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Form 990

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

<b>A For the 2011 calendar year, or tax year beginning</b>		10/1/2011	<b>and ending</b>	9/30/2012
<b>B Check if applicable:</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/> Address change	Carilion New River Valley Medical Center		54-0553805	
<input type="checkbox"/> Name change	Doing Business As		E Telephone number	
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)		Firm's address	
<input type="checkbox"/> Terminated	PO Box 12385		(540) 224-5112	
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$	
<input type="checkbox"/> Application pending	Roanoke		VA	24025
		H(a) Is this a group return for affiliates?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		H(b) Are all affiliates included?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status. <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)		
<b>J Website:</b> ► www.carilionclinic.org		<b>H(c) Group exemption number</b> ►		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation.</b> 1941		<b>M State of legal domicile:</b> VA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: Carilion New River Valley Medical Center, part of Carilion Clinic, is a not-for-profit healthcare organization committed to improving health outcomes for every patient while advancing the quality of care in the community it serves.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>SCAFFOLD OCT 2013</b>	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
<b>Net Assets or Fund Balances</b>	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,083
	6 Total number of volunteers (estimate if necessary)	6	121
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
<b>SCAFFOLD OCT 2013</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	98,753	132,731
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	143,183,258	154,764,098
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,268,794	-622,103
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,376,493	4,757,234
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	152,927,298	159,031,960
	14 Benefits paid to or for members (Part IX, column (A), line 4)	135,383	21,817
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	49,926,473	53,037,030
	b Total fundraising expenses (Part IX, column (D), line 25) ►	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	84,701,060	85,180,458
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	134,762,916	138,239,305
	19 Revenue less expenses Subtract line 18 from line 12	18,164,382	20,792,655
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	190,142,332	218,573,426
	22 Net assets or fund balances Subtract line 21 from line 20	107,140,870	111,649,582
		83,001,462	106,923,844

**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

<b>Sign Here</b>	► Signature of officer Donald Halliwill Type or print name and title	Date			
	Assistant Treasurer				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Francis J. Bedard	Preparer's signature	Date 8/15/2013	Check <input type="checkbox"/> if self-employed	PTIN 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  NoFor Paperwork Reduction Act Notice, see the separate instructions.  
(HTA)

Form 990 (2011)

S X  
817

### **Part III Statement of Program Service Accomplishments**

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

**1 Briefly describe the organization's mission:**

Carilion New River Valley Medical Center, part of Carilion Clinic, is a not-for-profit healthcare organization committed to improving health outcomes for every patient while advancing the quality of care in the community it serves.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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

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 \$ 119,594,015 including grants of \$ 21,817 ) (Revenue \$ 158,277,025 )  
See Schedule O

**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 \$

01

4e Total program service expenses ► 119,594,015

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .

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 . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States?

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 . . . . .

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 . . . . .

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 . . . . .

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) . . . . .

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 . . . . .

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 . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f		X
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a	X	
20b	X	

## Part IV Checklist of Required Schedules (continued)

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

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

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

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

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

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

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

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

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

	Yes	No
21	X	
22		X
23	X	
24a	X	
24b		X
24c	X	
24d	X	
25a	X	
25b		X
26	X	
27		X
28a	X	
28b		X
28c	X	
29		X
30	X	
31		X
32	X	
33		X
34	X	
35a		X
35b		X
36		X
37		X
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	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	
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	1,083
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
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	
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: <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</i>	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
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?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10	<b>Section 501(c)(7) organizations.</b> Enter:	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12.	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	13a	
a	Gross income from members or shareholders.	13b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	13c	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	14b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**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.

### Section A. Governing Body and Management

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.

1b Enter the number of voting members included in line 1a, above, who are independent.

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?

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?

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

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

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

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

a The governing body?

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

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.

