Education
(3) Virginia Tech Foundation 1872 Pratt Dr #1000 Blacksburg, V	54-0721690	501c3	30,857	0			VTC Research Institu
(4) Virginia Business Higher Educ 1108 E Main St #1100 Richmond,	54-1827038	501c3	10,000	0			General Support
(5) Boys & Girls Clubs of Southwe Address 1714 9TH St SE Roanok	54-1867366	501c3	7,500	0			General Support
(6) Child Health Investment Partne 1201 3rd St Roanoke, VA 24016	54-1566451	501c3	20,000	0			General Support
(7) Children's Trust Foundation 541 Luck Ave Ste 308 Roanoke, V	54-0235891	501c3	25,000	0			General Support
(8) Carilion Clinic Patient Transpor 431 McClanahan Roanoke, VA 24	54-1864693	501c3	285,419	0			Pediatric Ambulance
(9)			0	0			
(10)			0	0			
(11)			0	0			
(12)			0	0			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	6	9,800	0		
2 Endowment-funded indigent patient medical bills	45	328,226	0		
3 Patient transportation assistance	30	900	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

Part I Line 2 The Hospital donates funds to other 501(c)3 charitable organizations with a similar mission. Such organizations also have community boards which oversee the expenditure of such funds

Part I Line 2 The Hospital also has a grant program under which funds are granted to community organizations with a focus on children's health and well-being. A committee of Carilion Medical Center employees and an independent physician reviews the applications and selects the recipients. Recipients sign a letter of agreement that delineates the terms and objectives of the project. One mid-year project report, a site visit, and a final program evaluation report on the program's services, outcomes, budget

Part 1 Line 2 Scholarship applications are evaluated and awards made by an independent committee according to prescribed guidelines

Part 1 Line 2 Grant requests for indigent patients are evaluated for eligibility based on the restriction criteria placed by the grantor of the endowment, account payment status, and funds available under the grant.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Carilion Medical Center

Employer identification number

54-0506332

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

	(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	William Dichtel, Jr. MD	(i)	216,019	77,530	3,884	47,505	3,454	348,392	0
		(ii)	0	0	0	0	0	0	0
2	Cynda Johnson MD	(i)	0	0	0	0	0	0	0
		(ii)	475,286	88,025	5,940	44,423	8,720	622,394	0
3	Clifford Nottingham MD	(i)	0	0	0	0	0	0	0
		(ii)	215,932	72,511	2,252	106,255	21,054	418,004	0
4	Philip Shiner MD	(i)	167,459	32,276	3,554	26,141	7,155	236,585	0
		(ii)	0	0	0	0	0	0	0
5	Patrice Weiss MD	(i)	345,353	59,776	1,166	22,501	12,673	441,469	0
		(ii)	0	0	0	0	0	0	0
6	Ralph Whatley III MD	(i)	360,216	58,612	3,578	39,526	9,438	471,370	0
		(ii)	0	0	0	0	0	0	0
7	Nancy Howell Agee	(i)	0	0	0	0	0	0	0
		(ii)	621,900	164,555	145,494	538,527	13,009	1,483,485	144,864
8	Briggs Andrews	(i)	0	0	0	0	0	0	0
		(ii)	299,920	46,066	2,930	272,403	9,084	630,403	0
9	Donald Lorton	(i)	0	0	0	0	0	0	0
		(ii)	486,200	129,425	64,626	509,034	19,366	1,208,651	63,526
10	R. Wayne Gandee MD	(i)	492,358	100,899	7,163	41,592	8,296	650,308	0
		(ii)	0	0	0	0	0	0	0
11	Donald Halliwill	(i)	0	0	0	0	0	0	0
		(ii)	210,112	33,722	347	54,139	11,764	310,084	0
12	G. Robert Vaughan, Jr.	(i)	0	0	0	0	0	0	0
		(ii)	181,941	29,022	11,252	50,320	12,068	284,603	0
13	Jonathan Carmouche MD	(i)	771,861	577,393	809	8,333	11,605	1,370,001	0
		(ii)	0	0	0	0	0	0	0
14	Joseph Moskal MD	(i)	1,033,081	199,887	3,870	22,734	11,085	1,270,657	0
		(ii)	0	0	0	0	0	0	0
15	John Mann MD	(i)	731,058	218,841	2,070	31,807	11,085	994,861	0
		(ii)	0	0	0	0	0	0	0
16	Cay Miensch MD	(i)	614,643	317,135	1,350	26,659	13,083	972,870	0
		(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Part I Line 7 -- The organization pays annual bonus compensation to management based on scorecard performance. While the scorecard contains a formula as a basis for determining overall performance, senior managers have discretion to include additional elements in their assessment of managers reporting to them. In addition, for top management, the actual bonus awarded is in the discretion of the Canlion Clinic Compensation Committee, although it is based on the scorecard measures.