	Yes	No
1a	15	
1b	11	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9	X	

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

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

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

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
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  Another's website  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 Organization (540) 224-5112  
213 S. Jefferson Street - Suite 827, 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 
**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			
(1) Leslie Badillo MD Chief of Staff/Director	2.00	X					0	252,494	86,326
(2) Charles Bissell MD Director	2.00	X					0	602,726	38,786
(3) Carolyn Brown Director	2.00	X					0	0	0
(4) Howard Conduff DDS Director	2.00	X					0	0	0
(5) Larry Hincker Director	2.00	X					0	0	0
(6) Todd Murray Secretary/Treasurer/Director	2.00	X		X			0	0	0
(7) Jeffrey Reed Director	2.00	X					0	0	0
(8) Joseph Scartelli PhD Director	2.00	X					0	0	0
(9) Joseph Sheffey Director	2.00	X					0	0	0
(10) Stephanie Shortt Chairperson/Director	2.00	X		X			0	0	0
(11) Thomas Starnes Director	2.00	X					0	0	0
(12) Barbara Turk Director	2.00	X					0	0	0
(13) Cns Whitaker Director	2.00	X					0	0	0
(14) James Williams OD 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	
		Officer or director or director or director or director or director	Individual trustee or director	Institutional trustee or director	Officer	Key employee	Highest compensated employee	Former		
(15) John Piatkowski MD President/Director	50.00	X		X				131,087	0	1,094
(16) Donald Lorton Assistant Treasurer	2.00			X				0	680,251	528,400
(17) Rachel Mabe Assistant Secretary	2.00			X				0	67,991	25,993
(18) Dennis Means VP - Medical Affairs	50.00				X			284,769	0	44,156
(19) Ralph Brown Physician	50.00					X		268,147	0	50,373
(20) Charlotte Ramsey Chief Nursing Officer	50.00					X		174,052	0	39,092
(21) Corwin Brower Pharmacist	50.00					X		150,054	0	123,029
(22) Dale Bryant Pharmacist	50.00					X		144,478	0	77,997
(23) Don Halliwill Former President	0.00						X	0	244,181	65,903
(24)										
(25)										
<b>1b Sub-total</b>								<b>1,152,587</b>	<b>1,847,643</b>	<b>1,081,149</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>0</b>	<b>0</b>	<b>0</b>
<b>d Total (add lines 1b and 1c)</b>								<b>1,152,587</b>	<b>1,847,643</b>	<b>1,081,149</b>

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 ► 10

	Yes	No
3	X	
4	X	
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
Anesthesiology Associates PO Box 3605, Radford, VA 24143	Anesthesiology Services	2,458,567
Soltax Lab Partners Group PO Box 751337, Charlotte, NC 282751337	Laboratory Services	5,357,979
Avis Construction Co., Inc. PO Box 11985, Roanoke, VA 24022	Construction Contractor	1,915,082
Siemens Medical Solutions 51 Valley Stream Parkway, Malvern, PA 1933	Equipment and Software Ma	728,143
Foodservice Partners of VA 2823 Franklin Road, Building B, Roanoke, VA	Food Service	490,790
<b>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</b>	<b>5</b>	

## 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 . . . . . b Membership dues . . . . . c Fundraising events . . . . . d Related organizations . . . . . e Government grants (contributions) . . . . . f All other contributions, gifts, grants, and similar amounts not included above . . . . . g Noncash contributions included in lines 1a-1f . . . . . h Total. Add lines 1a-1f . . . . . ►	1a 0 1b 0 1c 0 1d 38,000 1e 23,505 1f 71,226 \$ 0 132,731			
Program Service Revenue	2a Net Patient Revenues . . . . . b Program-Related Investments . . . . . c . . . . . d . . . . . e . . . . . f All other program service revenue . . . . . g Total. Add lines 2a-2f . . . . . ►	Business Code 900099 900099 900099 900099 900099 900099 154,599,194 164,904 0 0 0 0 154,764,098	154,599,194 164,904 0 0 0 0	154,599,194 164,904 0 0 0 0	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ► 4 Income from investment of tax-exempt bond proceeds . . . . . ► 5 Royalties . . . . . 6a Gross rents . . . . . b Less rental expenses . . . . . c Rental income or (loss) . . . . . d Net rental income or (loss) . . . . . ► 7a Gross amount from sales of assets other than inventory . . . . . b Less: cost or other basis and sales expenses . . . . . c Gain or (loss) . . . . . d Net gain or (loss) . . . . . ► 8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) . . . . . See Part IV, line 18 . . . . . b Less: direct expenses . . . . . c Net income or (loss) from fundraising events . . . . . ► 9a Gross income from gaming activities. See Part IV, line 19 . . . . . b Less: direct expenses . . . . . c Net income or (loss) from gaming activities . . . . . ► 10a Gross sales of inventory, less returns and allowances . . . . . b Less: cost of goods sold . . . . . c Net income or (loss) from sales of inventory . . . . . ► Miscellaneous Revenue	(i) Real 1,009,388  (ii) Personal 1,009,388  (i) Securities 127,997,822  (ii) Other 3,795,611  131,793,433 3,793,225 -3,795,611 2,386 -3,793,225	3,171,113 9 0 1,009,388 1,009,388	3,171,113 9 0 1,009,388 1,009,388 -3,793,225 -3,793,225	3,171,113 9 0 1,009,388 1,009,388 -3,793,225
	11a EHR Incentive Payment . . . . . b Cafeteria . . . . . c Court Cost Recovery . . . . . d All other revenue . . . . . e Total. Add lines 11a-11d . . . . . ► 12 Total revenue. See instructions . . . . . ►	Business Code 900099 900099 900099 900099 900099 2,098,095 234,919 54,359 1,360,473 3,747,846 159,031,960	2,098,095 234,919 54,359 1,360,473 3,747,846 158,277,025		234,919 54,359 1,360,473 3,747,846 158,277,025 0 622,204