Part I Line 4b - Nancy Howell Agee $303,824, Briggs Andrews $85,406, Donald Lorton $250,129, Mark Wemer $94,090

Part I Line 4a Edward Murphy $2,561,000

Part II Line 17 Edward Murphy, M D. was employed by Canlion Clinic and related entities for 13 years, serving as President and CEO during the last 10 of those years. He left Carilion employment on June 30, 2011. Dr. Murphy's 2011 base compensation for his employment during the six months of calendar 2011 is reported in column B(i).

Part II Line 17 CONTINUED: Bonus compensation in column B (ii) includes a scorecard bonus prorated for nine months of fiscal year 2011 which began on October 1, 2010 and prior period bonus accruals. In addition, Dr. Murphy was paid, or vested in, $5.3 million in other reportable compensation, reported in column B (iii).

Part II Line 17 CONTINUED: Of that amount, $2 7 million represented retirement benefits through a pension restoration plan. Pursuant to that plan, Canlion accrued a benefit for Dr. Murphy throughout the 13 years of his employment, which benefit vested and became taxable on July 1, 2011

Part II Line 17 CONTINUED The pension restoration plan restored Dr. Murphy's retirement benefit to the amount he would have received under Carilion's pension plan but for restrictions imposed by the Internal Revenue Code on the amount any participant can receive from a tax qualified pension plan.

Part II Line 17 CONTINUED: The remaining amount in Column B (iii) includes ending compensation of $2 6 million received by Dr.

Part III Supplemental Information

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

Murphy in lieu of certain earned or expected benefits, plus some small non-taxable reimbursements and benefit plan contributions.

Column C recognizes the accrual for the year of benefits under the qualified pension plan for Dr. Murphy.

Part II Line 17 CONTINUED. Finally, column F recognizes that, of the reportable compensation shown in column B(iii), $2.5 million had previously been reported as deferred compensation on prior year Form 990s. All elements of Dr. Murphy's compensation were approved by the Carilion Clinic Compensation Committee and/or Board of Directors in accordance with the process described in Schedule O in response to Form 990, Part VI, Section B, Line 15a.

Continuation Sheet for Schedule J (Form 990)

Name of the organization

Carilion Medical Center

Employer identification number

54-0506332

Part II Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
17 Gary Simonds MD	(i)	423,388	408,251	2,070	48,272	14,409	896,390	0
	(ii)	0	0	0	0	0	0	0
18 Edward Murphy MD	(i)	0	0	0	0	0	0	0
	(ii)	445,000	348,245	5,327,322	99,185	19,366	6,239,118	2,503,674
19 Mark Werner MD	(i)	0	0	0	0	0	0	0
	(ii)	74,467	28,435	83,102	203,482	3,632	393,118	82,580
20	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
21	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
22	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
23	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
24	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
25	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
26	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
27	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
28	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
29	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
30	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
31	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
32	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
33	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Industrial Development Authority of the City o	54-1106038	770082AA3	10/13/2010	93,754,000	Redemptio fo Series 2003A-C bonds Costs of issuance		X		X		X
B	Industrial Development Authority of the City o	54-1106038	770084EQ0	12/14/2005	224,795,000	Capital projects, Current Refunding of S Costs of issuance, bond insurance		X		X		X
C	VA Small Business Financing Authority	54-1300845	928101AE4	7/9/2008	12,000,000	Capital projects Cost of issuance		X		X		X
D	Industrial Development Authority of the City o	54-1106038	770082mu	2/9/2012	58,111,000	Redemptio of Series 2002A bonds Cost of issuance		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		14,285,000		3,708,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	93,754,000	224,795,000	11,950,000	58,111,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,229,094	1,385,880	107,259	728,388
8	Credit enhancement from proceeds		3,239,424		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		122,261,974	11,842,741	4,823,755
11	Other spent proceeds	95,175,000	97,907,722		60,108,446
12	Other unspent proceeds				
13	Year of substantial completion		2007	2009	2011

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		0.20%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		0.20%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X		X		X	
2 Is the bond issue a variable rate issue?		X	X		X			X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			X
b Name of provider			UBS and Citigroup		UBS and Citigroup			
c Term of hedge				27.00		33.00		
d Was the hedge superintegrated?				X		X		
e Was the hedge terminated?				X		X		
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X			X		X
b Name of provider			AIG					
c Term of GIC				0 30				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?	X		X		X			X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . [X] Yes [ ] No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

All bond issues- multiple entities across multiple jurisdictions, therefore, proceeds allocated to multiple hospitals

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
►Attach to Form 990 or Form 990-EZ. ►See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

Carilion Medical Center

Employer identification number

54-0506332

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► $

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
(1)			0	0						
(2)			0	0						
(3)			0	0						
(4)			0	0						
(5)			0	0						
(6)			0	0						
(7)			0	0						
(8)			0	0						
(9)			0	0						
(10)			0	0						
Total			► $	0						

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Nancy Howell Agee	President/CEO	285,850	Utilities purchases		X
(2) Nancy Howell Agee	President/CEO	30,256,172	lab services		X
(3) Donald Lorton	EVP/Treasurer	30,256,172	lab services		X
(4)		0			
(5)		0			
(6)		0			
(7)		0			
(8)		0			
(9)		0			
(10)		0			

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Part IV Line (1) -- Nancy Howell Agee serves on the Roanoke Gas Company board and Carilion Medical Center purchases gas from Roanoke Gas Company, the gas provider in this area

Part IV Line 2 and 3 -- Nancy Howell Agee and Donald Lorton serve on the Board of Solstas Lab Partners, LLC of which Carilion has a minority financial interest, and from whom the organization purchases lab services.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

Carilion Medical Center

Employer identification number

54-0506332

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	16	1,604	sale of comparable property
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		9,398	sale of comparable property
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	13	3,800	sale of comparable property
19	Food inventory				
20	Drugs and medical supplies	X	1	5,525	Appraisal
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Misc.)	X	0	3,236	sale of comparable property
26	Other ► (Gift Certificates)	X	87	26,711	sale of comparable property
27	Other ► ( )		0	0	
28	Other ► ( )		0	0	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment . . . 29 1

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

Form 990 Part III Line 4a Carilion Medical Center exists to serve the health care needs of its community and region, regardless of patient ability to pay. CMC admitted 36,005 patients and provided 175,101 days of care during the year. Hospital programs include provision of nursing care, an extensive cardiac and vascular program, including cardiac surgery, implants, angioplasty and heart failure programs, neurology, neurosurgery and stroke programs; labor and delivery services (delivering 3,282 babies), the areas only neonatal intensive care unit; inpatient and outpatient psychiatric services; a comprehensive rehabilitation unit; extensive outpatient and inpatient surgical and endoscopic services, oncology services, geriatric services, and diagnostic imaging services including CT, MRI, PET, and mammography.