**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

<b><i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	21,817	21,817		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	261,937	261,937		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	41,707,275	41,281,914	425,361	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,976,340	2,976,340	0	
9 Other employee benefits	5,143,279	5,077,413	65,866	
10 Payroll taxes	2,948,199	2,948,199		
11 Fees for services (non-employees)				
a Management	16,403,901		16,403,901	
b Legal	2,423		2,423	
c Accounting	0			
d Lobbying	14,294	14,294		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	168,545		168,545	
g Other	16,155,935	15,284,468	871,467	
12 Advertising and promotion	42	42		
13 Office expenses	4,626,577	4,543,660	82,917	
14 Information technology	249,221	249,221		
15 Royalties	0			
16 Occupancy	1,892,418	1,852,764	39,654	
17 Travel	517,841	490,333	27,508	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	3,873,344	3,873,344		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,903,779	5,903,779	0	0
23 Insurance	1,237,156	718,204	518,952	
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	15,785,066	15,784,428	638	
b Bad Debt	9,636,832	9,636,832		
c I/C Practice Subsidy	8,427,465	8,413,298	14,167	
d Dues & Subscriptions	91,032	83,046	7,986	
e All other expenses	194,587	178,682	15,905	
25 Total functional expenses. Add lines 1 through 24e	138,239,305	119,594,015	18,645,290	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,447	1	6,447
	2 Savings and temporary cash investments	278,811	2	282,827
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	18,264,048	4	19,365,857
	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	0	7	0
	8 Inventories for sale or use	1,571,081	8	1,124,438
	9 Prepaid expenses and deferred charges	537,464	9	1,033,972
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	148,604,360		
	b Less: accumulated depreciation	86,853,051	10c	61,751,309
	11 Investments—publicly traded securities	59,083,341	11	125,199,137
	12 Investments—other securities See Part IV, line 11	48,571,429	12	8,559,401
	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	1,244,544	15	1,250,038
	16 Total assets. Add lines 1 through 15 (must equal line 34)	190,142,332	16	218,573,426
Liabilities	17 Accounts payable and accrued expenses	11,156,150	17	12,860,820
	18 Grants payable		18	
	19 Deferred revenue	182,468	19	213,117
	20 Tax-exempt bond liabilities	70,977,440	20	67,945,847
	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	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	24,824,812	25	30,629,798
	26 Total liabilities. Add lines 17 through 25	107,140,870	26	111,649,582
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	83,000,892	27	106,915,364
	28 Temporarily restricted net assets	570	28	8,480
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	83,001,462	33	106,923,844
	34 Total liabilities and net assets/fund balances	190,142,332	34	218,573,426

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	159,031,960
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,239,305
3	Revenue less expenses. Subtract line 2 from line 1	3	20,792,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83,001,462
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,129,727
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	106,923,844

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	3a	X
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?	3b	
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		

**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

Carilion New River Valley Medical Center

Employer identification number

54-0553805

**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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the 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		
(A)							0
(B)							0
(C)							0
(D)							0
(E)							0
<b>Total</b>							0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
(HTA)

Schedule A (Form 990 or 990-EZ) 2011

**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> 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						► <input type="checkbox"/>

**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 <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2011.</b> 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		► <input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2010.</b> 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		► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

**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						► <input type="checkbox"/>

**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		► <input type="checkbox"/>
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		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

## 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)**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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.