Form 990 Part III Line 4a CONTINUED: Housing a childrens specialty wing, CMC provides specialists in pediatric neurosurgery, cardiology, oncology, gastroenterology, pulmonology, and child development, among others. CMC is a Level I trauma center, providing full trauma services to the region. CMC provides a number of services targeting the specific health needs of the area, including diabetes management; home health and hospice; physical, speech, and occupational therapy programs, and cardiac and respiratory rehab. CMC also provides an emergency department with 24-hour care, emergency transportation, a pediatric department, and chest pain and stroke protocol programs.

Form 990 Part III Line 4a CONTINUED: With 76,117 visits, CMCs emergency services are a critical component of the health safety net in its service area, acting as a key health provider for a significant number of uninsured patients, who comprise 22% percent of ED visits. CMCs urgent care centers also provide access points for cost effective care at an appropriate level. CMC employs a number of specialty physicians to ensure an effective, integrated approach to serving its patients; including pulmonologists, oncologists, obstetricians, orthopedic surgeons, cardiologists, neurosurgeons, general surgeons, and psychiatrists. As a teaching hospital with over 100 faculty members, CMC hosts residency programs in family medicine, internal medicine, obstetrics and gynecology, psychiatry, general

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

surgery, and neurosurgery.

Form 990 Part III Line 4a CONTINUED: In addition, the Jefferson College of Health Sciences, a division of CMC, offers nursing, physician assistant, occupational therapy, and other high-need programs. CMC also supports community screenings and education on chronic disease prevention and management, sponsoring 689 events touching over 23,000 people. CMC supports a cancer registry program, and participates in a number of other research projects. In furtherance of its mission, CMC provides extensive uncompensated care. Stated at cost, charity, bad debt, and unreimbursed Medicaid costs for the year exceeded $63 7 million.

Form 990 Section Schedule H, Part VI, Line 2 - Carilion Medical Center partnered with community organizations to complete a community health needs assessment and develop a strategic implementation plan during fiscal year 2012.The Roanoke Community Health Needs Assessment (RCHNA) focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers; the target population; and the community as a whole. A Community Health Assessment Team (CHAT) consisting of project management staff and representatives from area health and human services, faith-based communities, and schools led the year-long initiative. Included were representatives from Bethany Hall, Inc., Blue Ridge Behavioral Health, Bradley Free Clinic, CHIP of the Roanoke Valley, CommunityWorks, Council of Community Services, Family Service of the Roanoke Valley, Jefferson College of Health Sciences,

Form 990 Section Schedule H, Part VI, Line 2 CONTINUED: LOA Local Office on Aging, Mental Health America, New Horizons Healthcare, Loudon Christian Church, Planned Parenthood Health Systems, Inc., Presbyterian Community Center, Project Access, Rescue Mission Ministries-Fralin Clinic, Roanoke City Health Department, Roanoke City Public Schools, Roanoke Department of Social Services, Roanoke Redevelopment & Housing Authority, Salem Veterans Administration Medical Center and the United Way of the Roanoke Valley. The majority of CHAT members serve the low-income, uninsured, underserved and other vulnerable populations in the Roanoke Valley. Additional support for this initiative was provided through a Federally Qualified Health Center Planning Grant awarded to Carilion Medical Center. Primary data was obtained through

Name of the organization: Carilion Medical Center

Employer identification number: 54-0506332

surveys and focus groups and analyzed with information acquired through secondary data sources

Form 990 Section Schedule H, Part VI, Line 4 - Carilion Medical Center, comprised of two hospitals, Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, is located in Roanoke, Virginia. Roanoke is a 1,186 square mile valley located in southwest Virginia near the Blue Ridge and Allegheny Mountains. Carilion Medical Center primarily serves approximately 252,500 residents of Roanoke City and County, Salem, Botetourt County, Craig County and the Town of Vinton. 20% of adults under age 64 and 8% of children who live in the Roanoke Valley are uninsured. Additionally, 13% of residents live below the poverty level and 13% of adults 25 years of age or older did not graduate from high school. 16% Roanoke Valley residents are 65 years of age or older.

Form 990 Section Schedule H, Part VI, Line 5 - Carilion Medical Center includes Carilion Roanoke Memorial Hospital, one of the largest hospitals in the state of Virginia with 703 beds and an additional 60-bed Neonatal Intensive Care Unit and pediatric emergency department. With a level 1 trauma center and children's hospital, complete with pediatric emergency room, Carilion Roanoke Memorial Hospital treats residents throughout southwest Virginia. In addition to offering high-tech services, the hospital is also home to 11 residency programs and 14 fellowship programs. Carilion Medical Center serves all patients regardless of their ability to pay.

Form 990 Section Schedule H, Part VI, Line 5 CONTINUED. The Hospital's governing Board is elected annually and the majority of members are neither employees nor contractors of the Hospital. Medical staff privileges are extended to qualified providers. In addition to clinical care, the hospital works to achieve its mission through the education of health professionals and the community. Any surplus funds are reinvested in new technology, clinical initiatives, education and charitable efforts. This includes providing free, discounted and subsidized care as well as critical medical services that operate at a loss.

Form 990 Section Schedule H, Part VI, Line 6 - Carilion Medical Center is wholly owned by Carilion Clinic, a not-for-profit healthcare organization serving approximately one million

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

people in Western Virginia through a physician specialty group, advanced primary care practices, hospitals and outpatient centers. Carilion Clinic is based in Roanoke, Virginia and serves the residents of 18 counties and six cities in Western Virginia and southern West Virginia. Over the past six years, Carilion Clinic has gone through a dramatic and transformative change as we transitioned from a hospital system to an integrated clinic with physician leadership.

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: At the heart of our transformation is a passion and shared purpose to meaningfully change the way healthcare is delivered and experienced, resulting in higher value and better clinical outcomes. This has propelled a commitment to each other as providers and caregivers and working together in new and different ways. To fulfill our vision, we developed a new organizational structure for shared decision making and collaboration, implemented an enterprise-wide electronic health record, became NCQA medical homes in 27 of our primary care sites, established an accountable care organization, developed population health management infrastructure and developed the Virginia Tech Carilion School of Medicine and Research Institute.

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: Carilion Clinic employees 592 physicians representing more than 60 specialties who provide care at 195 practice sites.

During 2012, 126 students were enrolled in Virginia Tech Carilion School of Medicine and there were 549 appointed faculty members. To advance education of health professionals, Jefferson College of Health Sciences, within Carilion Medical Center, is a professional health sciences college offering Masters of Science in Nursing, Physician Assistant and Occupational Therapy and 12 baccalaureate and associate healthcare programs. Approximately 900 undergraduate students and 190 graduate students are enrolled annually with 99% of undergraduates receiving some type of financial aid. Carilion Clinic and Virginia Tech Carilion School of Medicine provide graduate medical education to 215 residents and fellows.

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: Residency program include Emergency Medicine, Family Medicine, Internal Medicine, Neurosurgery, Obstetrics/Gynecology, Psychiatry, Surgery, Pediatrics, Podiatry and General Hospital Dentistry (inaugural class July 2013).

Name of the organization: Carilion Medical Center

Employer identification number: 54-0506332

Additionally, the University of Virginia sponsors a residency program in Orthopaedics.

Fellowship programs include Addiction Psychology, Adult Joint Reconstruction, Advanced Endoscopy, Cardiovascular Disease, Child and Adolescent Psychiatry, Gastroenterology (inaugural class July 2013), Geriatric Medicine, Geriatric Psychiatry, Hospice and Palliative Care, Infectious Disease, Interventional Cardiology (inaugural class July 2013), Medical Informatics, Orthopaedic-Hand and Pulmonary Critical Care

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: Advanced Clinical Services in Cardiovascular and Vascular include a hybrid operating room, transcatheter aortic valve implantation (TAVI), ventricular assist device (VAD) program using the Heartmate II, Medtronic CRYO balloon for atrial fibrillation (epicardial ventricular tachycardia ablation), Heart Alert, therapeutic hypothermia, and Thoracic Oncology services (with Pulmonary Medicine). In Neurosciences advanced services include Stroke Alert, an adult and pediatric Neurosurgery program, Neuro-interventional procedures, Brain Lab Navigation, Epilepsy Monitoring Inpatient Unit and Movement Disorders.