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 New River Valley Medical Center	54-0553805

**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  No4a 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
(HTA)

Schedule C (Form 990 or 990-EZ) 2011

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	0	0												
<b>d</b>	Other exempt purpose expenditures . . . . .		0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	0	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		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		
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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	0	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount		0	0	0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					0
<b>c</b> Total lobbying expenditures		0	0	0	0
<b>d</b> Grassroots nontaxable amount		0	0	0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> 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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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		14,294
j Total. Add lines 1c through 1i.		X	14,294
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 1: Portion of dues paid to American Hospital Assn. and Virginia Hospital and

Healthcare Assn. 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 New River Valley Medical Center

Employer identification number

54-0553805

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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.	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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
1c	0
1d	
1e	
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	0	0	0		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	

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

a Board designated or quasi-endowment ► %  
 b Permanent endowment ► %  
 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:

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

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

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

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

3b

**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	1,507,465		1,507,465
b	Buildings	0	84,572,771	35,256,791	49,315,980
c	Leasehold improvements	0	247,117	172,010	75,107
d	Equipment	0	59,457,627	50,530,167	8,927,460
e	Other	0	2,819,380	894,083	1,925,297

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.)) ► 61,751,309

**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	
<b>Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>	<b>0</b>	

**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	
<b>Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>	<b>0</b>	

**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
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►</b>	<b>0</b>

**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	15,903,664
(3) 2005 Fixed Payor Swap Unrealized	9,763,688
(4) 2008 Fixed Swap Unrealized Losses	4,962,447
(5) 2010 Barclays Swap Unrealized Losses	-214,863
(6) 2010 PNC Swap Unrealized Losses	-407,972
(7) Swap Contra	622,834
(8)	0
(9)	0
(10)	0
(11)	0
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>	<b>30,629,798</b>

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
2 Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2
3 Excess or (deficit) for the year Subtract line 2 from line 1 . . . . .	3 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
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
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
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
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 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)**

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**SCHEDULE H**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Hospitals**

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Carilion New River Valley Medical Center

Employer identification number  
54-0553805

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.

b If "Yes," was it a written policy?

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 \_\_\_\_\_ %

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 \_\_\_\_\_ %

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"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Did the organization prepare a community benefit report during the tax year?

b If "Yes," did the organization make it available to the public?

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

**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)			9,456,592	0	9,456,592	7.35%
b Medicaid (from Worksheet 3, column a)			9,616,138	7,262,653	2,353,485	1.83%
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	19,072,730	7,262,653	11,810,077	9.18%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)	196	30,190	212,506	0	212,506	0.17%
f Health professions education (from Worksheet 5)			0	0	0	0.00%
g Subsidized health services (from Worksheet 6)			0	0	0	0.00%
h Research (from Worksheet 7)	1	285	14,967	0	14,967	0.01%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	826	54,634	0	54,634	0.04%
j Total. Other Benefits	202	31,301	282,107	0	282,107	0.22%
k Total. Add lines 7d and 7j	202	31,301	19,354,837	7,262,653	12,092,184	9.40%

**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					0	0.00%
2 Economic development	3		11,670		11,670	0.01%
3 Community support	3	28	1,138		1,138	0.00%
4 Environmental improvements					0	0.00%
5 Leadership development and training for community members					0	0.00%
6 Coalition building	11	106	1,048		1,048	0.00%
7 Community health improvement advocacy					0	0.00%
8 Workforce development					0	0.00%
9 Other					0	0.00%
10 Total	17	134	13,856	0	13,856	0.01%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?  Yes  No

2 Enter the amount of the organization's bad debt expense  2 3,206,836

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy  3 484,914

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 34,171,115

6 Enter Medicare allowable costs of care relating to payments on line 5  6 37,364,144

7 Subtract line 6 from line 5 This is the surplus (or shortfall)  7 -3,193,029

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 New River Valley Surgery Center	Ambulatory surgery	50.00%	0.00%	32.67%
2		0.00%	0.00%	0.00%
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? 1

Name and address

1. Carilion New River Valley Medical Center  
2900 Lamb Circle  
Christiansburg VA 24073

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

Number	Name and address	Facility Type		Other (describe)
		General medical & surgical	Licensed hospital	
1	Carilion New River Valley Medical Center 2900 Lamb Circle Christiansburg VA 24073	X	X	X
2				
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 New River Valley Medical Center**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** 1

Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		Yes	No
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. If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> 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	
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	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> 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	
<b>Financial Assistance Policy</b>			
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?		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100.00 %</u> If "No," explain in Part VI the criteria the hospital facility used.		
8	X		
9	X		

## Part V Facility Information (continued)

Carilion New River Valley Medical Center

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted care</i> ?	10	X
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400 00 %</u>		
	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	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	<input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)**

Carilion New River Valley Medical Center

**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	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> 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.	20	
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)	21	X
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.		
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.		

**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? 6

Name and address	Type of Facility (describe)
<b>1</b> Carilion New River Valley Medical Center 2900 Lamb Circle Christiansburg VA 24073	Psychiatric Unit
<b>2</b> Carilion New River Valley Medical Center Rehabilitation 118 Broad Street Dublin VA 24084	Outpatient therapy
<b>3</b> Carilion New River Valley Medical Center Home Health and Hospice 707 Randolph Street Suite 251 Radford VA 24141	Home Health and Hospice
<b>4</b> New River Valley Surgery Center, LLC 2901 Lamb Circle Christiansburg VA 24073	Ambulatory surgery
<b>5</b> Orthopedic Spine PT Clinic 51 West Main Street Radford VA 24141	Orthopedic spine- PT
<b>6</b> Orthopedic Spine PT Clinic 178 West Main Street Wytheville VA 24382	Orthopedic spine- PT
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

## 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 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 calculated at actual cost. Carilion New River Valley Medical Center

educates the public about health risks and steps that can be taken to improve health During fiscal year

2012, 28,684 people received health education information provided during 183 events that included

screenings, presentations and health fairs. Regularly scheduled health screenings such as blood pressure,

blood glucose and cholesterol are offered at various locations throughout the year.

Part I line 7, 7e CONTINUED: In addition, Red Hot Mommas features speakers focusing on women's health

issues. The national SafeKids program is coordinated by Carilion New River Valley Medical Center with

education on injury prevention for children. Car seat education and regularly scheduled car seat safety

checks are provided

Part I line 7, 7e CONTINUED. Carilion New River Valley Medical Center's Medication Assistance Program

assists uninsured clients obtain medications necessary for disease management and therapeutic outcomes

and enrolls eligible individuals into state and federal insurance programs During fiscal year 2012,

needed prescription medication was provided to 638 individuals.

Part I line 7, 7e CONTINUED: Additional health improvement services include blood drives, assistance

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

with enrollment in public medical programs such as Medicaid and interpreter services for non-English

speaking patients

Part I line 7, 7f - This line is calculated at actual cost. In-kind support was provided to Virginia

College of Osteopathic Medicine toward education of medical students.

Part I line 7, 7g - N/A

Part I line 7, 7h - This line is calculated at actual cost. Carilion New River Valley Medical Center

provides data 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 calculated at actual cost. Financial contributions were made to the

local chapter of the National Multiple Sclerosis Society as they work to assist people affected by MS by

funding cutting-edge research, driving change through advocacy, facilitating professional education, and

providing programs and services that help people with MS and their families move their lives forward; and

the Free Clinic of the New River Valley.

Part I line 7, 7i CONTINUED. In-kind support was provided to the United Way during their local

fundraising campaign. A grant was provided to the Free Clinic of the New River Valley for staffing and

supplies of the dental program that serves uninsured, low-income residents. Additionally, Carilion New

River Valley Medical Center's Emergency Department replenishes medical supplies on ambulances owned by

local Emergency Medical Services organizations.

**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.
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- 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 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

\$9,694,328.

Part II, Line 1 - N/A

Part II, Line 2 - Financial support was provided to Montgomery County Chamber of Commerce toward their mission of promoting and developing a positive environment for the operation and growth of business in Montgomery County and the New River Valley; New River Valley Economic Development, New River Valley Economic Development Council whose mission is to market the New River Valley, to foster job creation, to facilitate new investment.

Part II, Line 2 CONTINUED: and to nurture and improve quality of life in the Valley, and New Century Technology 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 3 - Financial support was provided to NRV CARES, a private, non-profit organization dedicated to protecting children from abuse and strengthening families through education, advocacy and community partnerships. In-kind support was provided for dental care education at the Free Clinic and NAACP for Project HELP, the Health and Wellness initiative to improve the overall quality of life for African Americans through health education.