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: In Musculoskeletal, a joint replacement program, anterior approach hip replacements, computer-assisted knee replacements and advanced procedures for ankle replacements. Spine Center and Imaging Services include 64 slice CT and PET/CT, 3T MAGNETOM Verio MRI, MR Profusion and Enterography, advanced interventional procedures, and nationally-recognized Breast Care Center with large-format Pathology and digital mammography. Surgery services include plastic and reconstructive surgery, robotic-assisted surgery for cardiac, urology, and gynecology, and advanced laparoscopic techniques in general surgery.

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: In Pulmonary medicine, advanced interventional procedures are performed as well as thoracic oncology services. Carilion Clinic Cancer Center offers CyberKnife Stereotactic Radiosurgery for inoperable tumors, High Dose Radiation (HDR) Brachytherapy, Linear Accelerators with IMRT, Selective Internal Radiation (SIR) Spheres for treatment of liver cancer, Prostate Brachytherapy Radioactive Seed Implants and Mohs surgery. Advanced gynecologic oncology includes single site/port hysterectomy,

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

minimally invasive surgery for gynecology, including the da Vinci Robotic Surgical System and in-office chemotherapy and industry-sponsored research trials as well as participation in National Cancer Institute sponsored research

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: Advanced urogynecologic services include Interstim therapy for bladder incontinence and fecography for fecal incontinence.

Carilion Clinic Children's Hospital provides Sub-specialty physicians and clinics in surgery, cardiology, pulmonology, gastroenterology, dentistry, allergy & immunology, rheumatology, orthopaedics, hematology & oncology, neurosurgery, and developmental pediatrics. Additionally, neonatal and pediatric intensive care units are located within Carilion Roanoke Memorial Hospital. An inpatient children's facility, pediatric emergency department and specialized transport team are included in this program. Carilion Roanoke Memorial Hospital includes a Level One Trauma Center with EMS services that include three EMS helicopters, four first-response vehicles and 50 Advanced Life Support Ambulances

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: An additional benefit to the community is Carilion Clinics economic contribution to the region. As the area's largest employer, jobs are provided for more than 11,300 residents of the region. At the Virginia Tech Carilion (VTC) Research Institute, scientists are carrying out leading-edge research programs on autism, depression, post-traumatic stress disorder, traumatic brain injury, cerebral palsy, cardiovascular disease, Parkinsons disease, addiction, cancer, mental retardation, epilepsy, and infectious diseases, with state-of-the-art technologies and innovative interdisciplinary science. The research is characterized by computational and quantitative approaches, and modeling in conjunction with experimentation is a critical cornerstone.

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: The range of research going on today in the Institute includes facilities for a worldwide hub for interactive functional brain imaging, linking Roanoke to the United Kingdom, China, South Korea, Germany, and Norway as well as to other institutions throughout the United States, including Princeton, Caltech, and Emory University. This network, which includes the Institutes three research-dedicated magnetic resonance imaging scanners, is allowing Institute investigators to launch the worlds

Name of the organization: Carilion Medical Center

Employer identification number: 54-0506332

largest longitudinal study of brain function and decision-making. The Roanoke Brain Study will use functional imaging, genetic analysis, and behavior to uncover key aspects of human brain development in health and in a range of disorders

Form 990 Part III Line 1 -- Carilion Medical Center, that includes Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, is part of Carilion Clinic, a not-for-profit healthcare organization serving nearly one million people in Virginia through hospitals, outpatient specialty centers and advanced primary care practices. Led by multi-specialty physician teams with a shared philosophy that puts the patient first, Carilion is committed to improving health outcomes for every patient while advancing the quality of care though medical education and research.