Part II, Line 4 - N/A

**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.
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- 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 II, Line 5 - N/A

Part II, Line 6 - In-kind support was provided to the Retired Senior Volunteer Program for their

Walkathon Advisory Committee; representation on the Area Agency on Aging Advisory Council; New River

Valley Safe Kids initiatives; Chamber of Commerce events; and presenting educational information to

Virginia Tech's employee wellness committee.

Part II, Line 7 - N/A

Part II, Line 8 - N/A

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

**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.
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- 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.

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

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, 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

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  
Name of the organization

Carillon New River Valley Medical Center

**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  
Employer identification number  
54-0553805

**Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to 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	2 (b) EIN	3 (c) IRC section if applicable	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of non-cash assistance	8 (h) Purpose of grant or assistance
(1) New River Valley Economic Dev 6226 University Park Dr Radford, VA 24373	54-1545804	501c6	10,000	0	0		General Support
(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		

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

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

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(HTA)

**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	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		

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

Part 1 Line 2. The Hospital donates funds to other tax-exempt organizations with a similar community improvement mission. Such organizations also have community boards which oversee the expenditure of such funds.

**SCHEDULE J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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.

**2011**

Open to Public  
Inspection

Name of the organization

Carilion New River Valley Medical Center

Employer identification number

54-0553805

**Part I Questions Regarding Compensation**

**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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**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.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed 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?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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?  
**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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(HTA)

Schedule J (Form 990) 2011

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.

		(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		
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation												
1 Leslie Badillo MD	(i)	0	0	0					0	0	0				0	0
	(ii)	167,144	84,571	779	65,909				20,417			338,820			0	0
2 Charles Bissell MD	(i)	0	0	0					0	0	0				0	0
	(ii)	378,877	222,499	1,350	35,842				2,944			641,512			0	0
3 Donald Lorton	(i)	0	0	0					0	0	0				0	0
	(ii)	486,200	129,425	64,626	509,034				19,366			1,208,651			63,526	
4 Dennis Means	(i)	266,096	1,040	17,633	42,912				1,244			328,925			0	0
	(ii)	0	0	0	0				0	0	0				0	0
5 Ralph Brown	(i)	214,831	52,417	899	39,286				11,087			318,520			0	0
	(ii)	0	0	0	0				0	0	0				0	0
6 Charlotte Ramsey	(i)	155,302	17,230	1,520	31,186				7,906			213,144			0	0
	(ii)	0	0	0	0				0	0	0				0	0
7 Corwin Brower	(i)	146,479	174	3,401	115,850				7,179			273,083			0	0
	(ii)	0	0	0	0				0	0	0				0	0
8 Dale Bryant	(i)	117,408	19,282	7,788	67,033				10,964			222,475			0	0
	(ii)	0	0	0	0				0	0	0				0	0
9 Don Hallwill	(i)	210,112	33,722	347	54,139				11,764			310,084			0	0
	(ii)	0	0	0	0				0	0	0				0	0
10	(i)	0	0	0	0				0	0	0				0	0
	(ii)	0	0	0	0				0	0	0				0	0
11	(i)	0	0	0	0				0	0	0				0	0
	(ii)	0	0	0	0				0	0	0				0	0
12	(i)	0	0	0	0				0	0	0				0	0
	(ii)	0	0	0	0				0	0	0				0	0
13	(i)	0	0	0	0				0	0	0				0	0
	(ii)	0	0	0	0				0	0	0				0	0
14	(i)	0	0	0	0				0	0	0				0	0
	(ii)	0	0	0	0				0	0	0				0	0
15	(i)	0	0	0	0				0	0	0				0	0
	(ii)	0	0	0	0				0	0	0				0	0
16	(i)	0	0	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 Carlton Clinic Compensation Committee, although it is based on the scorecard measures.