Form 990 Part VI Section A Line 3 -- Certain management and related services for the organization are provided by the management and employees of Carilion Services, Inc., a related organization and supporting organization of the organization

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

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

Form 990 Part VI Section A Line 7b -- The sole member of the organization, Carilion Clinic, holds reserved powers with respect to certain enumerated actions, including appointment of CEO, approval of borrowings, budgets and strategic plans and amendments of Articles of Incorporation and Bylaws. Approval by the Board of Directors of Carilion Clinic is required for such actions. In addition to the reserved powers, under the laws of the Commonwealth of Virginia certain extraordinary actions require member approval, such as mergers, consolidations, liquidations and the sale of substantially all of the assets of the

Name of the organization: Carilion Medical Center

Employer identification number: 54-0506332

organization.

Form 990 Part VI Section B Line 11b -- A draft copy of the Form 990 was provided to the Audit and Compliance Committee of Carilion Clinic in advance of its August meeting and reviewed with Committee members at that meeting. The final Form 990 was emailed or delivered in hard copy to each member of the Board of Directors several days prior to filing and Board members were encouraged to call with any questions they might have.

Form 990 Part VI Section B Line 12c -- A Conflict of Interest Questionnaire, along with a copy of the Policy, is sent out annually to all officers, directors and key employees. In addition, such individuals are instructed to inform the organization of potential conflicts which arise during the year. Answers to the Questionnaires are reviewed by the Internal Audit Department Potential conflicts for officers and key employees are reviewed by an internal Conflict of Interest Committee, which follows up on any potential issues to ensure compliance with all policies of the organization. The answers for Directors are reviewed by the Carilion Clinic Audit and Compliance Committee.

Form 990 Part VI Section B Line 12c CONTINUED -- In addition, the governing body of the organization is provided with a list of the answers annually to make all Board members aware of potential conflicts in order to ensure compliance with policies on how to handle transactions with Board members that may involve potential conflict situations

Form 990 Part VI Section B Line 15a and 15b -- Executive compensation is reviewed annually by the Carilion Clinic Compensation Committee. This committee is made up of Board members of Carilion Clinic who do not have a conflict of interest with any of the executives being reviewed. With respect to Carilion Clinic, the Compensation Committee reviews the compensation of the President and Chief Executive Officer, Executive Vice Presidents, which include the Chief Financial Officer and the Chief Medical Officer. For the fiscal year covered by this return, the Compensation Committee also used the same process to review the compensation of other Disqualified Individuals, including the Hospital Vice Presidents. This review was performed in October 2011. A similar review was last performed in October 2012

Form 990 Part VI Section B Line 15a and 15b CONTINUED -- This review included a comprehensive

Name of the organization: Carilion Medical Center

Employer identification number: 54-0506332

report from an outside compensation consultant specializing in healthcare organizations The report included a detailed comparison of total compensation and each element thereof, including base salary, bonuses and other cash compensation, and benefits, including deferred and retirement benefits Compensation was compared to a peer group of organizations similar in size and structure to the organization, which list was reviewed by the Compensation Committee. Detailed minutes of the meetings of the Compensation Committee are kept and approved at the next meeting of the Committee, setting forth the deliberations and decisions regarding the compensation of these executives.

Form 990 Part VI Section B Line 15a and 15b CONTINUED -- In addition, the Compensation Committee annually reviews the compensation plan and philosophy for all vice presidents and senior vice presidents, as well as all employed physicians and physicians in leadership roles.

Form 990 Part VI Section C Line 19 -- The organization's governing documents, conflict of interest statement and financial statements are not generally available to the public, but are released from time to time upon request The Articles of Incorporation are available from the Virginia State Corporation Commission. The consolidated audited financial statements of Carilion Clinic and of the Obligated Group are released annually to the local newspaper. Limited financial information is available on our web site.