**Part I Line 4b** - Donald Lorton \$250,219

**SCHEDULE K**  
(Form 990)

**Supplemental Information on Tax-Exempt Bonds**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Carlton New River Valley Medical Center

- 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

54-0553805

Employer identification number

**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
A Industrial Development Authority of the City of	54-1106038	770084ES6	12/14/2005	65,880,000	Capital projects, Current Refunding of Costs of issuance, bond insurance	Yes	No	Yes
B VA Small Business Financing Authority	54-1300845	928101AD6	7/9/2008	20,000,000	Capital projects, Costs of issuance		X	X
C							X	X
D								X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired		20,595,000		
2 Amount of bonds legally defeased				
3 Total proceeds of issue		65,880,000	20,050,000	
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds		406,156	137,743	
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds		949,368		
10 Capital expenditures from proceeds			19,912,257	
11 Other spent proceeds		64,524,476		
12 Other unspent proceeds				
13 Year of substantial completion			2008	
14 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No
15 Were the bonds issued as part of an advance refunding issue?		X	X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

**Part III Private Business Use**

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

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(HTA)

Schedule K (Form 990) 2011

**Part III Private Business Use (Continued)**

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

**Part IV Arbitrage**

	A	B	C	D
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		
2 Is the bond issue a variable rate issue?	X	X		
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X	X		
b Name of provider	UBS & Citigroup	UBS & 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		
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		
6 Did the bond issue qualify for an exception to rebate?	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.

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

Carillon New River Valley Medical Center

Employer identification number  
54-0553805

**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	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?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
				To	From	Yes	No	Yes	No
(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)		

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(HTA)

Schedule L (Form 990 or 990-EZ) 2011

## 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) Donald Lorton	Assistant Treasurer	6,698,891	lab services		X
(2)		0			
(3)		0			
(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 -- Donald Lorton serves on the Board of Solstas Lab Partners, LLC of which

Canlion has a minority financial interest, and from whom the organization purchases lab

## services.

Name of the organization

Carilion New River Valley Medical Center

Employer identification number

54-0553805

Form 990 Part III Line 4a Carilion New River Valley Medical Center exists to serve the health

care needs of its community, regardless of patient ability to pay. New River admitted 7,915

patients and provided 29,829 days of care during the year. New River also delivered 1,235

babies. Hospital programs include provision of nursing care; extensive outpatient and

inpatient surgical and endoscopic services; comprehensive cardiac treatment, diagnostic, and

rehab solutions; and diagnostic imaging services including CT, MRI, and mammography.

Form 990 Part III Line 4a CONTINUED. With almost 22% of its inpatient admissions representing

psychiatric admissions, and a significant outpatient presence in behavioral medicine, New

River plays a critical role in providing mental health services for the region. New River is a

Level III trauma center, and provides a home base for Lifeguard 11, the emergency medical air

transport that serves the surrounding area. New River provides a number of inpatient and

outpatient services targeting the specific health needs of its population, including diabetes

management; home health and hospice; physical, speech, and occupational therapy programs; and

cardiac and respiratory rehab

Form 990 Part III Line 4a CONTINUED: New River also provides an emergency department with

24-hour care, emergency transportation, and a chest pain and stroke program. With 32,375

visits, New River's emergency services are a critical component of the health safety net in

its service area, acting as the primary health provider for a significant number of uninsured

patients, who comprise 19% percent of ED visits. New River supports community screenings and

education on chronic disease prevention and management; sponsoring 183 events touching more

than 28,000 people. New River also champions and supports a Medication Assistance Program in

partnership with community-based social services. In furtherance of its mission, New River

provides extensive uncompensated care. Stated at cost, charity, charity-eligible bad debt, and

unreimbursed Medicaid costs for the year of \$12.2 million.

Form 990 Section Schedule H, Part VI, Line 2 - Carilion New River Valley Medical Center uses

demographic information and data on patients treated to determine community health needs

Name of the organization	Employer identification number
Carilion New River Valley Medical Center	54-0553805

Additionally, information from public databases compiled on the Virginia Atlas of Community

Health website is reviewed for the entire geographic area served by Carilion New River Valley

Medical Center. A comprehensive community health needs assessment is scheduled for completion

by September 30, 2013 along with a strategic implementation plan to address identified needs.

Form 990 Section Schedule H, Part VI, Line 4 - Carilion New River Valley Medical Center serves

approximately 145,000 residents living in the counties of Montgomery, Floyd and Pulaski and

the city of Radford. The New River Valley is a 1,471 square mile region in southwest Virginia

between the Blue Ridge and Allegheny Mountains. Approximately 18% of adults under age 64 and

8% of children who live in the New River Valley are uninsured. Additionally, 18% of residents

live below the poverty level and 13% of adults 25 years of age or older did not graduate from

high school. 12% of residents are 65 years of age or older.