Form 990 Part VII Section A Line Column (B) -- Directors and officers listed with less than 50 average hours per week who receive compensation from related organizations (reported in column (E)) also serve as directors and/or officers on other related organizations in the Carilion system The difference between the hours shown in Column (B) and 50 hours would equal the hours worked by these individuals for related organizations

Form 990 Part XI Line 5 -- Other adjustments - unrealized gains on investments $34,926,844; transfer to Carilion Clinic for effect of pension-related changes $62,040,899, transfer to affiliates of $31,850,000, and transfer of property and equipment to affiliates of $8,637 for net of $58,972,692

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carilion Medical Center

Employer identification number
54-0506332

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

(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
(1) The Center For Surgical Excellence, LLC 56-2595597 P.O. Box 12385, Roanoke, VA 24025	Surgery	VA	0	0	N/A
(2) Odyssey IV, LLC 56-2354974 P O. Box 12385, Roanoke, VA 24025	Imaging	VA	0	600,000	N/A
(3) RMH Emergency Service, LLC 54-1686589 P O Box 12385, Roanoke, VA 24025	Physician billing	VA	0	0	N/A
(4)			0	0	
(5)			0	0	
(6)			0	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) Carilion Clinic 54-1190771 P.O. Box 12385, Roanoke, VA 24025	Supporting organization	VA	501(c)(3)	11 Type I	N/A		X
(2) Carilion Clinic Foundation 54-1190773 P.O. Box 12385, Roanoke, VA 24025	Supporting organization	VA	501(c)(3)	11 Type I	N/A		X
(3) Carilion Franklin Memorial Hospital 54-0480606 P.O Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A		X
(4) Carilion Giles Community Hospital 54-0549603 P.O Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A		X
(5) Carilion New River Valley Medical Center 54-0553805 P.O Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A		X
(6) Carilion Services, Inc. 54-1190879 P O Box 12385, Roanoke, VA 24025	Supporting organization	VA	501(c)(3)	11 Type I	N/A		X
(7) Carilion Stonewall Jackson Hospital 54-0568001 P.O. Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Roanoke Ambulat 1102 Jefferson Street	Surgery	VA	Carilion Medica	Related	0	0		X	0		X	52 25%
(2)					0	0			0			%
(3)					0	0			0			%
(4)					0	0			0			%
(5)					0	0			0			%
(6)					0	0			0			%
(7)					0	0			0			%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)					0	0	%
(2)					0	0	%
(3)					0	0	%
(4)					0	0	%
(5)					0	0	%
(6)					0	0	%
(7)					0	0	%

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)			0	
(2)			0	
(3)			0	
(4)			0	
(5)			0	
(6)			0	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)						0	0			0			%
(2)						0	0			0			%
(3)						0	0			0			%
(4)						0	0			0			%
(5)						0	0			0			%
(6)						0	0			0			%
(7)						0	0			0			%
(8)						0	0			0			%
(9)						0	0			0			%
(10)						0	0			0			%
(11)						0	0			0			%
(12)						0	0			0			%
(13)						0	0			0			%
(14)						0	0			0			%
(15)						0	0			0			%
(16)						0	0			0			%

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(8) Canlion Tazewell Community Hospital 54-6074580 P.O. Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A		X
(9) Jefferson College of Health Sciences Education Foundation P O Box 12385, Roanoke, VA 24025	Supporting organization	VA	501(c)(3)	11 Type III	N/A		X
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							

Continuation Sheet for Form 990

Name of the Organization: Carilion Medical Center

Employer identification number: 54-0506332

Part VII Section A **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Joseph Moskal MD Physician	50					X		1,236,838	0	33,819
(27) John Mann MD Physician	50.					X		951,969	0	42,892
(28) Cay Mierisch MD Physician	50					X		933,128	0	39,742
(29) Gary Simonds MD Physician	50.					X		833,709	0	62,681
(30) Edward Murphy MD Former President/CEO	0.						X	0	6,120,567	118,551
(31) Mark Wemer MD Former EVP	0.						X	0	186,004	207,114
(32)										
(33)										
(34)										
(35)										
(36)										
(37)										
(38)										
(39)										
(40)										
(41)										
(42)										
(43)										
(44)										
(45)										
(46)										