Form 990 Section Schedule H, Part VI, Line 5 - Carilion New River Valley Medical Center is a

modern hospital facility hosting both medical and psychiatric services. The 146-bed facility

offers comprehensive healthcare services with access to 50 specialists and 24-hour emergency

care facilities including a Level III Trauma Center with medical air transport. Carilion New

River Valley Medical Center serves all patients regardless of their ability to pay. The

Center'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.

Form 990 Section Schedule H, Part VI, Line 5 CONTINUED: In addition to clinical care, the

center 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 New River Valley Medical Center is

wholly owned by Carilion Clinic, a not-for-profit healthcare organization serving

approximately one million 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

Name of the organization	Employer identification number
Carilion New River Valley Medical Center	54-0553805

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. 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.

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED: 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. 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.

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

Form 990 Section Schedule H, Part VI, Line 6 CONTINUED. 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

Name of the organization	Employer identification number
Carilion New River Valley Medical Center	54-0553805

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 Vero 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,

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

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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 COINTINUED: An additional benefit to the

community is Carilion Clinic's 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, Parkinson's 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 Institute's three research-dedicated

magnetic resonance imaging scanners, is allowing Institute investigators to launch the world's

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

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development in health and in a range of disorders.

Form 990 Part VI Section A Line 2 -- 1. Todd Murray and Jeffery Reed - business relationship.

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

organization.

Form 990 Part VI Section B Line 11a and 11b -- 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

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**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

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

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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 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 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 \$9,464,515;

transfer to Carilion Clinic for effect of pension-related changes \$4,684,794; and transfer to

affiliate of \$1,650,000 for net of \$3,129,727.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Carillon New River Valley Medical Center

**Related Organizations and Unrelated Partnerships**

**2011**

► 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

**Open to Public  
Inspection**

Employer identification number

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**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) .....			0	0	
(2) .....			0	0	
(3) .....			0	0	
(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?
(1) Carillon Clinic 54-1190771 PO Box 12385, Roanoke, VA 24025	Supporting Organization	VA	501(c)(3)	11 Type I	N/A	Yes X
(2) Carillon Clinic Foundation 54-1190773 PO Box 12385, Roanoke, VA 24025	Supporting Organization	VA	501(c)(3)	11 Type I	N/A	Yes X
(3) Carillon Franklin Memorial Hospital 54-0480606 PO Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A	Yes X
(4) Carillon Giles Community Hospital 54-0549603 PO Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A	Yes X
(5) Carillon Medical Center 54-0506332 PO Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A	Yes X
(6) Carillon Services, Inc. 54-1190879 PO Box 12385, Roanoke, VA 24025	Supporting Organization	VA	501(c)(3)	11 Type I	N/A	Yes X
(7) Carillon Stonewall Jackson Hospital 54-0568001 PO Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A	Yes X

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

Schedule R (Form 990) 2011

**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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership partner?
							Yes	No			
(1).....					0	0			0	0	%
(2).....					0	0			0	0	%
(3).....					0	0			0	0	%
(4).....					0	0			0	0	%
(5).....					0	0			0	0	%
(6).....					0	0			0	0	%
(7).....					0	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	
							Yes	No
(1).....					0	0	0	0
(2).....					0	0	0	0
(3).....					0	0	0	0
(4).....					0	0	0	0
(5).....					0	0	0	0
(6).....					0	0	0	0
(7).....					0	0	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.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

- a Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization (s)

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

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

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

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

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

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

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?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership partner?
(1)					0	0		0	0	%
(2)					0	0		0	0	%
(3)					0	0		0	0	%
(4)					0	0		0	0	%
(5)					0	0		0	0	%
(6)					0	0		0	0	%
(7)					0	0		0	0	%
(8)					0	0		0	0	%
(9)					0	0		0	0	%
(10)					0	0		0	0	%
(11)					0	0		0	0	%
(12)					0	0		0	0	%
(13)					0	0		0	0	%
(14)					0	0		0	0	%
(15)					0	0		0	0	%
(16)					0	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?
(9)	(10)	(11)	(12)	(13)	(14)	(15)
(16)	(17)	(18)	(19)	(20)	(21)	(22)
(8). Carilion Tazewell Community Hospital 54-6074580 PO Box 12385, Roanoke, VA 24025	Healthcare	VA	501(c)(3)	3	N/A	X
(19)	(20)	(21)	(22)	(23)	(24)	(25)

## Continuation Sheet for Form 990

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**Name of the Organization**

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## Part VII Section A

### **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**